

Evergreen Healthcare 2004 LTD

The Hollies Residential Home

Inspection report

86-90 Darnley Road
Gravesend
DA11 0SE

Tel: 01474568998
Website: www.theholliesgravesend.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hollies Residential Home is a residential care home providing personal care to up to 40 people. The service provides support to older people as well as younger adults. At the time of our inspection there were 30 people living at the service, some people lived with dementia, 1 person was cared for in bed.

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

People and relatives provided positive feedback about the service, the staff and the management. Comments from people included, "We are grateful to everyone at the Hollie's"; "I would, and have recommended here to other people"; "I feel very safe here"; "They are very friendly"; "When I want someone they're here"; "I'm pretty happy" and "The girls (staff) are kind and caring."

Although people and relatives were happy with the care and support, we found some concerns about people's safety. Improvements to safety had been made in relation to building related risks and risks relating to people's assessed health needs. Some risks relating to skin integrity and constipation to people had not always been properly managed.

Medicines had not always been given as prescribed, however one medicine had not been given as per the prescriber's instructions, as it had been given at the same time as other medicines. Medicated patches which can cause irritation to the skin if they are placed in the same position after removal were not always sited in a different place on people's skin, which increased the risks of a reaction and discomfort. We found no evidence that people had been harmed. This is an area for improvement. Medicines were stored safely in a locked medicines room. Medicines had been stored at the correct temperature to ensure they were safe to use. Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round.

Management oversight of the service had improved. The provider and registered manager had systems in place to check and audit the care and support as well as monitoring health and safety risks and building related risks. Actions were completed swiftly when the management team identified concerns. The provider had changed the electronic care planning system and this was mainly working well. However, some improvements were required to help the management team have better oversight of repositioning, constipation, medicines, and fluid intake.

Enough staff were deployed to keep people safe. Staff had been recruited safely to ensure they were suitable to work with people. People were supported by regular staff who they knew well. Staff were well supported by the management team.

The provider had improved the environment and further redecoration and renovation was taking place, during the inspection a new shower room was being installed. There was signage in place to support people living with dementia (as well as new people to the service) to orientate themselves.

People were assessed to check their capacity to make particular decisions when this was in doubt. Records showed how decisions were made in people's best interest. Mental capacity assessments were in place, these were decision specific, some had some conflicting information, which is an area for improvement. People told us they made choices about their lives. 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.

The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been identified and reported to the local authority appropriately. Staff knew and understood their role in keeping people safe.

The service was clean; the provider was promoting safety through the layout and hygiene practices of the premises. Staff used personal protective equipment when providing care to people in line with infection control guidance.

Prior to people moving into the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.

Meals and drinks were prepared to meet people's preferences and dietary needs. People told us they liked the food.

People were treated with dignity and respect. People's views about how they preferred to receive their care were listened to and respected. People and relatives told us staff were kind and caring.

People had access to a range of different activities throughout the week. People told us that they took part in these.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 August 2022). We served the provider warning notices in relation of breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also served requirement actions for breaches of regulations 9,11 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 9, 11, 17 and 20. The provider remained in breach of regulation 12 in relation to effective risk management and managing medicines safely. The service has been rated requires improvement.

At our last inspection we recommended that the provider considered current guidance on dementia friendly signage and take action to update their practice accordingly. At this inspection we found the provider had acted on any recommendations and had made improvements to dementia friendly signage around the service.

This service has been in Special Measures since 03 March 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a breach in relation to effective risk management and medicines management at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Hollies Residential Home

Detailed findings

Background to this inspection

The inspection

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

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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hollies Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Hollies Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had carried out contract monitoring visit.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 2 people's friends and 2 relatives. We also received written feedback through our website from a further 2 relatives. We observed staff interactions with people and their care and support in communal areas. We spoke with 13 members of staff including housekeeping staff, kitchen staff, care staff, senior care staff, the deputy manager, the registered manager, the office manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 12 people's care records and multiple medicines records. We looked at 8 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, building related maintenance records and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection, risk assessments were inconsistent. They did not provide clear guidance to staff about how to meet people's needs safely. Risks of harm had not always been considered. Fire risks had not always been well managed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 in relation to risk management.

