

Regal Care Trading Ltd

The Hollies Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Hollies Rest Home is a residential care home providing personal care for up to 31 older people some of whom were living with Dementia. 23 people were living at the service at the time of inspection. There were a variety of communal areas for people such as a dining room, a main lounge which included an additional dining space and a quiet lounge. The garden was easily accessible. The lift gave access to the upper floors.

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

The service was safe. Risks to people's health and safety were assessed and actioned appropriately. Medicines were managed in a safe way following relevant guidelines. There was enough staff deployed to keep people safe. Accidents and incidents were logged and investigated and learnt from where appropriate.

The service was effective. People were supported by staff who were adequately trained to meet their needs and were regularly supported by management. 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. Before people were admitted to the service, they had their needs assessed to ensure they would be suitably placed. People were supported to eat and drink meals of their choosing and were positive about the meals provided.

People received support that was caring, compassionate and kind. People were treated with dignity and respect at all times, and staff were discreet when supporting with personal care. Staff encouraged people to be as independent as possible and care plans were clear on what people could do for themselves. People and their chosen representatives were involved in planning their care. Throughout the inspection we saw very caring interactions between staff and people who use the service.

People received person-centred care that was responsive to their needs and had their communication needs met. Staff engaged people in meaningful activities and relatives were free to visit any time. There was a complaints procedure in place and relatives told us they did not have any concerns. People had received person centred end of life support by a kind and caring management and staff team.

The service was well-led. Everyone involved in the service provided positive feedback about the management team and overall quality of the service. There was a person-centred culture set by the management which led to good outcomes. The staff team were committed and involved with peoples' care and support. Audit systems were in place to ensure the quality of the service and actions were taken where needed.

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

Rating at last inspection

The last rating for this service was good (published 2 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Hollies Rest Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service before the inspection. 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 four people. We spoke with the area manager who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager, deputy manager and four staff. We spoke with two relatives during

the inspection and two others over the telephone following the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training and quality monitoring records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and areas where positive outcomes for people were achieved.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place which was regularly reviewed. The registered manager was aware of their responsibilities and dealt with concerns appropriately.
- Staff had received training in safeguarding and were aware of their responsibilities. Staff told us they were able to recognise signs of abuse and they felt comfortable reporting safeguarding issues.
- People told us they felt safe. One person said, "Oh yes I feel very safe, if I didn't feel safe I know where I would go." Another person said, "I feel safe here, I don't have any problems."

Assessing risk, safety monitoring and management

- People's risks were well managed. Individualised care plans were in place which included identified specific risks to people. For example, where one person had been identified as at risk of choking a risk assessment was in place. Control measures were put in place such as food cut up small and monitoring during meal times. This helped reduce the risk and provided staff with clear guidance on how to support this person safely.
- The provider had completed environmental risk assessments. These covered all aspects of the service including equipment, such as the boilers. Health and safety checks were completed regularly in line with legal requirements to ensure the premises were safe. Checks included, water temperature checks, food safety and all aspects of fire safety, including regular fire drills.
- Fire risks were well managed. Fire risk assessments were in place and the provider had ensured actions identified were completed. Personal emergency evacuation plans were in place in people's care files and by the main exit. This gave guidance for staff on how to support people's individual needs in the event of a fire.

Staffing and recruitment

- There were enough staff to meet people's care needs. Staff were not rushed and responded promptly and compassionately to people's requests for support. The provider used a dependency tool to determine their required support. This was reviewed regularly and where people's needs had changed it had been adjusted accordingly.
- Safe recruitment practices were followed. The provider ensured pre-employment checks were satisfactorily completed for all staff before they began working at the service. These checks included two references, full employment history, right to work in the United Kingdom and Disclosure and Barring Service criminal records checks (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.
- Relatives said there were enough staff to keep their loved ones safe. One relative told us, "I think there is enough staff, I have noticed they always ensure one person stays in the lounge. There are always other staff

around to help, even a friend of mine who came along with me commented on the amount of staff available."

Using medicines safely

- Medicines were managed safely. Staff were observed administering medicines in line with company procedures. Staff were adequately trained, and their competency was assessed annually or when required. Staff maintained accurate and up-to-date medication administration records.
- People received their medicines as prescribed by their GP. This included medicines which were administered on a 'when required' basis, for example pain relief or topical creams. Protocols were in place to provide information to staff on how and when these medicines should be administered.
- Medicines were stored safely. A secure room was used to store medicines, this included a secure unit for medicines at higher risk of misuse. Temperature checks were completed regularly which ensured these were stored in line with recommended guidance.

Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in infection control which they applied in practice in their roles. Staff wore gloves and aprons when supporting people and hair nets were worn during meal times.
- The service was clean with no odours. We observed domestic staff cleaning rooms and communal areas throughout the inspection. Cleaning schedules were filled out at the end of each shift to identify what cleaning had been done.

Learning lessons when things go wrong

- When lessons could be learned, action was taken. For example, communication was poor between staff and vital information was not always getting handed over between full and part time staff. This meant changes to people's health or care needs were communicated late. The registered manager introduced weekly meetings which were typed, including vital information and relevant changes. Staff read and signed the minutes which ensured all staff were aware of changes and was working well.
- Accidents and incidents were recorded and investigated appropriately. The registered manager analysed these monthly to identify patterns and trends. Actions were then recorded in people's care files and shared amongst the staff.

Is the service effective?

Our findings

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

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

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

- People's needs were fully assessed prior to moving into the service to ensure staff could meet people's individual needs safely. This was carried out in line with best practice guidance and included protected characteristics under the Equalities Act 2010. This ensured people were not treated unfairly because of any characteristics such as race or disability.
- People and their relatives were involved in putting together care plans. This ensured they were individual to people's needs and included their likes, dislikes and interests. They also included information regarding how staff should care for people in a way that was important to them. This was especially important for people living with dementia that were less able to express themselves.
- Clear guidance was available for staff for more complex needs. Hyperlinks were incorporated in care plans where specific needs were identified. For example, depression and capacity. This gave staff a direct link to the internet when they needed more information. This enabled staff to have additional knowledge and provide effective care.
- People's care files included a variety of different care assessments to ensure all aspects of care were included. For example, personal hygiene, social life and engagement, mobility and nutrition. These were reviewed monthly or when required to keep staff up to date, changes were discussed with people and their chosen representatives.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. The training records confirmed a variety of training delivered for different roles within the service. New staff received a three-day induction and completed the Care Certificate. The Care Certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care.
- Staff were observed using the training they received to provide effective care for people in the service. Throughout the inspection people were having their mobility needs safely met by staff using appropriate moving and handling techniques. Where people were living with dementia staff knew how to communicate effectively and how to support people when they became distressed.
- Staff received ongoing support from management in one to one supervision meetings and staff meetings, records of meetings were available. Staff said, "We have supervisions regularly and it gives us the chance to discuss any concerns we have. But you don't need to wait for a supervision, the managers door is always open."

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

- People and their relatives told us they enjoyed the food. People told us, "The food is wonderful" and "My

soup was lovely." A relative said, "The food is brilliant, no concerns."

- People were supported to drink enough and maintain a balanced diet. Drinks were available all day and people had their drinks regularly topped up during mealtimes. People were given a choice of meals and when they had finished they were offered more.
- Care files detailed the support people required from staff at mealtimes. For example, one person needed help with cutting up their food to reduce the risk of choking. Staff assisted the person appropriately.

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

- People had access to healthcare services when they needed it. Staff knew people well and knew how to recognise signs when they became unwell. Staff supported people to access healthcare appointments, kept clear records and took appropriate actions. One person told us, "The care staff are great, they always assist me to and from hospital appointments."
- People had detailed care plans covering their healthcare needs. These were updated regularly, and staff shared important information with relevant health care professionals when necessary.
- The registered manager had developed hospital passports. These included relevant information about a person to care for them safely including preferences and things which were important to them. This ensured a safe transfer of care between healthcare services.

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

- There was signage throughout the service to help orientate people living with dementia. People had chosen colours for their bedroom doors which had a sign on them including the person's picture and name. This helped people recognise and locate their bedrooms.
- The service had made adaptations to help support people to remain independent. For example, door signs and bright coloured toilet seats in communal bathrooms. This helped people living with dementia use the toilet independently as it made the seat easier to see.
- People were encouraged to personalise their rooms. One person told us, "I have a nice room downstairs, it is big, and I have it decorated how I want it. I have my own key for the door too."
- People were able to access the communal and garden areas safely. They could access the back garden through the quiet lounge and there was a ramp onto the grass for ease. We observed people freely accessing the garden throughout the day.

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.

- Staff had received training in the MCA and DoLS and had a good understanding of their responsibilities in these areas. We observed staff seeking people's consent before providing care and support. For example,

when someone needed assistance to eat.

- DoLS applications had been made when needed. Where DoLS included conditions, actions had been taken to ensure these conditions had been implemented.
- Where people lacked capacity, care files showed capacity assessments had been completed and decisions made in people's best interest.

Is the service caring?

