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The Hollies Residential Home

Inspection Report

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Overall summary

The Hollies Residential Home provides accommodation for up to 40 older people who require personal care. Thirty nine people lived at the home at the time of this inspection as a double room was being used for single occupancy.

The service had a registered manager who was also one of the providers. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.Safe care was delivered because the staff knew the risks involved in each person's care and daily lives and they planned appropriate action to minimise these risks. There were plans in place for dealing with emergencies. People were protected from harm because the staff had been trained to deliver care and respond appropriately to any suspicions of abuse or harm.

The people we spoke with praised the staff and the care they received. They commented on how kind the staff were, that staff listened and responded to their views and they felt involved in making decisions about their care and daily lives. This view was consistent with our findings and observations. The atmosphere in the service was homely, calm and caring. The staff responded well because they knew each person as an individual. We observed staff showing compassion and care to people; for example using people's preferred names, including agreed nick names, showing appropriate affection, touch and humour. The people using the service responded by smiling, joking and enjoying positive interactions with the registered manager and staff. The registered manager responded positively when we pointed out that although the staff knew people and their needs well, the detail in the care plans needed improvement. They assured us these improvements would be made in timely way and the staff would receive further training in record keeping without detracting from the time they spent caring for people.

The staff effectively met people's health and care needs. We heard staff communicating well with people. We also heard staff passing information about changes regarding people's health or wellbeing between the team and they appropriately sought advice and treatment from health care professionals. One health care professional told us the staff responded to people's needs and provided very effective, compassionate end of life care.

People received a service that was well led by a registered manager who provided enough trained staff to respond to people's needs. The registered manager provided student nurse placements and apprenticeships to care staff in addition to the permanent staff numbers. They were also taking part in a pioneering pilot project with a health commissioner and a university. The aim of this project was to prevent unnecessary admissions to hospital. This was done by the staff having access to consultant doctors through the use of real time consultations on a laptop computer and receiving immediate medical advice. The registered manager had been the manager and provider of the service for many years and they demonstrated their dedication by telling us they always tried to provide care that they would want for a close relative of theirs. They further demonstrated this through their kind, patient and caring interactions with people, relatives and the staff team.

There were sufficient staff on duty to meet people's needs. People were provided with information about their care and treatment and we found staff understood the requirements of the deprivation of liberty safeguards, with systems in place to protect people's rights under the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People said they felt safe because their rights and dignity were respected and they were involved in decisions about any risks they took. We saw staff consulting people and asking them for their choices and decisions and giving people time to make those decisions.

People were protected from harm and abuse. The staff had been trained to protect people from abuse and harm and they knew where to find relevant guidance and respond to concerns or allegations of abuse.

People were safe because the staff used an effective system to manage accidents and incidents and they learnt from these to enable them to protect people. For example when a fall had taken place the staff had sought advice and obtained new appropriate equipment for this person. One person said, “I feel safer here than I did at home; the staff make sure I am safe”.

The staff had been trained to understand the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These safeguards relate to when people are assessed as lacking the mental capacity to make certain decisions in their own best interests. Where this is the case appropriate professionals need to be involved in making those decisions on their behalf. We saw that staff who had been trained had carried out a mental capacity assessment every three months and the results had been recorded. The registered manager told us that no one was currently being deprived of their liberty in their best interests.

The care plans we looked at contained risk assessments that were relevant to each person’s assessed needs. The staff described the actions they took to minimise risks. We saw the staff putting the guidance into practice; for example two staff were assisting one person to move around to reduce the risk of them falling as described in their risk assessment. The doors and garden were secure but not locked and people were free to come and go on their own if this had been assessed as being as safe as possible. The majority of people who lived in the home were able to talk with the staff and understand the risks associated with their activities. For those people who required support to remain safe we saw there were adequate staff available at all times to help them and protect them from harm.

People were protected from the risk of infection because the registered manager had an effective infection control system that

the staff had been trained to use. Staff described how they protected people form the risk of infection. We observed staff wearing appropriate personal protective equipment depending on their roles and ensuring they washed their hands between tasks.

Are services effective?

