J T Eslick

# The Hollies Residential Care Home

## Inspection report

7 Mornington Road
Southport
Merseyside
PR9 0TS

Tel: 01704541506

Date of inspection visit:
19 October 2016

Date of publication:
21 November 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This unannounced inspection of The Hollies took place on 19 October 2016.

Providing accommodation and personal care for up to 24 people, The Hollies Residential Care Home is located close to Southport town centre. Accommodation is provided over three floors and can be accessed by stairs or a passenger lift. There is parking at the front of the building and a secluded garden at the back. Disabled access is provided at the rear entrance via the patio doors. The home was last inspected in May 2014, and was found to be compliant.

There was a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

Everyone we spoke with at the home told us that they felt safe and secure.

Staff were able to describe the course of action they would take if they felt someone was being harmed or was at risk of harm. Staff told us they would not hesitate to whistle blow to the registered manager, the local authority or CQC.

Risks which compromised people's health and well-being were appropriately assessed and reviewed when needed and contained a high level of detailed information.

There was a procedure in place for recording and analysing incidents and accidents.

Rotas showed there were enough staff employed by the home to deliver a safe, consistent service. We observed people were not rushed, and people told us there was enough staff to assist them when they required it.

Medications were managed safely and administered correctly. Medication checks were regularly completed there were systems and processes in place to report any concerns. We saw an example of this during our inspection.

Robust pre-employment checks were completed on staff before they started working at the home to ensure they were suitable to support vulnerable people and had the skills required for this role.

The home was working in accordance with the principles of the Mental Capacity act 2005 and all DoLS (Deprivation of Liberty Safeguards) were in place for those who required them.

Consent was appropriately documented for people who were able to give their consent and we saw there was a procedure in place for 'best interests' decisions to help those who could not consent.

People were supported to receive a balanced diet. Menus were varied and different dietary needs were taken into consideration.

Staff were trained in accordance with the provider's own training and development policy, and training certificates were stored in staff files.

People had access to medical professionals when needed, both via the 'Telemeds' system as well as other healthcare professionals who regularly visited the home.

Everyone we spoke with told us they liked the staff and felt they received good care from staff who knew them well.

People told us they were well informed when it came to their care plans and they or their family members had been involved in reviews.

Care plans were personalised to take into account peoples individual needs and preferences. Care plans contained information about people's cultural beliefs as well as any likes and dislikes they had.

Staff were able to describe how they protected peoples dignity and privacy when delivering support.

There was complaints procedure in place and we saw that complaints had been responded to. There had been no complaints in the last 12 months.

Audits or checks to monitor the quality of care provided were in place and used effectively to improve care provision.

## 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 had measures in place to ensure medications were managed safely.

Risk assessments were in place for people who required them and covered all aspects of their personal safety.

Appropriate checks were carried out on staff before they started working in the home. There were enough staff on duty at all times.

### Is the service effective?

Good

The service was effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink, and we received positive comments about the food.

Staff we spoke with were receiving regular supervision and their training was up-to-date. Records confirmed this.
People received access to health professionals when they needed too.

### Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

People told us they were involved in planning and reviewing their care.

## Is the service responsive?

Good

The service was responsive.

There was a complaints procedure in place which was clearly visible, and people told us they knew how to complain.

Care plans were personalised and contained relative and up to date information about people who lived at the home and what was important to them.

There were activities planned in the service to suit most people and everyone told us they enjoyed the activities.

## Is the service well-led?

Good

The service was well led.

People we spoke with knew who the registered manager was and were complimentary about their leadership and management style.

Staff spoke positively about the open and transparent culture within the home. Staff and people living there said they felt listened to, included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring quality were established at the service.

# The Hollies Residential Care 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.

This inspection took place on 19 October 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before our inspection, we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We checked to see if any information concerning the care and welfare of people who lived at the home had been received.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people using the service, one visiting relative and four staff. We spent time looking at a range of records including four people's care plans and other associated documentation, three staff recruitment files, staff training and supervision records, the staff rota, medication administration records, a sample of policies and procedures, minutes of staff meetings, compliments and acknowledgements received at the service. We looked around the home, including the bathrooms, lounges and the dining room.