- At the last inspection, there was inconsistent risk assessment practice across the service. At this inspection, although improvements had been made, risk assessments were still inconsistent. Risks in relation to pressure area care had not always been adequately monitored. One person's care plan showed they were cared for in bed and should be repositioned every 2-3 hours during the day and every 4-5 hours at night. We observed that they were not frequently repositioned, and the repositioning charts confirmed this.
- Risks in relation to constipation had not always been well managed. Constipation risks had not always been assessed and actions to reduce risks had not always been taken. One person's care records evidenced that they had not opened their bowels for more than 5 days. Their care plan for continence had not covered bowel movements and had not directed staff how to work with them safely. Another person's care plan detailed they should be offered laxative medicine and the GP should be called if they had not opened their bowels for more than 72 hours. Their records showed this had not happened and the registered manager confirmed this. This put people at risk of harm, discomfort and distress.

The provider has failed to protect people from risks related to health needs including constipation and repositioning to keep people safe. This placed people at risk. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, risk assessments were not always in place where people had health conditions, which carried potentially serious risks. For example, when people were diagnosed with diabetes. At this inspection, people had individual risk assessments in place for health conditions.
- At the last inspection, building related risks had not been identified or well managed. At this inspection, building related risks had been resolved.
- At the last inspection, fire risks had not been well managed. At this inspection, door guards had been fitted to doors and these were in use, this meant if the fire alarm activated, doors would automatically close, to

keep people safe. The provider had installed a new fire alarm system since the last inspection. People had personal emergency evacuation plans in place to detail what help and support they required to evacuate if required.

- At the last inspection, legionella risks had not been well managed. At this inspection, legionella risks were being managed. The provider had ensured that they were testing hot and cold-water outlets throughout the service monthly to ensure that the water was at a safe temperature.
- At the last inspection, risks of people leaving the service undetected had not been well managed. At this inspection, fire escape doors were alarmed and window restrictors were in place.
- At the last inspection, action following accidents and incidents had not been well managed. At this inspection, systems were in place to monitor accidents, incidents near misses and to learn lessons.
- The registered manager regularly audited and reviewed any accident and incidents. Staff told us if there had been accidents or incidents involving people; they were informed about these in handover meetings at the start of their shift. The registered manager checked and recorded the number of incidents each month, including the number of falls in total and analysed the information to identify trends.

Using medicines safely

- At the last inspection, we identified areas for improvement in relation to medicines being given as prescribed and prescribed creams, lotions and eyedrops being dated on opening. At this inspection, medicines had mostly been given as prescribed, however some medicines were not given as per prescribed instructions. Some PRN (as and when required medicines) protocols were missing for people. The management team confirmed appropriate action had been taken to address this after the inspection.
- Where people were prescribed patches to place on their skin, for example, to control symptoms of pain, they were not administered following prescriber's guidance. Patches can cause irritation to the skin if they are placed in the same position after removal. There was a risk people, who may already have frail skin, could experience a reaction and discomfort. We found no evidence that people had been harmed. This is an area for improvement. The management team confirmed appropriate action had been taken to address this after the inspection.
- The provider had reviewed medicines policies and procedures and practice. Medicines auditing had taken place. However, audits had not identified that medicines were not always being administered according to prescriber's instructions. Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. The registered manager had carried out medicines competency checks to ensure that staff practice was safe and followed medicines administration policies, procedures and good practice. These competency checks had not picked up the issues relating to medicines not being given as prescribed.

The provider has failed to manage medicines safely. This placed people at risk. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely in a locked medicines room. Medicines had been stored at the correct temperature to ensure they were safe to use. Medicines in stock tallied with records. Prescribed creams, lotions and eyedrops had been dated on opening.

Staffing and recruitment

- The provider had recruited staff safely. Disclosure and Barring Service (DBS) criminal record checks were completed as well as reference checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rotas showed enough staff had been deployed on shift to meet people's assessed needs. The provider

had a dependency tool in place to determine safe staffing levels. There appeared to be enough staff to meet people's needs. Call bells were answered quickly. On the day of the inspection, additional staff had been rostered on shift to provide support to people attending medical appointments at the hospital and to provide support for one person to attend a wedding.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place. Safeguarding concerns had been appropriately reported.
- Staff told us they felt comfortable to report concerns to the registered manager. They felt that concerns were taken seriously, and appropriate action would be taken. Staff had received safeguarding training and knew how to escalate concerns to outside organisations such as the local authority safeguarding team and CQC if necessary.
- People told us they felt safe. Comments included, "I definitely feel safe"; "I leave my door open. I trust everyone here"; "I certainly feel safe"; "I feel very safe here"; "I feel safe here, they answer calls" and "They look after you and always checking."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

There were no restrictions on people receiving visitors at the service. We observed people receiving visits from their relatives and friends during the inspection. Visitors told us, "I am able to visit and it's pleasant to visit" and "I've come most days over the past 2 years."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At the last inspection, assessments were not sufficient or robust to ensure that people's needs were fully understood to enable staff to form care plans and risk assessments. This was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to assessments of people's needs.