People received an effective service because they had been consulted about every decision that related to their care and wellbeing. We observed staff always asked people for their choices and decisions from how they liked their drinks to when they would like assistance with their bath. One person said, “The staff always ask if I want a shower and they give me time”. One relative said, “I am always consulted about X’s care and the staff and manager discuss this with us both when I visit”.

People told us they were aware of their care plans and they were always asked for their opinions about their health and care. The care plans we saw included individual choices, likes and dislikes. The care plans could be improved by including the details of the frequent consultations the staff had with people. This would demonstrate that people’s views had been considered and acted upon with regards to their care and treatment. People’s needs had been assessed before they moved to the home so the registered manager and staff could assure people their needs would be met. A letter had been included in one person’s care plan to formally offer a place following an assessment and state that their needs would be met at this home. One relative said, “We visited for the day and the staff asked all about X’s care needs and we were involved.”

People were enabled to remain as independent as possible because the staff ensured people received timely healthcare and had appropriate equipment. The records demonstrated that staff referred people for medical advice and other health professional services as required. One person said, “I can see the doctor whenever I need to”. Another person said, “The district nurse is coming today to do a dressing - it is healing.” A relative said, “The staff notice any little changes and they always tell me and make sure X sees a doctor”. Two relatives told us their family member’s health had improved since they had moved to the home. Another relative said, I was impressed when a member of staff had accompanied me and X to an appointment and stayed for the whole time to offer support.

People were cared for by a team of staff who had been trained and built up knowledge to effectively meet each person’s needs. Records demonstrated that staff had completed training including first aid, food hygiene, moving and handling and fire safety. Staff had also completed courses relevant to end of life care and dementia. Staff

Summary of findings

told us that the registered manager and specialist staff who visited the service shared their knowledge with the team. The service is the designated placement for student nurses from a university and they also take on and train apprentice carers.

Are services caring?

People were cared for by staff who demonstrated their care and compassion. This is because there was a stable staff team who had got to know people over many years and they shared that knowledge with newer staff. We observed staff interacting positively with people and their visitors throughout the inspection. We saw staff responding to people's care needs but also taking time to listen to people, sit and chat and reassuring people. One person said, "They listen to us: we have a laugh together."

An example of staff responding in a caring way occurred when we saw a person had fallen asleep in an awkward way in their chair. A member of staff approached and gently woke the person and offered a cushion so they were able to sleep more comfortably. A relative who observed this told the staff were always kind and caring.

People told us they were always treated with dignity and respect. Our observations confirmed this view. One relative said, "We chose this home because we were invited to call unannounced to look around; the staff were all friendly and everyone we spoke to seemed to want to be here." The staff described how they had been trained to protect people's dignity during personal care. This included knocking on doors and waiting for a response, closing curtains and making sure people were able to do as much as they could for themselves.

The day before the inspection the staff and registered manager had taken 24 people out for a pub lunch paid for from fundraising events . We spoke with 12 people living at the home, everyone said how much they had enjoyed the lunch out and how kind the staff had been. The three relatives we spoke with said they had been pleased their family member had enjoyed their lunch out.

People praised the care shown by the registered manager and the staff. One person said, "P (the manager) is wonderful." We observed the staff using appropriately friendly touch and humour. People responded by smiling, laughing and interacting. The staff knew people well enough to understand their personal history and whether they enjoyed a joke or required reassurance due to their anxiety. People's likes, dislikes and history were recorded in their care plans. This showed the staff had guidance to understand people's needs and to offer consistent care for people.

Summary of findings

Are services responsive to people's needs?

People's needs were responded to because the staff understood those needs and provided personalised care.

People and their relatives told us they had been provided with the information they required to understand the services that were available. We saw a regular newsletter that was issued to people, their relatives and staff which updated people and kept them in touch with any changes. People and their relatives told us they were always involved in decision making. The care plans we saw did not always reflect these conversations and decisions. In discussion the registered manager responded positively to the need to improve the detail they recorded to demonstrate people's decisions related to their care. We were assured they would make changes promptly and train staff to record additional confirmation of people's decisions and choices.