Good

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe living at the home. One person said, "Oh it is absolutely safe, I like it here." Someone else said, "The staff make it safe, they have been here for ages." One visiting family member we spoke with told us, "It's good because I never have to worry while I know they [family member] are here. One other person said, "I trust everyone."

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a requirement for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff.

There was a safeguarding adult's policy and procedure in place which had been reviewed recently. All of the staff we spoke with could recognise the signs of abuse and clearly explained what action they would take if they felt someone was being abused.

The deputy manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving stock, monitoring stock and the disposal of medicines. Medicines were held in a locked trolley. The trolley was secured to the wall. Medicines were administered individually from the trolley to people living at the home. Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

The medication administration records (MAR) included a picture that was sufficiently large enough to identify the person. We noted that the MAR charts had been completed correctly and in full.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Some people were prescribed medicines only to be taken when they needed it (often referred to as PRN medicine) and had a plan in place to guide staff about when this medication should be given. PRN medicine was mostly prescribed for pain or if people showed signs of anxiety. The manager confirmed that the people without a PRN plan had full mental capacity to recognise when they needed the medicine and request it.

Medication audits were regularly completed. We noticed that the balance of medication stock for one person's medication did not add up correctly, however when we raised this with the registered manager we could see that this had been noted and dealt with and the correct number had been added. We saw that a routine audit had identified a problem with this particular medication stock and we were able to look at how the error was addressed and investigated.

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. The records we looked at for each person included a needs assessment, admission procedure, a task risk assessment which showed what level of support the person needed for particular tasks, a mental health risk assessment, diet and fluid charts and weight charts. People who were at risk of falls or malnutrition had additional risk assessments completed which explained what support that person needed and highlighted the impact of the risk the person could be exposed to.

Rotas showed the number of staff on duty at the home appeared to be consistent. During our inspection, we observed people receiving assistance in a timely manner, and there were always staff available in the communal areas of the home to help people if they required it.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home and the method of assistance required had been personalised to meet the need for each person. There was a fire and emergency plan displayed in the hallway.

We checked to see what safety checks were undertaken on the environment. We saw a range of assessments and service contracts, which included gas, fire safety, electric and legionella. We spot-checked the date of some of these certificates.  Procedures were in place for responding to emergencies and in the event of a fire.

We saw that incidents and accidents were well recorded and the manager as part of their auditing process was analysing these for any trends and patterns.

Good

# Is the service effective?

## Our findings

People told us they felt the staff had the right skills to support them and were always professional in their approach. One person said, "The staff are very good at sorting things if you feel unwell." One visiting family member said, "I know they would be on the phone if there was anything wrong."
Another person told us, "They keep me informed, and I have signed my records [care plan] so I know what it is about."

We checked how staff were trained in the home. The training matrix showed that following the initial induction further training was provided in key areas such as moving and handling, fire prevention, infection control, dementia, safeguarding vulnerable people, medication, health and safety, food hygiene, first aid and equality. Training was linked to the care certificate. The care certificate 'requires staff to complete a programme of learning before being assessed as competent by a senior colleague. Most staff employed had completed a nationally recognised qualification in care.

The staff we spoke with confirmed they had been supervised and had an appraisal. We looked at a document which showed all staff members' dates for their supervisions and appraisals and we could see they had taken place in line with the provider's policy. The manager confirmed they had taken place.

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 they lack mental capacity to take particular decisions, any 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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed two applications had been authorised were being managed and were being kept under review. Twenty one applications had been made to the local authority for consideration for other people using the service.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was

recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at the arrangements for planning and provision of food and drink. People who lived at the home told us they liked the food and found eating their meals at the home an enjoyable experience. People had regular access to drinks throughout the day. We observed the staff asking people throughout the day if they would like anything to drink. We saw from looking in people's care plans that anyone who was required to have their food and drink intake monitored for health reasons had a suitable tracking tool in place which the staff were completing. We saw that menus were varied and contained different meal options for people. Resident meetings confirmed that menus were discussed as part of the topics and any recommendations were added to the four-week rolling menu.

