

The Hollies Care Services Ltd

The Hollies

Inspection report

The Hollies Care Services Limited
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Tel: 01924364462

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

The inspection took place on 27 January 2017 and was unannounced, which meant the provider did not know we were coming. We last inspected the service in October 2015 and although we identified no breaches of regulation, we found some areas required improvements. The overall rating was requires improvement.

The Hollies provides personal care and accommodation for up to 29 older people. The service is a converted older property with accommodation on three levels accessed by a lift. It is situated in Wakefield. At the time of the inspection the home was providing care for 25 people, some of whom had a diagnosis of dementia.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt the home was a safe place to live. Systems were in place to protect people from the risk of harm. Staff were knowledgeable about safeguarding people from abuse, and were able to explain the procedures to follow should there be any concerns of this kind.

Recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. At the time of our inspection we found there was adequate staff on duty to meet people's care needs in a timely manner. Although staff told us that on occasions at night it could be busy.

The registered manager told us they did not have or use a staffing dependency tool. This would determine people's level of needs and care hours required to ensure there were adequate staff on duty at all times. We were told dependency was discussed with staff to determine staffing levels.

Systems were in place to protect people by the prevention and control of infection. However, we identified these had not always been followed.

Care plans reflected people's needs and had been reviewed and updated to reflect people's changing needs

Medicines were stored safely and procedures were in place to ensure they were administered correctly.

The manager was aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

People were treated with respect, kindness and understanding. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them. People had access

to activities and stimulation.

People were supported appropriately to eat and drink sufficient to maintain a balanced diet and adequate hydration.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they would feel comfortable raising any concerns with the management team.

People we spoke with told us the management team were approachable, always ready to listen and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Action plans had been put in place to address any areas that needed improving. The areas we had identified that required improvement had been identified and were being addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We saw adequate staff were on duty to meet people needs. However, there was no formal dependency tool to identify people's needs and evidence adequate staffing levels were maintained to meet people's needs.

Systems were in place to protect people by the prevention and control of infection. However, we identified these had not always been followed.

Systems were in place to protect people from harm. Risks had been identified and medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff were trained to enable them to meet people's needs.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

People received a balanced diet which promoted good health and reflected their specific needs and preferences.

Is the service caring?

Good 

The service was caring.

We saw care staff interacted with people who used the service in a kind and sensitive manner and ensured their privacy and dignity was maintained.

People were supported to maintain important relationships. Relatives told us they could visit when they wanted to, and were always made to feel welcome.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were regularly assessed and reviewed. People accessed regular activities.

People told us they would feel comfortable raising any concerns with staff. There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Good ●

The service was well led;

People we spoke with told us the registered manager was approachable and would always listen to them and acted promptly to address any concerns.

Systems were in place to monitor the quality of the service. Action plans had been put in place to address any areas that needed improving. The areas we had identified that required improvement had been identified and were being addressed.

The Hollies

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One adult social care inspector carried out the inspection on 27 January. The inspection was unannounced, which meant the provider and staff did not know we would be inspecting the home that day.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at statutory notifications we had received from the service.

We spoke with eight people living at the home; some people were unable to engage with us fully due to their limited capacity. We also spoke with three relatives to gain their views on the care provided.

During our inspection we also spoke with four care staff, the domestic, the activity coordinator, the registered manager and the director of care. We also looked at records relating to medicines management and how the home monitored the quality of services.

Is the service safe?

Our findings

We spoke with people who used the service to assess if they felt safe in the home. Everyone we spoke with told us they felt safe. Some people were living with dementia and we have not been able to include some of their responses. All of the relatives we spoke with told us they felt the home was safe.

The staff we spoke with were knowledgeable and familiar with safeguarding and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff told us they would not hesitate to report any safeguarding concerns. They told us if they felt the management of the home did not respond appropriately they would report to the local authority. Staff had received training in safeguarding of vulnerable adults and whistleblowing procedures.

Throughout the inspection we observed people receiving care, to assess whether there were staff in sufficient numbers to meet people's needs. We observed staff available in communal areas and people who requested assistance were supported in a timely way. However, some staff told us that there was only two staff on during the night and at times it could be busy and people had to wait for assistance.

We discussed this with the registered manager and requested the dependency tool used to determine staffing levels. We were informed they did not have a formal tool, but discussed dependency with staff. This did not evidence that adequate staff were on duty to meet people's needs. We looked at incidents and accidents and found there was a higher number during the night. Most of these were un-witnessed and the person was found on the floor and the majority sustained no injuries. We saw the analysis of the audits by the registered manager and this was thorough and identified when extra measures were required. For example, sensor mats, bed alarms and low beds had been provided as well as instigating more frequent checks for the people assessed at a high risk.