We saw that residents' meetings took place and the minutes described open discussions and the responses from the staff. Relatives told us they were always made to feel welcome when they visited at any time. We saw the staff offering visitors drinks and chatting to them. This showed that people were encouraged and supported to maintain contact with their families and there were no unnecessary restrictions on visiting.

Two people we spoke with said, "The staff are always available and we never have to wait long for help even when they are busy." Our observations found, that staff were always available in the lounge area and they responded quickly to people.

The staff explained to us the risk of people becoming socially isolated and the action they took to include people in social interactions. This included encouraging people to eat their meals in the dining room but also respecting their right not to do so. Staff told us that activities were provided and children came from the local school to provide singing and entertainment. This was confirmed by people living at the home who said they enjoyed these events. One of the providers offered a nearly new clothes rail and shop from which people told us they enjoyed choosing items. They said it made them feel independent. Any funds raised were used towards the home's social fund. We saw that staff took a trolley containing sweets, toiletries and essential items around to each person. The way this was done showed that staff understood the need for people to take time to make a choice and select their money. People were not rushed and staff interacted positively to their questions and requests for help.

Summary of findings

People and their relatives told us they knew how to make a complaint if they needed to and they were happy to raise any concerns with the staff or the registered manager. We saw the registered manager had an effective system in place to manage, respond to and record any complaints.

Are services well-led?

The service was led by the registered manager who is also one of the providers. They had led the service for many years.

People we spoke with, their relatives and staff all praised the registered manager for their open approach. They all said they could go and seek advice, ask questions or ask for anything they needed and they would be listened to. The staff said they could raise practice questions and ideas and these were listened to, considered and acted upon..

The staff were able to explain the management structure of the home and their roles and responsibilities. The aims of the home were recorded and the staff knew these and said they had been trained to put them into practice. The registered manager told us they modelled the aims of the home as they worked alongside the staff team and during this time they were able to raise any issues with the staff. The staff confirmed that the registered manager was very visible and worked alongside the team as well as carrying out supervision.

The records we looked at demonstrated that regular audits had taken place to monitor the quality of the service. For example we saw audits of the medication, the environment, and the quality of the meals.

We reviewed the accident and incident forms and these demonstrated that the senior staff had reviewed each accident record and discussed them with the staff team to determine what lessons could be learnt to prevent a recurrence.

The registered manager told us that, when the student nurses left the placement, they were asked for their feedback about the home and the service people received. The feedback from the recent nurses on placement had been positive.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 12 people living at the home, three of their relatives who were visiting, and eight members of staff. We also spoke with the registered manager and a health care professional from a local hospice service after the inspection.

Everyone we spoke with told us this home provided a caring environment where staff responded to their individual needs.

People's comments included: "I really appreciate the care and attention here; the staff are lovely," and

"I feel very safe here." One person told us, "The staff don't rush me. They help me when I want."

Others said, "I like everything here; the staff, the food, the activity and the company" and "The staff always ask me what I want."

Relatives we spoke with told us, "It is homely and caring and they look after X well" and "X always appeared well cared for; they always welcome me and keep me informed."

The health care professional told us, "The staff appear to really care about each person, they always seek advice and follow recommended care and they provide good end of life care."

Staff we spoke with told us, "I love working here it's like a big family atmosphere," and "We try to provide care we would want for a close family member."

The Hollies Residential Home

Detailed findings

Background to this inspection

One inspector carried out this inspection on 8 May 2014. 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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We spent time speaking with the registered manager who is also the provider of this service, senior staff and care staff. We spoke with 12 people living at the home and three of their relatives who were visiting. We reviewed records relating to people's care and the systems in place to manage the service and we observed the interaction between the staff and people using the service.

After the inspection we contacted one health care professional from a local hospice service who had provided advice and support to the staff regarding end of life care. They shared their views of the care that was provided.

Prior to the inspection the registered manager had submitted a provider information return which gave us information about the service provided. We also reviewed any information we already had regarding this service.

Are services safe?

Our findings

People told us they felt safe because their rights and dignity were respected and they were involved in decisions about any risks they took.

