

Mr Peter Rogers and Mrs Helen Rogers

The Hollies Residential Home

Inspection report

The Hollies
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Gravesend
Kent
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hollies Residential Home provides accommodation and personal care for 39 older people. The service can support up to 40 people.

People's experience of using this service and what we found

People were positive in their feedback. Comments included; "I feel safe living here. You know that wherever you are in the service, if you have your buzzer, the staff respond quickly. I haven't had any falls since I have lived here"; "I like living here. I fall over quite a bit, I can call for help and they come quickly"; and, "The atmosphere here is very good."

We found that there were no comprehensive quality monitoring systems such as care plan audits in place. However, a new quality audit document was being implemented. This would ensure robust monitoring of the service by the registered manager. This was an area for improvement.

Medicine audit by the management was not being carried out. This would have created management oversight of medicine administration in the service. They told us they would review the medicine audit system. This is an area for improvement.

People knew how to complain. However, we found no evidence that concerns raised had been listened to and acted upon by the provider. This is an area for improvement.

People were safe at The Hollies. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

People participated in activities, pursue their interests and maintained relationships with people that mattered to them.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life. One person said, "I am encouraged to look after myself, I am as independent as I can be."

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

We observed people's rights, their dignity and privacy were respected.

Staff supported people to maintain a balanced diet and monitor their nutritional health.

Medicines were stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People received care from staff who were well supported with induction and training.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published on 10 December 2016).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Responsive and Well Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Hollies Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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 second day of the inspection was carried out by one inspector.

Service and service type

The Hollies is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day. Inspection activity started on 11 June 2019 and ended on 12 June 2019. We visited the service on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in 23 November 2016. This included details about incidents the provider must notify us about, such as abuse or when a person

dies. We sought feedback from the local Healthwatch for information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had no feedback about the service at this time.

The provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with five people using the service, two care workers, one team leader, the cook, the accounts and office manager, the activities coordinator, a manager being inducted to succeed the registered manager and the registered manager.

We reviewed a range of records based on the history of the service. This included four people's care records and medicines records. We also looked at five staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data sent to us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person said, "I feel safer here than when I was on my own at home."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Making sure people are safe from harm, abuse. If I have any concerns, I will report it to my manager."
- Staff continued to have access to the updated local authority safeguarding policy, protocol and procedure.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something bad, I will report to the manager. If the manager is not around or nothing is done, I can contact the social services or the Care Quality Commission."

Staffing and recruitment

- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There continued to be sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community. The registered manager told us that they adjusted staffing levels accordingly especially when people's needs increased or changed.
- One person said, "Staff were pretty quick at responding, there are quite a lot of staff on the different shifts which helps to make me feel safe."

Using medicines safely

- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Staff competency checks were in place to make sure they continued to practice safe medicines administration.
- Medicines were stored safely.
- There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to falls, nutrition, hydration, health, activities and mobility.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency situation arose.
- People continued to be protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.
- We observed that the environment was clean and odour free during our inspection. One person said, "The place is kept very clean, almost too much."

Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans by staff and monitored by the team leaders to try to prevent similar incidents being repeated. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- When concerns had been identified, these were also discussed at handovers and staff meetings to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular review of their support.

Supporting people to eat and drink enough to maintain a balanced diet

- Records relating to food and drinks people had eaten and drunk had been completed accurately.
- A menu was in place so that people knew what meals to expect. We observed general chatter/conversation throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case.
- Staff were encouraged to complete the National Vocational Qualification (NVQ) qualification most suited to them. The NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job. The registered manager consistently support staff with their learning needs.
- Staff commented that the training they received was useful. A member of staff said, "I have completed all the training required of me. They have proved useful."
- Staff had supervision meetings and an annual appraisal of their work performance with the registered manager once a year. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. The registered manager told us that they had daily contact with staff and they were able to discuss with staff.
- Team building events had been held such as bowling, panic room sessions as well as social occasions such as Christmas parties.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. The registered manager said, "We go to the hospital to carry out initial assessment of new referrals with the hospital social worker."
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was spacious and decorated with people's involvement. 35 rooms had en-suite toilets. However, the service had one communal bathroom with shower and bath and six communal toilets for 40 people. One person said, "Staff are especially kind when they help me with a shower, I would like to have more showers, but we don't have our own. I would like to have one in my room." Another person said, "We can have up to 2 showers a week, I used to have one every day at home but there was only me." Further, on the day we inspected, the bathroom was being repaired, which meant that people were unable to use the bath/shower for a while. We pointed this out as example of possible constraint. We also pointed out that people with rooms upstairs need to come downstairs to have a bath/shower which may put some people off. The registered manager said it had never been an issue having only one bathroom. People and their family members had been consulted about this. The registered manager agreed to keep the consultation under review as new people came to live at the service.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or community nurse
- People's individual health plans set out for staff how their specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local district nurses. For example, one person who was registered blind had been referred to the Kent Association for the Blind (KAB). KAB supports sight impaired people to live independent lives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were. No one in the service had DoLS.

