

Holly House Care Limited

# Holly House Care Home

## Inspection report

Albany Way  
Washington  
NE37 1BJ

Tel: 01914172150

Date of inspection visit:  
20 September 2022

Date of publication:  
20 October 2022

### 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

### About the service

Holly House Care Home is a residential care home situated in Washington. It provides accommodation and personal care for up to 40 people including adults over 65 and adults under 65. The service does not provide nursing care. At the time of our inspection 31 people used at the service, some of whom were living with dementia.

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

People felt at home, relaxed and well cared for. They were supported by staff who knew them well. They interacted warmly with staff and the atmosphere was welcoming and vibrant.

Risks to people's health and safety were assessed and regularly reviewed. Staff followed these plans to ensure people's safety was maintained.

There were always enough staff to meet people's needs promptly and calmly. There was no reliance on agency staff. People and relatives got to know staff well as a result.

The provider had safeguarding and whistleblowing policies and systems in place. Staff understood these and how to identify potential signs of abuse.

Staff worked proactively with external partners to keep people safe and review their needs.

The registered manager undertook a range of audits and analysis to look for patterns and trends. For instance, falls and incidents data.

The environment was clean and well maintained. The outdoor space was safe and well used for events such as fayres and parties.

Staff were recruited safely. The registered manager supported their ongoing competence and confidence with refresher training, supervisions and competence checks.

Medicines were stored and administered safely. Staff demonstrated a sound knowledge of people's needs. Records were accurate, up to date and followed good practice.

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.

People's nutritional needs were understood and feedback regarding meals was positive. Staff used nationally recognised tools to monitor risks associated with malnutrition.

Activities were varied, interesting and a balance of group and individual activities. Staff were empowered to encourage people to try new things.

The registered manager had made some strong initial community links since opening the service and had a range of plans for the future.

The registered manager was well respected by staff and external partners. Feedback from external specialists was extremely positive regarding the leadership of the service and how proactive they were.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 7 September 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?**

The service was safe.

Further details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Further details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Further details are in the caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Further details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Further details are in our well-led findings below.

**Good** ●

# Holly House Care 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

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

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. 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

We spoke with 12 people, four relatives and six staff, including the registered manager, deputy manager and care staff. We spoke with another two relatives and two staff over the telephone. We contacted four external health and social care professionals via email.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were sufficient staff to meet people's needs promptly and safely. Call bells were attended to quickly and there were always staff available when people needed additional help. The registered manager understood the importance of maintaining consistent staff and had done this. One relative said, "It's the same staff team, the same faces, which makes a real difference for [person] and puts them at ease." The registered manager had increased admissions to the service slowly to enable a planned and gradual increase in staffing.
- Staff had been recruited safely. There were pre-employment checks in place to reduce the risk of unsuitable people working with vulnerable people.

### Assessing risk, safety monitoring and management;

- Risk assessments set out the risks people faced and how staff could reduce these. Staff demonstrated a good understanding of these and acted to keep people safe. One relative said, "They had a few falls but then the staff put in place things like a sensor, a mat, and it's much better now."
- People felt safe and acted in a trusting, relaxed manner with staff throughout the inspection. One person told us, "I don't have any worries, the staff are here to help."
- The provider had made significant improvements to the premises, including new carpeting, redecoration, and signage. There was onsite maintenance support. Servicing and checks of utilities and safety equipment was up to date. Emergency procedures were in place, such as fire evacuation drills and personal emergency evacuation plans.

### Using medicines safely

- Medicines were managed safely by staff who were competent and experienced. There were no errors in medicines administration records we viewed and staff demonstrated a good knowledge of current good practice. They understood people's medicinal needs and worked with external professionals to ensure they were the most appropriate and effective.
- The provider had auditing systems in place to identify and act on errors, and to ensure good practice was being followed.
- The registered manager checked staff competences regarding medicines administration. Staff were confident and felt well supported.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. The registered manager worked proactively with safeguarding and commissioning teams to ensure they were prepared for a range of eventualities and learned when mistakes were made.

- Staff received mandatory safeguarding training. They understood and respected their safeguarding responsibilities. They knew how to raise concerns if needed and all felt comfortable raising issues with the registered manager.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

#### Visiting in care homes

- The registered manager had ensured relatives were able to visit loved ones. There were no visiting restrictions in place at the time of inspection. One relative said, "We can visit when we like and it's always a very warm welcome."