Our findings

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

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

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

- People and their relatives told us staff were caring. One person told us, "They look after me well, they do a very good job." Another person said, "I love it here, the care staff are very, very good." A relative told us, "The care staff are very helpful and friendly, and they really care a lot."
- Interactions between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude. For example, one staff member recognised a person was becoming sleepy, so they covered them with a blanket making sure they were comfortable.
- Staff had built positive relationships with people. We observed staff embracing people in friendly hugs, which was well received by people. Staff were positive about their work, one staff member said, "I love working here, just everything about it, working with the residents and their families."

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

- People were encouraged to be involved in making decisions about their care. The registered manager held monthly resident meetings to gather feedback and involve people. Things discussed included, suggestions for activities and birthday meal requests.
- The registered manager involved people in planning their care. When changes needed to be made, discussions were held with people where possible or their chosen representatives. People had 'My life story' documents in place, including information such as place of birth and childhood memories. This enabled staff to chat with people about things that were important to them.
- Staff spent time listening and talking to people. There was a relaxed atmosphere and mutual respect between people and staff.

Respecting and promoting people's privacy, dignity and independence

- People's personal appearance was good and maintained by staff. One relative told us, "The staff are attentive, they make sure [person] is always clean and looks nice. Even after meal times. They don't know when I am coming and it's always the same." This ensured people's dignity was respected.
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were able to tell us how they supported people ensuring people's privacy and dignity was respected. They ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be as independent as possible. Care files included aspects of care they could complete themselves. For example, what areas of their personal care tasks they can do independently. Staff encouraged and supported people during meal times to enable their independence with eating.

- The service had a dignity champion in place. They had specific training in dignity and offered additional support to key workers to support people better. A key worker is a member of staff who takes the lead in co-ordinating a person's care. Areas they focused on were appearance and ensuring people looked presentable according to preferences. Other areas they focused on were arranging hair and nail appointments and ensuring dignified support during mealtimes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person centred and identified people's individual needs and preferences. For example, when one person living with dementia became distressed it was clear what the triggers were and how staff needed to support them. This had a positive impact and reduced the amount of times where the person became distressed.
- The registered manager planned personalised care to ensure people's needs were met. For example, when a person was due to return from hospital whose health had deteriorated and needs increased. They had ensured equipment and medication was available and made appropriate changes in their care file and bedroom. This enabled the person to return to the service and be cared for safely.
- People's care plans included information around specific health needs. For example, where people were living with dementia. Clear guidance was available for staff on how to individually meet specific needs. This included communication barriers, behaviours that challenged and how to support people if they become distressed or anxious.
- The registered manager had taken steps to ensure lesbian, gay, bisexual, transgender (LGBT+) people would feel comfortable living in the service. Information packs were available for staff to read and have understanding in this area. Sexuality care plans had been started and the registered manager was working hard to ensure equality was considered.

Meeting people's communication needs

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

- People's care plans included information on their individual communication needs and how staff should communicate with them effectively. This included specific communication needs for people living with dementia.
- The registered manager ensured people had access to different communication aids when necessary, specifically for people living with dementia. For example, large print care plans and picture cards. Food was shown physically with an explanation at meal times to enable people to choose effectively. This ensured people could understand what they were choosing for their meals.

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 and their relatives were happy with the activities on offer at the service. One person told us, "We

have good activities, I especially enjoy the bingo and dancing although I need help with that now. I also like the quizzes we have." A relative told us, "The activities are brilliant. Even I have joined in on them. They have panto's, singers, quizzes, visits to the pub and exercises. There is plenty of choice." Relatives were welcome anytime to visit and were welcomed by staff and management.

- The registered manager ensured special occasions were celebrated. We saw a scrap book with a variety of pictures of people enjoying birthday celebrations, Chinese New Year and Easter bonnet making. A relative told us, "I came to Chinese New Year, it was great the food was brilliant. I was gutted I missed the valentine's lunch."
- The registered manager looked at ways to ensure people enjoyed activities relevant to them. For example, for one person that loved aeroplanes, the service purchased model aeroplane kits. The staff spent one to one time with the person building and painting them, which they enjoyed. Another example, a person that used to paint, now paints regularly with staff and an arts and crafts person visits fortnightly.
- The registered manager arranged visits to the local community. People had enjoyed visits to the local pub for lunch. It was discussed in resident meetings places people would like to visit, and the service arranged this.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Only one complaint had been raised in the last year and was dealt with appropriately by management.
- Relatives told us they did not have any complaints or concerns. They said they knew where to go if they did and that it would be addressed accordingly.