The care records we looked at contained risk assessments which related to each person's care and daily activity. These included their risk of experiencing falls, dehydration, malnutrition and people developing pressure sores. There were plans in place to minimise these risks. The staff knew people well enough to understand the risks and protect people from harm. For instance, one person had been assessed as being at risk of pressure sores. Staff had sought advice and provided suitable equipment including a specialist mattress. Staff made sure people moved regularly to prevent skin breakdown. During staff handover between morning and afternoon shifts we heard staff discussing changes to people's health and wellbeing and agreeing what action they would take to deliver appropriate care and reduce the risks to people. This included encouraging certain people to drink more fluids to prevent infection and increase their hydration and contacting the doctor for one person whose health had deteriorated.

Records demonstrated that staff had completed training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and DoLS. The care plans we looked at contained regular mental capacity assessments and showed that appropriate professional advice had been sought. The registered manager told us no one currently deprived of their liberty in their own best interests but the staff knew how to refer these decisions if they occurred in the future. People told us they were involved in making decisions about their daily lives. For instance, one person came and went from the home as it suited them, although to protect their safety staff had asked that the person informed them when they left the home. This person understood why they were asked to do this and they were happy to tell the staff. Therefore, their safety was protected but their freedom of movement had not been restricted. We saw a missing person's policy that the staff would follow if the need arose. Each person's records included a photo and information that could be used if the staff had been required to implement this missing person policy.

Staff understood their role to protect people from abuse and they had the policies and procedures they required if they needed to refer to this guidance. The guidance included a flow chart which we saw was displayed in the office and included contact numbers for the local social services team. No safeguarding alerts had been made but the staff were able to describe how they would report and record any safeguarding concerns. The staff told us they were aware of the whistle blowing procedure and they would have no hesitation using this if they needed to report concerns about any other staff. The staff said they were confident that the registered manager would respond appropriately to protect the people using the service and the staff who had raised the concerns.

The staff maintained a record of any accidents and incidents which they reviewed and learnt any lessons to protect people from harm. For instance when someone had fallen, they had sought advice and provided suitable equipment. The person's care plan had been updated and reviewed to give the staff the guidance they required to care for this person safely.

The staff told us how they protected people from the risk of infection. Records showed they had completed infection control training. We saw that staff had the personal protective equipment they required, such as disposable gloves and aprons, and were using this in practice. The staff had access to the codes of practice related to hygiene and infection control and the registered manager took the lead role in ensuring infection control practices were followed. The home was clean and hygienic at the time of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

People received an effective service because they were consulted about every decision that related to their care and wellbeing. We observed staff always asked people for their choices and decisions from how they liked their drinks, to when they would like assistance with their bath. One person said, "The staff always ask if I want a shower and they give me time". One relative said, "I am always consulted about X's care and the staff and manager discuss this with us both when I visit". Another relative said, "I haven't seen X looking so well for ages."

People told us that, before they had moved to the home, they and their relatives had been invited to visit several times before they made a decision. They said during the visit the staff had asked them all about their needs and the care they required. We looked at two assessments and these had been completed although the registered manager commented to us that they were in the process of improving the level of detail that was recorded in the pre-admission assessments. They explained this would ensure that all needs would be able to be met at this home prior to someone accepting a place.

The assessments had been used to develop a plan of care for each person living in the home. We saw five care plans and they described people's history, their care needs and their preferences. From discussions and observations we found that the staff knew each person well, their individual needs, and how to care for them. The registered manager stated that, although staff knew people well, the care plans would be improved to describe in more detail how staff should provide care to meet people's needs. This would mean that newer staff would have clearer guidance in how to best to provide the appropriate care to each person. It would also allow staff to monitor any changes to people's care needs from the records. The care plans we saw had been reviewed and updated.

People told us that they, and their relatives, had been involved in devising their care plans and the staff always asked them how and when they preferred to have their care delivered. An example of this was we heard the staff asking one person several times during the morning when they would prefer to have help with their personal care This person's relative confirmed this when we spoke with them and we saw the staff supporting the person to go for a bath just after lunch. The care plans contained people's preferred times to get up, go to bed and have assistance with their care. The staff pointed out to us that they always asked because people may change their minds depending on how they felt on different days.