Following our inspection the director of care provided the dependency levels of the people who used the service and had detailed the staffing required. They have assured us a formal dependency tool will be used to determine staffing levels. This will ensure adequate care hours are provided to meet people's needs.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs).

Medicines were stored, administered and disposed of following correct practice and procedure. We observed a staff member administering medicines. They did this discretely and offered appropriate support to ensure people took their medicines as prescribed.

The temperature of the medication storage room and the medication refrigerator were checked daily. However, the room thermometer was not a minimum and maximum thermometer, so it was not possible to determine what temperatures the room reached throughout the 24 hour period. The registered manager agreed to purchase the correct thermometer to ensure the room was maintained within the recommended

temperature range to store medicines.

We found the service had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employees had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

As part of the inspection we looked around the home and found some areas were not well maintained and required a thorough clean. We found a number of bedroom carpets were badly stained, commodes were dirty, floor coverings in store rooms were carpeted and not able to be kept clean, some bedding was stained and two bedrooms were noted to have a foul odour. The service also lacked storage and did not have a dirty utility/slucie facility. Therefore the commode pots were emptied in the communal toilet and cleaned by the domestic staff in the rooms. The domestic told us that they got the water from the communal bathroom to wash the commode pots. This posed a risk of cross infection and a dedicated sluice would ensure the risk was reduced. We also found linen skips, which were being used so contained dirty soiled linen, were stored in communal toilets and bathrooms. People who used the service were living with dementia and had access to these areas so this practice posed a risk.

We were told that a domestic had been on sick leave for two weeks so they had asked care staff to cover some shifts. However, they had found out on the day of our inspection that the domestic was to be off work for at least a further four weeks.

We discussed these issues with the registered manager and director of care; they had already identified these issues and were developing an action plan to address the shortfalls. We have been provided with a copy of the action plan. They had also accessed a domestic from another service who was to start at The Hollies the following week. We were assured the areas identified would be actioned immediately.

The director of care also told us they had looked at where to locate a sluice facility, but there was nowhere suitable in the service. They agreed to look at implementing a suitable system to wash the commode pots that would reduce the risk. Following our inspection we were told they had contacted the infection prevention and control nurse specialist who would visit and give advice on the best practice to follow to adhere to infection control measures. We have also been given evidence that new floor coverings and commodes had been ordered, to ensure areas can be maintained and kept clean.

Is the service effective?

Our findings

People who used the service and the relatives we spoke with told us that the care provided was good. One relative said, "You can't fault this home, it is one of the best in the area. The staff are great."

Staff we spoke with were knowledgeable regarding people's needs and were able to explain how they met their needs. We saw from care files we looked at that people's needs had been identified and were regularly reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that DoLS applications had been submitted to the local supervisory body and some had been authorised. The registered manager was very organised with the authorisations and ensured any conditions were being met.

We saw in care files that capacity assessment and best interest decisions were included. Staff were aware of how to ensure decisions were made in people's best interests. Staff we spoke with were very knowledgeable on the requirements of the Mental Capacity Act and how it impacted on the people they supported.

People were supported by staff to eat and drink sufficient to maintain a balanced diet or adequate hydration. We also saw that most people's weight was regularly recorded and no one had lost significant weight. Food portions were monitored so staff knew how much people who were at risk of weight loss were eating and this was recorded on their food and fluid charts. We saw involvement of health care professionals to ensure advice and guidance was followed to meet people's needs.

We observed the lunch time meal. The tables were laid with table clothes, cutlery and condiments. Serviettes were provided. The meals were served to a table at a time so people were eating together. There was a choice of drinks and people told us the food was very nice. However, the service was very slow and some people left the table before the pudding was served. We also identified that the meal service could be more dementia friendly. There were no menus displayed, no pictures of food and the meal was served on plain white plates. Serving food to people living with dementia on coloured plates has shown food can appear more appetising.

During our inspection we looked round the home and found many environmental improvements were required. The registered manager told us these had been identified and they had an environmental action plan that had commenced. They had already upgraded and redecorated the communal areas. There were new floor coverings, new furniture and new curtains. People who used the service told us they had been involved in choosing the colour schemes. Work was continuing in other areas of the service.

The registered manager was also aware to consider dementia friendly environments and was hoping to develop an area that was suitable to meet the needs of people living with dementia. They told us they would

identify a member of staff to take on the role of dementia champion to ensure up to date information and best practice was identified to continually improve the lives of people living with dementia.