End of life care and support

- Care plans included a section for end of life care. The registered manager was working with people and their relatives to ensure personalised plans were developed.
- Relatives were positive about their experience of their loved one during end of life care. We saw a thank you card from a relative of a person who lived in the service who had received end of life care. It was addressed to the management and staff. Thanking them for taking such good care of their relative and the support given to the family during a difficult time.
- Relatives we spoke with were really positive about the care people received. One relative told us, "My [person] arrived back from hospital last night. The hospital told us [person] is end of life, only had a couple of days left [name of registered manager] sorted everything out so [person] could come home. But I've come in today and I can't believe the improvement, [person] is up dressed and downstairs, it's just amazing."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked hard to continually improve the service in order to achieve good outcomes. For example, where multiple falls were identified at night time, changes were made to the meal times. The registered manager believed people may have been hungry but were unable to express themselves properly. A main meal was introduced at 5pm instead of 12.30pm and a small meal and snacks at 12.30pm and 8pm. This had a positive outcome on people living in the service, not only did the falls reduce but people were sleeping better.
- The registered manager worked hard to improve the quality of people's life. For example, one person came to the service with behaviour that challenged, at high risk of falls and was taking high-risk medicines which made them drowsy. The registered manager worked closely with the dementia nurse and GP, requested a medication review and changes were made. The person no longer presented with any behaviour that challenged and was no longer drowsy during the day. They engaged in their favourite activities, slept well at night and was eating and drinking well. This had made a huge difference to the person's quality of life.
- Another example of how the registered manager improved care. A person became unable to access their room independently to take a nap when they wanted. They became sleepy in the day, which made them at high risk of falls and had a reduced appetite. The registered manager moved the person to a lower ground room so they were able to go independently when they wanted. Staff were able to monitor them safely, their quality of life improved as they were less sleepy in the day.
- The service worked in partnership with a range of health and social care professionals for support and advice to ensure good outcomes for people. For example, working with the local hospice team to ensure people received end of life care individual to them.

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

- The senior management team were positive about the registered manager and the positive things they had achieved. The area manager said, "Everyone at Regal care know about [name of registered manager] nothing is ever too much for them, they really care about the people living here. They led by example and encouraged staff achievement by joining Kent Integrated Care Alliance. Staff had achieved awards and become finalists in the dementia carer award, the care home managers award and the nutrition care award was won in 2019. They are doing a great job and are an outstanding manager."
- The registered manager led by example and staff were highly motivated and positive about the management team. One staff member told us, "The manager always listens, the senior management are

really good as well, they are approachable and support us." Another staff member said, "I love working here, I am excited to keep learning, I want to progress." A relative told us, "My [person] was waiting to come back from hospital until late, the transport took ages. The manager and deputy manager stayed here late until they arrived home which is just so nice."

- The registered manager supported and valued staff which created an inclusive and empowering culture. One staff member told us, "I have learnt so much from them, I really can't thank them enough for their support. They have encouraged me to develop and even stayed behind to help me with my diploma. Nothing is ever too much." Another staff member said, "The manager is here every day, always willing to help and support anybody, they are very hands on."
- The registered manager and staff were held in high regard by people and their relatives. A person told us, "The care staff look after me very well, the manager [name of registered manager] is very nice." Another person said, "The manager [name of registered manager] is very approachable." A relative told us, "The management are approachable and so friendly, I can address any concerns with them and the care staff are just brilliant." Another relative said, "The manager is very good, very helpful, I've never had any concerns."

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

- Staff were really positive about the registered manager and the outcomes they had achieved. One staff member told us, "I have been here for eight years, [name of registered manager] has really changed the home and made some good changes. People never used to come out of their rooms before, now they all do. They have really made such a difference."
- The registered manager was clear about their responsibilities and about what they needed to report to the Care Quality Commission.
- The registered manager had good oversight of the service. Regular audits were in place for various aspects of the service to ensure quality assurance. Where issues were identified an action plan was devised and worked on to make improvements. For example, improvements to the environment by making the bedrooms more individual.
- The provider and registered manager were clear on their responsibilities under the duty of candour. They were open and transparent when things went wrong and took necessary action. The provider had their ratings displayed on their website and clearly in the service.

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

- Satisfaction surveys were sent out regularly to people, relatives and professionals who worked with the service. The results were analysed and used to drive improvements. For example, changes to activities and outings.
- Regular meetings took place with staff to enable good communication. This included handovers between each shift with handover documents to enable effective handovers.
- The registered manager and provider understood the importance of having links with the local community. The registered manager invited people from the local community to join events they put on. One year they opened their doors and had an open day where the local mayor attended.