People had their health care needs effectively met because the staff ensured medical advice was sought promptly and they communicated changes to people's health at frequent times during the day. We heard a staff handover and senior staff gave staff newly arrived on duty information about people's health and any appointments. We saw that each person's care plan contained a list of medical and health services including opticians, specialist doctors, chiropody and audiology and these had been checked to ensure people received these services regularly.

Two different relatives told us their family members' health had improved since they moved to this home. The records showed the staff maintained up to date records of people's weight and risk assessments had been put in place to closely monitor people if their weight changed. People told us they could see a doctor whenever they needed to and that the staff helped them to maintain their health. One relative said, "The staff noticed when X wasn't well and they called the doctor and informed me."

The records demonstrated the staff had received the training relevant to their roles. Staff had taken part in courses such as first aid and fire safety as well as courses in dementia and end of life care. The staff told us they often discussed the effectiveness of the care they provided and they learnt informally from the registered manager and from specialists who came to the home. A health professional from a hospice told us they had been involved in training the staff and the staff seemed keen to learn new skills. Staff told us that new staff worked alongside experienced staff until they knew people's needs and the way they liked their care delivered. The apprentices were supervised and they worked in addition to the permanent staff so they had time to learn and develop their skills. This meant that people's needs were met by staff who had the training and support they required to effectively provide their care.

Are services caring?

Our findings

People were cared for by staff who demonstrated their care and compassion. We observed staff interacting positively with people and their visitors throughout the inspection. We saw staff responding to people's care needs but also taking time to listen to people, sit and chat and reassure people. One person said, "They listen to us: we have a laugh together."

We observed groups of people sitting together and chatting, laughing and responding positively with staff. The staff approached people when they needed help but also spent time with people if required. Everyone we spoke with praised the caring, kind attitude of the registered manager and the staff team. We observed that the staff were gentle, caring and compassionate. In one instance the registered manager gently held a person's shoulders and chatted to them on the way the dining room. The person responded by joking and laughing. We noticed a calm but lively atmosphere where people were able to express their opinions, be listened to and have their personal needs met.

The staff told us they always tried to provide care that they would want a close relative to receive. The relatives we spoke with all said they were confident leaving their family member at this home as they felt the staff cared for them so well.

We asked the cook and kitchen staff to describe how they met people's dietary needs including cultural and religious needs. They were able to describe people's preferences, likes and dislikes. We saw a list that related to people's dietary needs and we observed that the kitchen staff consulted people before the meal to ascertain their choices.

We asked the staff how they met people's religious and spiritual needs. The staff said they arranged regular visits from religious leaders who conducted services. The care staff told us that, in order to meet the needs of two people, they had recently made contact with representatives of a different faith to request visits and services. The care plans included people's religious and spiritual choices where these had been expressed. This shows that staff were sensitive to people's diverse needs and effort was made to allow people to continue to practice their chosen faiths.

People were treated with dignity and respect. Staff meeting minutes we looked at included recorded reminders for staff to treat everyone as individuals and to respect their privacy. We observed visits taking place in the lounge and dining room but people told us this was their choice and they could use their rooms if they needed more privacy. We observed that staff knocked on doors and awaited a response before entering. The staff told us how they protected people's dignity during personal care. They said they closed curtains, ensured people were appropriately covered, and enabled people to do as much for themselves as possible. One person said, "The staff know what I can do and when I have a shower they wait outside for my safety." The care plans we looked at included the care people were able to do for themselves and how staff should respect people and encourage them to maintain their independence.

We heard staff constantly referring decisions to people who used the service. We saw that residents meetings had taken place and because a resident had requested a different type of food this had been supplied. We saw records and people told us that the staff invited families to events and seasonal celebrations. At these events people had been asked for their views of the service. We looked at many cards and complimentary letters that people and their relatives had sent in to the registered manager and the staff. These praised the care the staff had shown towards people and their family member's and thanked them for their kindness.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People's needs were responded to because the staff understood those needs and provided appropriate individual care.

