

HICA

# The Hollies - Care Home

## Inspection report

Ferriby Road  
Hessle  
Humberside  
HU13 0HT

Tel: 01482643293  
Website: [www.hicagroup.co.uk](http://www.hicagroup.co.uk)

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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

The Hollies is a care home in Hessle in East Yorkshire which provides accommodation and care for up to 48 older people. At the time of the inspection there were 38 people living at the home. The home is divided into two units, 'Humber' which provides support for people who require residential care and who may have a mild cognitive impairment and 'Tranby' which specialises in support for people with more complex dementia related conditions.

At our last inspection we rated the service good. At this inspection we found the rating remained good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm and abuse. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

Assessments of risks associated with people's care and support and for their environment had been completed. Associated support plans ensured people received safe care and support without undue restrictions in place.

People who used the service were safe in respect of staffing levels, recruitment, management of medicines and infection control.

The service continued to provide effective care to people who used the service because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to be caring, paying attention to people's well-being, privacy, dignity and independence.

Staff upheld principles of equality and diversity ensuring everybody received care and support that reflected their wishes and preferences.

People's support plans continued to be person-centred and people continued to be supported with a range of activities and interests of their choice wherever possible.

People we spoke with confirmed they knew how to make a complaint. Records showed that complaints had been managed appropriately.

The service continued to operate an open and inclusive management style where people were supported to

participate in the running of their care provision.

A quality assurance system remained effective with oversight at provider and director level. People and their care workers were consulted and action plans were formulated to improve the quality and delivery of the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Hollies - 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 was a comprehensive inspection. The inspection took place on 30 January and 9 February 2018 and was unannounced.

The inspection team consisted of one adult social care 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. At this inspection they had experience of older people and those living with dementia.

Information was gathered and reviewed before the inspection. We contacted the local authority and safeguarding team who provided us with feedback. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 five people receiving a service and four visiting relatives. We spoke with six care workers and ancillary staff including, the activities co-ordinator, cook, maintenance, and housekeeping staff. We spoke with the regional director and the registered manager.

We reviewed a range of records which included care plans and daily records for four people and five staff files. We checked staff training and supervision records and observed two medication rounds. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and with the staff who worked there. Comments included, "I do feel safer here than I would in my own home" and "Always someone kind keeping an eye on me". Staff told us they had completed safeguarding training and records confirmed this. The provider had robust systems and processes in place for staff to follow to raise any concerns and we saw these were followed. Where concerns had been referred to local authorities, investigations had been completed and where appropriate, actions implemented to help protect people from avoidable harm and abuse. One care worker said, "We maintain people's safety and wellbeing at all times; this includes reporting any concerns and possible abuse or bullying."

Risk assessments had been completed and were recorded in people's care plans and staff had access to this information. Associated support plans provided guidance to ensure people received safe care and support without undue restrictions. Monthly reviews recorded if the support in place was effective and recorded any changes required.

The home environment, equipment and utilities had been checked to ensure everything was up to date and remained safe to use. This included documented fire risks assessments and checks on the water quality. Records included personal emergency evacuation plans that ensure information was available to safely evacuate people in times of emergency. A staff member told us, "We receive fire training and drills. I would hope to be confident if ever there was a fire."

The registered manager used a 'dependency tool' to assess people's individual needs. This meant they could ensure there were sufficient skilled staff on duty to provide safe care and support. Staff confirmed this was effective and told us, "We are usually okay; we could always do with one more [staff] in particular at busy times but we manage." Observations confirmed people did not have to wait long for any assistance and staff were visible in all areas of the home.

Systems were in place for the safe management of medicines. Staff had received training and competency checks so were deemed suitable to manage and administer people's medicines. Our observations confirmed people received their medicines safely as prescribed and record keeping was up to date. Checks including audits were completed to verify processes were effective.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks had been completed on prospective employees before they commenced their duties working with people.

Systems in place ensured prevention and control of infection was appropriately managed. The premises were clean and appropriately maintained. Staff had completed infection control and prevention training, followed guidelines for good practice and were provided with personal protective equipment.