Staff had received training relevant to people's needs. We looked at staff training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, first aid, manual handling, safeguarding adults, health and safety and infection control. Staff had completed other training relevant to the needs of people using the service, such as mental health awareness and deprivation of liberty.

We spoke with staff who told us they had completed an induction when they started work and they were up to date with their mandatory training. One staff member said, "The induction was very good I was able to shadow an experienced member of staff to get to know people."

Staff told us they received regular supervision and an annual appraisal of their work performance. They said this provided them with support to carry out their roles. The staff files we looked at confirmed that all staff received regular formal supervision and an annual appraisal. Staff told us they felt well supported.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives about the care they received. All of the relatives we spoke with told us that they thought staff were very good. One relative told us, "You are always made to feel welcome." Another told us, "Good communication and the staff know [my relative] and how to meet their needs I am very happy."

Everyone we spoke with spoke very highly of the registered manager. They told us she was always available to listen and nothing was too much trouble. One person told us, "I like it here, we are well looked after." Another person said, "The staff and the manager are lovely."

During our visit we spent time in communal areas observing people who used the service and talking to relatives and staff. We saw some very good positive interactions between people and staff. There was banter between staff and people they supported, the conversation was inclusive and people were enjoying the interactions laughing and joking. One staff member told us, "I like helping people, they come first."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed at staff handovers, which were conducted in private.

To enable staff to understand their role in supporting people we saw they had received specific training in topics such as equality and diversity and dignity in care. Staff had been identified as dignity champions to be able to promote dignity in the home.

The service operated a key worker system where staff supported people to maintain relationships with families and friends, and keep their support plan up to date by holding meetings with people. This ensured that people were supported the way they preferred to be.

We spoke to staff regarding caring for people who were receiving end of life care. They were able to explain how they would keep them comfortable, pain free and safe, ensuring they had regular contact with staff so they were not isolated.

Is the service responsive?

Our findings

People and relatives we spoke with told us that staff were responsive to the needs of people. One relative said, "My [relative] is well looked after, they understand them and how to make sure they manage his anxiety to ensure he is safe and happy." They added, "[my relative] can be difficult but staff are brilliant."

We checked care records of people who were using the service at the time of the inspection. We found that care plans were clear and detailed how staff should support each person so that their individual needs were met. Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished.

Staff we spoke with were very knowledgeable on people's needs and how to best meet people's needs. People we spoke with told us the staff understood them and helped them. One person said, "Staff are very good they are always there to help me."

The service had a designated activity co-ordinator. We saw activities taking place in the afternoon of our visit. They were enjoyed by a large number of people. The atmosphere was loud; people were laughing joking and thoroughly enjoying themselves. People told us they could choose what activities they wanted to do and they were regularly arranged. There were separate communal areas so if someone did not want to take part there were quiet areas they could sit so they were not disturbed. The service also had the use of a mini bus so people regularly went out on trips. These included shopping, coffee mornings, or to church. External companies also came into the home to provide activities. For example, armchair exercises, singers and other entertainment.

We spoke with the activity co-ordinator, they were very passionate and enthusiastic. They wanted to ensure people received stimulation and that their social needs were met to ensure a good sense of well-being. They told us they attended the local authority activity meetings where activity co-ordinators from all the local homes came together to share ideas.

There was information available in the communal area of the home, about how to make a complaint. Relatives we spoke with told us they would feel confident in making a complaint should they feel the need to. One relative told us, "The staff are all very approachable and if I needed to raise an issue I would feel comfortable doing this, however, I have not had the needed to."

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Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with said they were happy with the care provided and how the home was run. When we asked people if there were any areas they felt could be changed to improve the service provision, they could not think of anything they would change. They commented positively about the improvements the provider had made to the environment, which included new flooring furniture and curtains in the communal areas.

We found audits and quality monitoring had been carried out and these had identified areas that required improvement. For example, the further environmental and infection control improvements that were required, such as new floor coverings in corridors and bedrooms and re-decoration of bedrooms.

The registered manager had also introduced additional training and supervision for staff that covered infection control. This was to ensure staff were aware of the standards required and these could be embedded into practice. The director of care had also agreed to work with the local nurse specialist to ensure practices and systems they introduced were effective and protected people by preventing and controlling infection.

Staff said they felt there was an open and transparent culture in the home and they were comfortable raising concerns. Staff felt there was strong teamwork and everyone pulled together to share ideas and resolve problems.

Staff were very complimentary about the management team, who they felt were approachable and provided good support. Minutes from staff meetings demonstrated that they were used to gain staff views and allow them time to discuss new ideas and future plans for the home. One member of staff told us, "I love it here. I really enjoy my job." Another staff member said, "The best manager I have ever had, they really do care."

The registered manager actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service.