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Staff were competent and confident in their roles. They supported people by following up to date and accurate care plans, which were informed by good practice. Care plans were regularly reviewed and updated, for instance if there was advice from external healthcare professionals.
- Staff used recognised tools to help monitor and act on people's health needs, for instance to help reduce the risk of pressure damage or malnutrition. There were staff 'champions' in place. They took an interest in a particular area of practice and were responsible for sharing with other staff.
- People had a lot of confidence and trust in staff. One person said, "They know me better than I do," and one relative said, "They are spot on, nothing gets past them and they have made a difference."

Staff support: induction, training, skills and experience

- Staff were skilled and well trained to support people. The registered manager had brought in external professionals, such as a dietitian, to deliver training before the service opened to ensure staff were well prepared. Staff understood what good care looked like and worked hard to achieve it.
- All people and relatives felt staff were knowledgeable. Staff received regular training, which was a blend of face to face and online training, in areas such as moving and handling, dementia awareness, first aid and fire safety. Where people's needs required it, the registered manager promptly put in place additional training.
- Staff received a range of support, for instance initial induction, supervisions and competence assessments. Staff told us they were supported to pursue additional qualifications and training relevant to their roles and career aspirations.

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

- People had access to nutritious, varied meals. People chose their meal the day before and some told us that they felt they were unable to change their mind. The registered manager assured us they would remind staff and people that there was always a choice of options and that people could always change their mind.
- People's specific dietary needs and preferences were respected. Where needed, prompt referrals were made to the dietitian and the Speech and Language Therapy team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff communicated well with each other and external healthcare professionals to ensure people experienced good health and wellbeing outcomes. Staff supported people to access dentists when dentists would not visit the home, for instance. The registered manager (or senior staff) took part in a weekly multidisciplinary team meeting with local nurses, GP and others to ensure people's needs were reviewed

and everyone involved could work together well.

- Staff worked proactively with specific teams to ensure people could remain where they felt at home. For instance, one person's mental health needs deteriorated rapidly. The registered manager worked with visiting specialists to review medicines and other measures. The person responded extremely well to the innovative approaches in place. One visiting professional said, "They took on board advice and were very proactive in suggesting positive ways we could help [person] reduce their anxieties. I wish all services worked as well as that."
- The registered manager identified and used opportunities for training and sharing of best practice through links with local partners. For instance, they knew falls awareness week was approaching and had secured additional training to support staff. Another external professional said, "As a therapy team we have had some excellent results on our rehab programmes due to the care, compassion, empathy and willingness to put the resident above all else."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments in care files were made in line with the principles of the MCA. The registered manager had applied for DoLS where required and involved relatives and people. People confirmed they were asked for consent before care and treatment.
- Staff acted in line with the MCA. For instance, they respected people's right to make unwise choices.

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

- The provider had completed extensive renovations to ensure the building was safe and fit for purpose. Corridors were wide and facilities were well signed. There were ample bathing facilities. The registered manager planned to incorporate aspects of dementia friendly design to help people orientate and to provide areas of interest.
- People's rooms were personalised and well maintained. Communal areas had some themed wall art, but more could be done to make dining spaces more welcoming. The registered manager had an ongoing refurbishment plan.
- The outdoor space was safe, enclosed and well used for outdoor events.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partner in their care.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff worked calmly and interacted warmly with residents at all times. They demonstrated a sound understanding of how each person went about their day, and how best to support them. Staff knocked on people's doors to ensure they were happy for them to enter their rooms, and always explained how they were going to help them, for instance whilst getting up to go to lunch.
- The registered manager and staff helped people feel at home by involving them in decision making, big and small. For instance, swapping a dining room with a living room as the space was to their preference; changing a type of toiletry based on feedback from residents' meetings. One person said, "They are very nice to me, always." Relatives confirmed they were involved in helping people make decisions from prior to their admission.
- Care plans contained person-centred information about people's preferences and backgrounds. People and their relatives were involved in regular meetings and care reviews. Surveys were planned. Staff valued the opinions of people and relatives. One relative said, "[person] is at the centre of things. They can have breakfast when they want and relax how they like. They love it there and they love the staff."

