

Wicksmith Holdings Limited

# Hollybush Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Hollybush is a care home which provides accommodation for up to 14 older people who require personal care. At the time of the inspection 13 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

We inspected Hollybush on 21 March 2017. The inspection was unannounced. The service was registered in May 2016, so this was the first inspection, for the service, when it was owned by this provider.

People told us they felt safe at the service and with the staff who supported them. We were told: "They are always watching over us to see if we are alright," and "I feel safe here because all the staff are friends."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals.

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs. Comments received included: "The girls are top notch, they certainly know how to look after me," "The staff come around and ask us if we want a bath or do we want taking out to the shops, they're wonderful," and "There are really friendly staff that work here." Staff said the team worked well together. For example, we were told: "Everyone knows what they are doing. Everyone pulls their weight."

Care was provided appropriately and staff were viewed as caring. People told us: "I feel privileged to live here," and "It's just like living in a hotel." Staff told us: "It is very homely here. Not many homes feel like that anymore." "Care is brilliant," and "We keep things as homely as possible."

The service had some activities organised. These activities included quizzes, bingo, sing songs, craft

activities and reminiscence sessions. Comments about activities included: "The girls do our nails, I really enjoy having them done," and "My mum is being encouraged to take up knitting again, which she used to enjoy."

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. Although there was not a formal choice of main meal, people told us they could have an alternative if they did not like what was on the menu. People said they received enough support when they needed help with eating or drinking. Comments received included: "You get a choice of food and if you don't like something you can have something else and you can choose where you want to eat it," and "You get good food here, it's beautiful."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint. However people told us: "I've got no complaints about this home, it's very accommodating."

People felt the service was well managed. The manager at the service had applied to the Care Quality Commission to be registered with us. Suitable processes were in place to check the service was providing a good service, and improve things should this be necessary. The change of ownership of the service had been viewed as positive. For example comments included that the new owners and manager were: "Brilliant," "They are doing what they can to make the home better," "The change has been good for the home. Fresh faces have spruced the place up."

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained. Health and safety checks, and measures to prevent infection and cross contamination were satisfactory.

### Is the service effective?

Good ●

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

### **Is the service well-led?**

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

**Good** ●

# Hollybush Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Hollybush on 21 March 2017. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with seven people who used the service. We had contact with one relative. We also spoke with the manager and two members of staff. Before and after the inspection we had written contact with two external professionals including such as health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at three records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the service.

## Is the service safe?

### Our findings

People told us they felt safe. We were told: "They are always watching over us to see if we are alright," and "I feel safe here because all the staff are friends." An external professional told us: "Whenever I have visited I have not had any reason to feel the service they provided was unsafe. On one occasion I stayed and had a cup of tea (for about 20 mins) in the lounge area whilst talking to one or two of the residents I had been involved with and I observed the staff and was most impressed with them and the service they provided."

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines were administered by staff. Medicines were stored in a locked cabinet. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. At the time of the inspection no medicines required refrigeration. Training records showed that staff who administered medicine had received comprehensive training. Staff said they felt competent to carry out the administration of medicines.

Incidents and accidents were recorded in people's records. These events were audited by the manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records.

There were enough staff on duty to meet people's needs. We were told: "There's always enough staff on duty to make us feel safe," and "There's always enough staff on duty, and it's no different at weekends." Rotas showed there were two care staff on duty in the morning, afternoon and evening until 10pm. During the night there was one care assistant on waking night duty. The manager worked at the service, on a full time basis. Ancillary staff such as catering and cleaning staff were also employed. At the time of the inspection staff appeared not rushed and attended to people's needs promptly.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references

and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. We were told: "It's a very clean and comfortable home, that's important to me." The service was warm, and had sufficient light. Appropriate cleaning schedules were used. Hand gel was available to assist in minimising the risk of cross infection. Staff wore uniforms and had aprons available to them to assist in preventing cross infection.