People and their relatives told us they had been given the information they required to understand the services provided. We looked at the statement of purpose and this included details related to the service that staff could provide as well as the aims and values of the service. We saw a regular newsletter that was issued to people, their relatives and the staff which updated people and kept people in touch with any changes. People and their relatives told us they were always involved in decision making.

People were asked to contribute their views and these had been listened to and acted upon. For instance people had requested a trip out and this had taken place the day before the inspection and further trips were planned. Relatives told us they felt the staff kept them informed and they were always welcome to comment on the care. They especially praised the open approach of the registered manager. One relative said, "I can always pop in to see P and they respond well to our requests."

People told us they were offered a range of social activities which they enjoyed. The staff said they tried to offer activities that met people's preferences and interests. One of the providers worked with the activity coordinator to plan activities and these were listed on a notice board. People from the community were encouraged to come to the home and this included local school children who had come to sing. We observed that, as well as group activities, staff spent time in the afternoon offering people hand massages and nail care. The staff and the registered manager were able to describe each person's history and how they liked to spend their time. People's recreational, occupational and social needs had been recorded in the care plans we looked at. The registered manager intended to start using a 'This is me' document and asking people and their relatives to complete these with staff to offer even more personalised care. We saw these documents were ready in the office awaiting distribution.

The care records included a regular mental capacity assessment which staff had reviewed every three months. The registered manager told us that no one was subject to any restrictions under DoLS. These are used when people are assessed as lacking capacity to make their own decisions and involve others agreeing on actions in that person's best interests. The registered manager had been trained to recognise when this may become necessary and they had a system in place to ensure the procedure was followed.

We saw from the provider information return that no complaints had been listed. This was confirmed when we looked at the records at the home. The relatives we spoke with told us they did not need to complain because anything they raised was addressed straight away. We saw there was an appropriate complaints procedure in place which staff knew how to use should people or their relatives make a complaint. One member of the care staff said, "I would always listen to people and if they had a complaint I would help them to pass this on or write it down."

Are services well-led?

Our findings

The registered manager was also one of the providers of this service and they ensured they led a team of staff trained to meet people's individual needs. They supervised care staff and carried out annual appraisals which we confirmed by looking at the supervision records. This showed they provided support to the staff team and monitored the standard of the team's performance in delivering appropriate care for people.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a strong leadership which encouraged a positive and open culture. For example one member of staff said, "I can always go to senior staff or the manager and ask for support or advice and they always help me to learn."

We saw from the staff rota and from speaking with staff and people who used the service, there was a stable staff team who had been trained to provide appropriate care and to develop their skills. For example staff said they had opportunities to further their training and they could request extra courses which were provided. This enhanced their understanding of the care they provided for people. One person said, "The staff know what they are doing." There were suitable arrangements in place for the registered manager to cover staff holidays and sickness absence and they told us they never used agency staff because temporary care staff would not know people or their needs. They said, because a high proportion of care staff worked part time, they were always willing to provide care for additional hours when asked. This showed the registered manager has effective systems for ensuring the staff were trained and there were enough staff with the right knowledge and skills to meet people's needs.

The registered manager and senior staff had conducted regular audits to monitor the quality of the service. This included the medicine procedures and any incidents or accidents that had occurred. People and their relatives had frequently been asked for their view of the service and student nurses were asked for their feedback at the end of their placements. The registered manager had audited the environment and developed plans for improvements. People had been included in planning the improvements and been kept informed of the timescales and the impact these would have on the home for a period of time.

The registered provider sought ways to improve the service. At the time of this inspection they were taking part in a pilot project through a university and a health trust. The aim was to reduce admissions to hospital. This was achieved through staff using a live video call to a consultant doctor in an A&E department. The doctor was able to see the patient, talk to them and the staff and then decisions on the best course of action could be made. The registered provider stated this had reduced hospital visits for people and they were able to give their feedback on the effectiveness of the project at the end of the trial.

The registered manager was also the provider of student nurse placements for a local university. The students spent time at the home working alongside care staff. The students were monitored by tutors during their placement and they came to this home because of the positive feedback previous students had given. These two examples demonstrated effective leadership by the registered manager and a willingness to improve the care provided to people and to enhance the skills of the staff team.