## Is the service effective?

### Our findings

People received detailed assessments of their care and support needs. Where appropriate other health professionals were consulted with and their advice followed to achieve effective outcomes. People and their relatives told us they thought staff were well trained and had the skills needed to provide effective support. Comments included, "They complete a lot of training and seem to know how to support me." "Care staff know about my needs and what to do; they are very supportive."

Staff were supported to undertake their role. They completed an induction to the home, the service and with the people who lived there. Staff training was evidenced as being up to date and was completed in all areas and for all tasks they were required to complete. Staff told us, "The training is very good and we have a variety of resources; some is online learning but for moving and handling we complete practical training."

Staff were able to discuss any concerns, and were supported with progression in their role at supervisions scheduled with their manager. The provider was improving the process with planned annual appraisals providing staff with outcomes and goals to work to, and to celebrate previous achievements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider was following the MCA. Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded assessments had been completed. Where decisions were made on a person's behalf, best interest decisions were recorded. Where restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

Staff had received training in the MCA and understood the importance of encouraging people to remain independent. Comments from staff included, "Somebody might have a DoLS in place to restrict their independent access outside but we still assist them to go out if they want to" and "People might not have capacity to make some big decisions; support is available for that but we still encourage people to make day to day decisions. For example, what clothes to wear, if they want a bath or shower and what they want to eat."

People received appropriate support from staff to maintain their health and wellbeing. Where people required assistance at meal times this was provided and any dietary needs were catered for. One person said, "Food is well cooked with plenty of choice; I am fussy." People confirmed they could access services to maintain their health and we saw records of visits and communications that included the GP, chiropodist, public health teams and district nurses.

The home was easy to navigate and signposted for people with dementia. Themed areas of interest had been implemented, providing people with quiet spaces and communal areas that included level decked

access to enjoy the outdoors.



## Is the service caring?

### Our findings

People told us they were happy living at the home and they felt staff cared about them. Their comments included, "They [staff] are lovely and very supportive" and "Very caring always on hand to help." A relative said, "The home has improved, the decoration is much better and people are cared for wherever they choose to be; in communal areas or in one of the quieter areas; there is a real team effort to support people to maintain their independence wherever possible."

We observed positive interactions between staff and people at the home throughout the inspection. Staff routinely discussed tasks they were carrying out with people; they were seen to be patient and at no time were people observed to be hurried along. Where people showed signs of anxiety and confusion staff offered emotional support. They provided re-assurance and understood how to calm the person without unnecessary interventions. We observed a care worker lower herself to eye level with a person who was clearly upset. They chatted with the person and stroked her back which gently calmed her. A care worker said, "Information is in care plans but we get to know people as individuals. We can support people better when we know and understand what upsets them and how to communicate with people."

Staff understood the importance of respecting people's dignity and treating them respectfully. Staff told us, "I would treat anyone how I would want to be treated; be respectful when providing personal care and keep them covered as much as possible with doors and curtains closed, it's common sense really." A relative told us, "Staff are very considerate. Whenever we are here they always knock on [person's name] door before entering and we see that the people who live here come first; without question."

People told us family and friends were always made welcome. One person said, "I enjoy living here and my family visit me." Relatives told us, "I am made to feel very welcome" and, "They keep me informed and seem very caring." The manager confirmed there were no restrictions on visitors to people living at the home.

Information about advocacy was available for people who lived at the home. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Staff recognised the need to maintain people's confidentiality. A care worker said, "I only share information with those people who need to know to keep the person safe and well."

Staff had completed training in equality and diversity. We were told that people from all backgrounds were welcome at the service and steps were taken to ensure all people were treated with dignity, respect and without discrimination. The provider ensured people's personal beliefs were supported. Care plans recorded any religious beliefs and people we spoke with confirmed they could take part in spiritual activities if they so wished.