We were told the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as safe. Records showed the stair lift and manual handling equipment had been serviced. There was a system of health and safety risk assessment in place. The registered provider was in the process of installing radiator covers, and has fitted thermostats to control hot water temperature. This showed the new owners were concerned about improving safety standards. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

## Is the service effective?

### Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts.

The manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. All new staff were required to do the Care Certificate, irrespective of whether or not they had worked in care before. Two staff had recently been registered with an external training agency, which was going to mentor the staff concerned to complete the Care Certificate.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Some staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

The manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with their meals. Comments received included: "The food is fantastic because it's all cooked on the premises," "You get a choice of food and if you don't like something you can have something else and you can choose were you want to eat it," "I always enjoy the food and eat as much as I can," and "You get good food here, it's beautiful."

At lunchtime we observed that everybody had enough to eat and drink. Staff said, because Hollybush was a small home they knew people's individual likes and dislikes. A relative said: "My mum has an up and down appetite, the staff realise that so they always ask her how much she wants." A formal choice of meal was not available to people at lunch time. However we were told if people did not like what was on the menu an alternative would be offered. The planned meal was written on a white board in the lounge. People were regularly offered cups of tea, coffee or a cold drink.

At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. One person was not eating. Staff asked them if there was anything wrong, if the person needed any help, and if the person wanted an alternative. Meals were served in the conservatory, adjacent to the lounge. Staff members were present in the lounge areas, and on hand to help people should they require it. People did not have to wait for a long period, once they were seated for their food to be served. Lunch appeared to be hot when served. There was a problem with the meat as some people found it a bit difficult to cut. We were assured this was not usually the case. There was a choice of pudding. The puddings were brought into the dining area on a trolley, so people could make a choice of what they would like.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiroprapist, dentist or an optician visited the service. We were told: "If I need a doctor or a dentist they sort it all out for me."

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, and a stair lift. The manager told us it was planned to convert the downstairs bathroom into a wet room. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The manager and provider told us there were plans to redecorate all shared areas, and bedrooms (as they became vacant). In the last few months the outside of the home had been painted. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable

## Is the service caring?

### Our findings

People and their relatives were positive about the care people received from staff. Comments received included: "The girls are top notch, they certainly know how to look after me," "The staff come around and ask us if we want a bath or do we want taking out to the shops, they're wonderful," "The girls really make us feel settled and comfy," "I haven't been here too long, but the staff have already become my friends," "It's the staff that make this home so lovely," "The staff are really friendly," and "There are really friendly staff that work here."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff told us: "It is very homely here. Not many homes feel like that anymore," and "It is an upbeat home." A relative told us: "Staff are very helpful. ...We are satisfied with the service my mother gets and she is happy at the home." External professionals told us: "The residents seem very happy with their care. The staff and management are always helpful and supportive towards myself as a visitor, and the residents. I have no concerns about the level of their training. Overall I think it is a very good care home," and "When reviewing service users I have always found each of my service users to love being at Hollybush and really enjoying it, not wanting to go anywhere else."

Staff provided personal care discreetly. For example one person spilt a cup of tea. The person was embarrassed. Staff managed the situation sensitively, and helped the person to go to their bedroom to change some of their clothing. All the people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Most people gathered in the lounge during the day. On the day of the inspection, there was a very homely and friendly feel in the lounge. People were naturally singing along to Elvis Presley and Glen Campbell which was playing on the music system. Staff and people mingled and chatted in a relaxed fashion, and everyone had a laugh and a joke with each other. A student was working on placement at the service, and she was playing Connect 4, on and off, throughout the morning with one person. Relationships seemed naturally very strong, and in no way seemed forced for our benefit.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was some information about people's background, and life prior to moving into the home. This information is useful to staff to help to get to know the person when they move into the home. The manager said where possible care plans were completed and explained to, people and their representatives.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their

bedrooms, and also to one of the lounges if they wanted to meet with visitors.