We saw people were supported to maintain their physical health and there was documentation, which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups.

Good

# Is the service caring?

## Our findings

Everyone we spoke with told us they liked the staff and felt that the staff cared about them. Comments included, "They are excellent "and "Top notch." People said that most of the staff had been in post for long time, so they knew them well.

Staff conversed with people while supporting them with care activities. We heard staff explaining to people what was happening prior to providing care or support. Through conversation, it was clear staff had a good understanding of people's individual needs and preferences. The staff we spoke with demonstrated a warm and genuine regard for the people living at the home. There was a calm atmosphere throughout the inspection. We observed a positive and on-going engagement between people and staff. We heard staff calling people by their preferred name and supporting people in a caring and respectful way.

Staff were able to give us examples of how they ensure they protect peoples dignity and privacy. Staff told us people could have a bath or a shower whenever they wanted. Records we viewed confirmed this. We saw staff engaged with people discretely when asking if they required the toilet or help with going back to their rooms.

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas.

Care plans showed that people and their families had been involved in their development. People told us they were happy with the care and support they received.
We viewed a sample of thank you cards from family members commending the staff for all of the help and care they had given their family members.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

The majority of people we spoke with said they were involved with reviewing their care plans Regular communication took place with people's families if appropriate and this was recorded in peoples care plans. For example, we looked one care plan were we saw changes had been made, there was a call log recorded next to the change which confirmed the staff had discussed this with the person's relative.

Good

# Is the service responsive?

## Our findings

People told us they could chose weather they supported by male or female staff, and could have visitors whenever they wished. We spoke with people in their bedrooms and could see that the rooms were personalised to each person's taste. People told us they were encouraged to bring in some of their own items such as pictures, ornaments and furniture to create a homely feel.

Information such as what people did for a living and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported.

Daily records were maintained and these provided an overview of people's support and health in accordance with their plan of care.

We asked one person if they knew how to complain, and they said, "I would go to the manager or to the owner." We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to be able to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised and complaint, and the timescales as to when they should expect their complaint to respond to. Everyone in the home told us they knew how to complain, most people said they had never had a cause to complain.

People told us there were regular parties and special events. We observed the home was well decorated in accordance with the time of year for example, Halloween. A weekly programme of recreational activities was displayed on the wall in the corridor outside one of the communal lounges. It showed a full and varied week of activities. There were photographs around the home which showed people engaging in these activities. During our inspection we observed people were enjoying the singer who had been asked to come to the home. One person said, "There is always something going on, I enjoy the singer very much." There was a chicken coop outside in the garden and one person told us how the chicken had been hatched at the home via an incubator and they had enjoyed fresh eggs from the chicken every morning for them. People told us they enjoyed watching the chickens hatch from their eggs and would like to do this again in the future.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post in post who had been in post for a number of years.

We asked people if they felt that the home was well led, one person said, "Oh yes, very much so." Another person commented, "They [registered manager] is a very nice person."

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. All the staff we spoke with said they would feel comfortable questioning practice. Staff were also able to tell us where the home's policies were located, including the policies related to whistleblowing, safeguarding and complaints.

Staff we spoke with told us the culture of the home was caring and the manager led by example. Staff told us they were supervised regularly and had regular team meetings. We were able to see minutes of these. The last team meeting had taken place in October.

The quality assurance systems in place were robust. We saw from the notes made during the most recent audit that no issues had been found. The registered manager did a weekly audit of the building and regular care plan checks. There were audits for the safety of the building, finances, and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. We saw a recent medication audit had highlighted a medication stock check issue, however this was investigated and there was an explanation which was well documented. This shows that quality assurances were being used effectively in the home.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other external agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at The Hollies. We saw that the registered manager had sent out multiple choice questionnaires. The results had been analysed and most responses we viewed indicated people were pleased with the service provided.