- At the last inspection, assessments were not sufficient or robust and were inconsistent. At this inspection we found prior to people moving into the service, their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities. People were reassessed in a timely manner as their needs changed to ensure the care they received met their needs.
- The provider used nationally recognised assessment tools to identify and review people's needs such as Malnutrition Universal Screening Tools (MUST) and pressure sore risk assessment screening tools (Waterlow) to calculate people's skin pressure risk.
- Oral Health Care for Adults in Care Homes best practice had been implemented. People's oral health care needs were routinely assessed. Care plans provided information in relation to people's needs in this area. Staff had completed training in supporting people with their oral care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection in, the provider had failed to ensure people's rights were upheld within the basic principles of the Mental Capacity Act 2005. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11, however further improvements were required. These improvements have been documented in Well- Led.

- At the last inspection, MCA assessments were not lawful and were not decision specific. At this inspection, improvement had been made in relation to carrying out capacity assessments.
- The management had oversight of DoLS to monitor when DoLS were due to expire, when DoLS applications were required and what conditions were in place for people that had conditions on their DoLS.
- People confirmed that they made their own choices. Comments included, "I choose when I want to go to bed"; "I asked to be woken up at 06.30 with a drink, which they do" and "I choose what I want."

Staff support: induction, training, skills and experience

- At the last inspection, staffing training and competency around moving and handling was an area for improvement. At this inspection, a programme of training was underway. A member of staff had attended a moving and handling trained trainer course. Most staff had received training relevant to meeting people's assessed needs such as diabetes, first aid, dementia and managing continence.
- From 1 July 2022, all registered health and social care providers must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. This should be at a level appropriate to their role. The provider had a programme of training which included working with people with learning disabilities. At the time of the inspection most staff had completed the training.
- Staff received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Most staff told us they felt well supported by management team.
- New staff were supported to undertake the Care Certificate if they had not already completed this or a relevant health and social care qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they liked the food at the service. People told us, "There's a variety of food, salmon today. You can ask if you want more, they never say no you've had enough"; "I'm a celiac, they cater for that"; "We choose from a menu in the morning"; "I'm not a fussy eater, I'm fine"; "We have 2 choices on menu"; "The foods good. If you don't like it, you can ask for something else" and "The majority of time I like the food. [Food was] exceptional today and Christmas day." We observed mealtimes to be relaxed and people were offered choices of meals and offered more if they wanted it.
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included low sugar and gluten free diets. Food looked good and smelt appetising.

- People had their meals in the dining room and in their bedrooms. Relatives and friends were able to book in to have meals with their friends and loved ones.
- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

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 health services when they needed it. Records evidenced that staff had called 999 and 111 when required to meet emergency medical needs. A GP/paramedic practitioner carried out a weekly ward round and visited the service. The service was also supported by visiting community nurses to meet people's nursing needs. People attended appointments with their healthcare specialists and consultants when required. We observed staff supporting people to attend hospital appointments.
- Records evidenced that the service worked closely with people's local authority care managers and healthcare providers to provide updates and information about people's health and wellbeing. The service worked closely with the local hospice. Hospice staff visited the service to review people who were nearing the end of their life.
- Information about people's declining health and outcomes of appointments had been shared with the staff team in handover records. This meant staff had the most up to date information to support people effectively.
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. Referrals had been made to speech and language therapists, dieticians, occupational therapists and the falls clinic when required.

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

- At the last inspection, the design and layout of the building did not fully meet people's needs. Some people lived with dementia and required signage to support them around the home. We made a recommendation about this. At this inspection, improvements had been made. Way marking and dementia friendly signs were in place in the service which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- Maintenance tasks were completed in a timely manner. A redecoration programme was still in place and some rooms were already complete. People's rooms were furnished and decorated to their own tastes. A relative told us, 'All the new decoration works makes the home look amazing.'

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 our last inspection of this domain in November 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection of this domain, people's privacy and dignity could not always be maintained when they used the toilet next to the lounge area which backed on to the visiting pod in the small conservatory. At this inspection, people were treated with dignity and respect. The walls in the toilet and pod had been addressed.
- Staff were discreet when asking people if they needed to use the toilet. Staff ensured any support with personal care was carried out behind closed doors. Staff knocked on doors before entering. We observed staff protecting people's privacy and dignity in communal areas. One person fell during the inspection and staff put a privacy screen up whilst supporting the person to get up from the floor.
- People told us the staff were nice and kind. Comments included, "They respect your privacy and ask permission to do things"; "I get on well with the staff" and "Staff chat to me." We observed kind and supportive interactions between staff and people, which showed staff knew people well. Staff knew how to communicate with them and helped inspectors communicate with people.
- People's care records were mostly electronic and only accessible to those that required access and were password protected.
- People were supported to be as independent as possible; some people managed their own personal care.