## Is the service responsive?

### Our findings

Everybody living at the home had a care plan in place that provided staff with holistic information about the person, their background, needs, and how to support them. One person told us, "They do ask me about my preferences and wishes and it's written down for reference." Records we looked at had been signed by the person where they had capacity to do so to confirm their acceptance and agreement to the content. Where people did not have capacity best interest decisions had been held that included a person's legally appointed representative and advocate where this was required.

Records included monthly reviews that ensured information was person centred, up to date and reflective of people's changing needs. This was checked for completion and effectiveness by the registered manager as part of additional audits.

Daily records were used to record information including, weights, skin condition, food and fluid intake. This information was evaluated and used to provide interventions and care tailored to the individual. Staff told us they were informed of any changes without delay. People we spoke with said they felt able to tell staff if anything needed changing or could be improved. This meant that the provider could be responsive to any changes in people's support needs.

Each person's care plan included a 'map of life' which included details about the person's family life, interests, employment, significant dates, community involvement and any aspirations. A lifestyle profile included any routines, rituals, or beliefs that were followed by the person at any given point in the day. A care worker said, "The information is detailed; it includes their preferred name, any religious beliefs and helps us form a person centred relationship."

Staff were provided with training in culture, equality, and diversity to raise their awareness in supporting people with any diverse needs or relationships, to enable people to live their lives without prejudice or negativity. A care worker said, "We all understand that we need to support everybody the same; to reflect their preferences and wishes and offer everybody the same opportunities to live a fulfilled life."

People who used the service were supported to engage in activities and interests which were meaningful to them. The activities co-ordinator told us they arranged for outside companies to visit which included a hand massage therapist and dog therapy for people. Where people chose to remain in their rooms, staff ensured they spent time with them chatting and doing puzzles to ensure they were not socially isolated.

The provider had a complaints policy in place. This was included in the service user guide which was given to people when they joined the service. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. Records showed complaints had been managed appropriately.

Where people had chosen to, their end of life care wishes and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation decisions were

recorded where appropriate. The manager told us this was a sensitive subject to discuss with people and their relatives but that they were pro-active in recording people's wishes.

## Is the service well-led?

### Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. 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.

The manager had a clear understanding of their role and the regulatory requirements. Records confirmed they had notified the CQC of certain important events as they are required to do so.

Everybody spoke highly of the way the service was managed and the overall ethos of working for the registered provider. Staff said, "The manager is very supportive; they are out and about and are always approachable" and, "We have a good group of staff; we all support each other and have good support from management." Relatives told us, "The manager always says hello and they know about [person's name]. The home is good at communicating with us about [person's name]" and, "Since [registered managers' name] has been here they have turned things around, very approachable, happy to listen and they get things sorted."

The registered provider completed quality assurance checks to maintain standards of service and identify any areas for improvement. We saw these checks included people's records, staff records, medicines, laundry, kitchen, maintenance, safeguarding, complaints and accident and incidents. Audits were completed in line with the providers' policy and associated records were up to date. Further analysis of audits and information was completed by the provider. This was to ensure the provider remained compliant with regulatory requirements, and so that any trends, (for example, where accidents and incidents were reported) were picked up and actions implemented to reduce those events to help keep people safe."

Staff told us people were encouraged by the provider to live healthy private lives and maintain relationships and links with the local community. A staff member said, "[Person's name] often goes out with their brother who takes them for a meal or a drink at the local pub. They really enjoy it; I think it was something they did before coming to live here so it's great it can continue."

The provider had clear links with other health professionals. Guidance was sought where required and advice on best practice and improvement had been provided from the local authority as part of a working relationship to provide care and support services. Care records included a health passport providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service, for example, a hospital.

People and relatives were often asked to provide feedback. The provider sent out an annual satisfaction survey to people living at the home, their relatives and staff. The findings were analysed following the CQC lines of enquiry and a percentage outcome recorded. An action plan was put into place based on the responses received. This was reviewed by the registered manager. Feedback was positive, and was discussed at associated meetings. A recent resident meeting focused on activities; what worked well and

what needed improvement to ensure people had good outcomes living at the home.