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well respected and valued by staff. One person said, "I love my girls. They're ever so helpful and I know them all." One relative said, "I can't speak highly enough of the staff, they're fantastic with [person]. I know they are well looked after by people who take the time and the effort." People felt at home and relatives consistently described having peace of mind that their loved ones lived at Holly House.
- Staff at all levels contributed to the atmosphere, which was welcoming, open and relaxed. One relative told us, "It's always like that, it's home."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a range of activities. There was no activities co-ordinator but staff worked together well to ensure people had opportunities to take part in favourite pastimes and new experiences. These included regular visits to a nearby pub for lunch and conversation, regular entertainers, an online interactive music/games system, high tea to mark the Queen's funeral and community events such as fayres and garden parties. One person said, "I've just come back from a trip out. We went to a lovely big café and had a sing song."
- Staff proactively helped people maintain friendships and relationships that were important to them. During the peak of the pandemic the registered manager had ensured people had an essential caregiver. This meant people could always have visitors, even if visiting restrictions were tightened due to a COVID outbreak. One relative told us, "There are never any restrictions. We go at all different times and the staff are very accommodating." Another said, "I didn't think [person] was going to settle but they've come on a lot and a lot of that is down to the atmosphere. Staff have really helped them to find it a home."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person-centred. They contained information about what a good and bad day would look like and gave staff sufficient information to support people. When people's needs changed staff had acted quickly. People and their relatives confirmed staff involved them in any necessary changes. One external professional said, "[registered manager] and her team understand what help we can offer and make referrals very quickly."

Meeting people's communication needs; Improving care quality in response to complaints or concerns  
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.

- Care plans contained succinct information about people's communication needs and preferences. Staff communicated with people well throughout, adapting their approach to each person's needs.
- Activities information was clearly displayed in communal areas at an accessible height for people in wheelchairs.
- The provider had an effective complaints policy and process in place. No one we spoke with had concerns but all felt comfortable they could raise any issues with the registered manager or staff.

#### End of life care and support

- Care plans were in place regarding people's final wishes to ensure relatives and staff knew what would happen at this stage in people's lives. Staff had received appropriate training and there were two end of life care champions in place. One relative told us, "I couldn't have asked for better for [person] as they neared the end. Staff supported all of us throughout and let me stay over so I could be there. They were so compassionate and calm."

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had developed a strong person-centred culture in the year the service had been open. They were able to demonstrate good outcomes for a variety of people using a range of external links and good practice. Staff worked hard alongside the registered manager to realise these outcomes. They passionately advocated for people.
- People, staff and relatives felt included and valued. For instance, people were invited to take part in interviews for new staff, or conduct 'meet and greet' sessions in the entrance lobby if they were more comfortable. Staff had meaningful champion roles and were supported to pursue careers in health and social care through ongoing support to complete training and qualifications.
- The registered manager and staff had developed a strong reputation for delivering high standards of care and working proactively to overcome any challenges. One external healthcare professional said, "They're very proactive to ensure the residents get the best care and quality of life."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their responsibilities. They worked well as a team and supported each other. The registered manager retained oversight of processes and took a hands-on approach to supporting staff.
- The provider had completed significant refurbishment and redecoration to the home to ensure it was fit for purpose. The nominated individual visited the service regularly and took a meaningful interest in the provision of high standards of care. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
- The registered manager provided knowledgeable, accessible support to staff. They had previously been responsible for managing two care home sites but were now solely focussed on Holly House. Staff confirmed they were supportive and approachable.
- Auditing and governance systems were well planned, well delegated and effective. Audits included medicines, care plans and areas of health and safety. The provider ensured there was supernumerary time for senior staff to complete audits and quality assurance work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives' opinions were listened to and acted on regularly. This was as a result of individual conversations, residents' meetings or other feedback. Relatives agreed the registered manager involved

them proactively.

- The service worked extremely well with health and social care professionals who were involved in people's care.
- In a relatively short time the registered manager had developed some strong local connections. For instance, with Age Concern, a local school agreeing to perform their Christmas play at the service and a university working with the service on a hydration study.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open when mistakes were made and learned lessons from incidents. Staff felt supported and they understood the importance of being open about any concerns or incidents. Relatives told us they had been informed promptly when there had been an incident or accident.
- The registered manager had made relevant notifications to CQC in a timely manner.