- Consent to care and treatment while living at The Hollies was discussed with people. Photograph consent forms were sign by people or their relatives, which indicated consent for the use of their photographs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- People were able to verbally communicate with us and their interactions with staff showed they felt at ease.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors during our inspection.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. We observed staff listened attentively to what people had to say.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Care plans included what people could do for themselves and where they needed support.
- People's bedrooms were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history

and what was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The registered manager told us the service had not received any formal complaint since we last inspected. However, residents meeting minutes dated 05 March 2018 attended by 12 people noted many issues raised about food, tables, condiments, chairs in lounge (who sits where, towels not nice, worn and not clean) and bedroom doors shutting loudly so disturbing people (two people said this) were either not actioned or records kept. Evidence sent to us after the inspection showed that towels were bought on 09 April 2018, changes had been made to the menu and doors adjusted so they closed more quietly. At a further meeting on 01 August 2018 residents meeting, one person said a staff member left them when supporting them to answer a buzzer, another person was not happy with the towels as a flannel was stained with faeces and another said, 'food bland and could there be more choice' (this was said at previous meeting too). Evidence sent to us after the inspection showed that towels were ordered on 21 March 2019, which was seven months after the concerns were raised. We found no other action plan or evidence that some of the other areas of concerns raised had been listened to and acted on. This is an area for improvement. We will review this at our next inspection.
- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised, with a lot of personal information about people. The important people in their life, where they had lived before and worked, as well as their interests and hobbies were all included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- People's care plans were comprehensive, covering all areas of their life to make sure they received the support they needed.
- Daily records were kept by staff. Records included personal care given, well-being and activities joined in.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs.
- People could participate in some group or one to one activity. The provider employed an activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service's notice board. We saw the activities coordinator on the second day of inspection encouraging people to take part. People were offered

individual support according to their needs and choices. There were activities such as word games, playing cards, jigsaw puzzles, board games, bingo, knitting and Crochet amongst others. There was an on site gym available for staff and people to use. The activities coordinator said, "We knit for Battersea dogs' home, the hospitals and currently making poppies." The service had a coffee shop which was a hub for activities. It hosts training sessions, entertainment, exercise sessions, meals, parties, people's enrichment sessions and crafts. One person said, "I love doing jigsaws and the home has a good supply of them. Its good I can leave one I am working on in the coffee bar and just dip into it when I feel like it."

- The provider had purchased a mini bus which was used to take people for outings or attend appointments.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and people, who had chosen to had written plans in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were not in easy read or pictorial formats, which meant that some people such as people who had recently being diagnosed with onset of dementia might not be able to understand them in future. The service was looking to develop easier to read information to help people who had recently being diagnosed with onset of dementia to be able to understand their care plan.
- The complaints policy in place was also available to people in different formats such as large print.
- The provider was using social media as a way to aid communication between people, staff and loved ones.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection, this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- 'Where concerns or issues had been raised by people during resident's meetings, we found no action plan or evidence that some of the areas of concerns raised had been listened to and addressed. These had not been recorded. For example, issues raised during a resident's meeting dated 05 March 2018 and 01 August 2018 residents meeting, one person said at both meetings, 'food bland and could there be more choice'. We found no action plan or evidence that areas of concerns raised had been listened to and acted on. The minutes did not include if staff responded at the time to the concerns raised. This is an area for improvement. We will review this at our next inspection.' After the inspection the provider told us they had made changes to the menu.
- People commented, "I wish we had residents' meetings as it would be a chance for us to put in our thoughts"; "If there was a residents meeting, I would want to talk about the food" and "They are not big on meetings here."
- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff and relatives. However, the last relatives survey was in 2017. We asked the registered manager if any analysis of these were carried out and what was done with them. The registered manager told us they have not done this and did not think they needed to as they had gone through them and noted comments made. We found no record of these. This is an area for improvement. We will review this at our next inspection.
- Communication within the service continued to be facilitated through staff meetings. Staff told us that meetings took place every quarter and the team leader meeting dated 03 April 2018 confirmed that team leader took place every quarter.
- Staff told us that they were able to share their ideas and felt listened to. Comments from members of staff included, "The manager is good to me. I can approach my manager freely. They are supportive. I do get 100% support from management."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a

rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

- There were no effective systems in place to monitor the quality of the service. There was care plan audit in place however, records of actions from these audits were not kept. For example, on 28 April 2019, one person's care plan stated, 'needs updating'. We found no records of action regards this. The team leader told us they carried it out but there was no evidence of this. Adequate record keeping, and auditing would have ensured robust monitoring of the service by the registered manager. Auditing would have enabled the registered manager to check that all care plans were accurate and up to date. This is an area for improvement.

- We found no evidence that people had been receiving poor care or had been harmed, however medicine audit by the registered manager was not being carried out. This would have created management oversight of medicine administration in the service. The team leader carried out a countdown once a week. However, these were not recorded. The team leader confirmed they did not record this and what action taken. We fed back our findings to the registered manager. They confirmed there was no records of audit by the registered manager and they did not think it was needed. They told us they would review the medicine audit system to include management audit. This is an area for improvement. We will review this at our next inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There continued to be a management team at The Hollies. This included the registered manager, two managers and the accounts and office manager. Support was provided to the managers by the registered manager in order to support the service and the staff.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the district nurses to ensure people received joined up care.