## Is the service responsive?

### Our findings

People and their relatives were very positive about the care they received from staff. We were told: "If we have any problems, the girls sort it out for us," and "We've got everything we want here, it's absolutely brilliant." We observed staff acting in a kind and considerate manner. When people rang call bells for help these were answered promptly. We did find that one person did not have their call bell within reach, and was unable to walk. The manager said usually staff would place the call bell lead near to the person, but would inform staff there had been a problem on this occasion.

Before moving into the home the manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. The manager told us she was in the process of implementing a new care planning system. She was writing care plans with people concerned, and consulting relatives as necessary. People had signed their care plans once they had been written. Care plans were regularly reviewed, and updated to show any changes in the person's needs. The manager said she got people involved in the review of their care, where the person was able to participate in this process. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

The manager said she was going to introduce a key working system. This would mean each member of staff was allocated one or more person, who they would have specific focus for; for example to monitor the person's care plan, check the person was happy, help the person to have enough toiletries, and also have some dedicated time to go out with the person if they wanted to do this.

The service arranged organised activities for people. Activities were organised by the staff on duty and there was no dedicated activities organiser. Activities included quizzes, bingo, sing songs, craft activities and reminiscence sessions. There was also some external entertainers such as singers and musicians. We were told people from a local church came to visit the service. Comments about activities included: "The girls do our nails, I really enjoy having them done," and "My mum is being encouraged to take up knitting again, which she used to enjoy."

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. However people told us: "I've got no complaints about this home, it's very accommodating." A record of any complaints made was kept, with a record of what actions were taken to resolve the concern.

## Is the service well-led?

### Our findings

The manager at the service had applied to the Care Quality Commission to be registered with us as the 'Registered Manager'. The manager was due to be interviewed with us in the next month. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager worked in the service full time, and worked alongside staff. The manager said she was on call when she was not at the service.

People and staff had confidence in the management team (owners and manager of the service.) For example, people told us the manager was approachable, and helpful. Comments received included: "Nothing is too much trouble," and "She is really good." An external professional said: "I have found them to be knowledgeable and to always have answers to my questions. If they don't know the answer to my questions they find out." The manager was observed talking and mixing with people who used the service. When the registered provider arrived at the home, on the day of the inspection, she went around the lounge and had a chat with everyone before meeting with the inspector.

There had been a lot of understandable anxiety within the staff team due to the change of ownership of the service, and also due to the departure of the long serving previous manager. However staff said the changes had been managed well, and there was now no anxiety. Comments we received included the new owners were: "Brilliant," "They are doing what they can to make the home better," "They make sure everyone gets the things they need," "The owner and manager have been really good and have listened to us," and "The change has been good for the home. Fresh faces have spruced the place up."

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. Comments we received from staff included: "Care is brilliant," "It is a fun atmosphere," and "We keep things as homely as possible." Staff members said morale was good within the staff team. For example we were told: "We stick together," "The work is shared equally," and "Everyone knows what they are doing. Everyone pulls their weight." Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. Asked if managers would take appropriate action if there was a major concern one staff member said: "Yes 100%."

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. Relatives were positive about the culture of the service. Comments included: "The manager keeps me well informed about my mum."

The manager monitored the quality of the service by completing regular audits of care records, medicines, health and safety, training provision, accidents and falls. A monthly audit system was in place, and the registered provider carried out a monthly monitoring visit of the service. The visit included having discussions with people and staff, checking records, checking the building was maintained to a good standard, and drawing up an action plan, with the manager for any tasks required as a result of the visit. An

external consultant has been contracted to assist the registered provider to recommend any changes that would be beneficial to the service. Another external company had also been contracted to assist the provider to monitor health and safety standards, and also provide guidance with staffing issues.

The manager said the owner visited the service regularly. There were formal handovers between shifts. There were records that staff meetings had occurred in the last year. There were also records that residents meetings occurred.

The registered provider had ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been complied with.