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

- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. Staff effectively communicated with people.
- People told us they were happy and liked living at the service. People and relatives told us staff were kind and caring. Comments included, "Staff are very good"; "They want to make you happy. They joke and can take a joke" and "They're always busy but will have a chat and are friendly."
- Relatives told us, 'I can't praise enough the staff and care my mum has received thus far. Also, the support to us as a family'; 'All residents are always very well respected and spoken to like family. Staff treat me and my family like best friends and I am so happy [person] lives there' and "[Loved one] is looked after wonderfully here."
- Staff supported people in a friendly, upbeat manner and in a way which met each person's needs. People felt comfortable with staff. For example, people sought staff out and chose to spend time with them. People were relaxed in the company of the staff, smiling, and communicated happily using verbal communication, expressions and gestures.

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

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support. People told us, "They know me. They shower me and they do it well" and "Staff know me. They know what I need." □
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.
- Staff supported people to maintain links with those that are important to them. People told us about friends and relatives visiting them and support to maintain contact with important people to them. People said, "People who own dogs can bring them in"; "Visitors are free to come"; "Visitors can come and book lunch in the café"; "I have settled here, I have a nice room and a comfortable bed too. I love it too that my grandchildren can come in here and see me" and "Visitors can come any time. I put myself in here. I have a lovely family and they can come often."

Is the service responsive?

Our findings

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

At our last inspection of this domain in November 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At the last inspection of this domain, care plans were not always person centred and were inconsistent. Care plans were basic and lacked details of people's assessed needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to meeting people's assessed needs and preferences.

- At the last inspection, people did not always receive personalised care. Care plans were not always person centred and were inconsistent. Care plans were basic and lacked details of people's assessed needs. At this inspection, care plans were in place. These were person centred and contained information about how each person should be supported in all areas of their care and support.
- Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- People's care plans reflected their current needs and interests. The care plans were clear and detailed, so staff knew exactly how to provide personalised care and support. People told us their personal care needs were met as they would like. People said, "I need help with the shower, they dry between my toes" and "I'm showered every day and they are very good."
- People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One relative told us (in writing), 'The person centred approach is to be admired and certainly has made my mum feel very relaxed and listened to.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's specific communication needs were known and supported. We observed examples of staff learning and adapting to people's individual ways of communicating and expressing themselves.

- The management team told us the service user guide and information about how to make complaints could be made available in different formats including different languages to meet needs when requested. The management team developed an easy to read complaints/concerns form during the inspection for people to use.

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

At the last inspection of this domain, there were very limited opportunities to support people with activities that were important and meaningful for them taking place. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to meeting people's assessed needs and preferences.

- At the last inspection, no activities took place, people did not have enough to keep them mentally and physically stimulated. At this inspection, a range of activities took place. The service had employed an activities coordinator. People were supported to do activities in the service and to go into their community to join activities as well as going on trips such as to the beach in the summer.
- Some people led an active lifestyle, whilst others preferred not to socialise or liked to stay in their bedrooms. During the inspection, activities included an afternoon singing session in the lounge. Song sheets containing the lyrics and printed in big type were handed to people who wished to join in. Some people attended a social group in a local village.
- People told us, "I do the exercises"; "I helped with the decorations at Christmas, I like doing that"; "Sometimes we now have a sing a long in between"; "[Activities coordinator] organises going out to a café in a minibus. She does my nails and goes to people's rooms to see them. She does quizzes and we visit St Georges Church and sing hymns"; "Most days there's quizzes and things. They give us a list [of activities] every week" and "At Christmas they had a pantomime. I was the King."
- A relative told us, 'Today my mum attended a social group in New Ash Green for those living with dementia and their carers. I know that the Hollies bring residents to these groups three times every month. Residents enjoy singing, quizzes and a time to chat with other community members. Today I visited my mum and she felt so uplifted by this experience and was very animated about her visit.'

Improving care quality in response to complaints or concerns

- People told us they would complain to the staff or the registered manager if they were unhappy about their care. Comments included, "They have meetings, but I'm not a joiner. But you can if you want"; "I have no complaints"; "If I had a complaint I would start with a carer and go up from there. That's the way to do it"; "If there was something wrong they would come and do [resolve] it" and "If there are any complaints you must let them know."
- Records showed no formal complaints had been received. The provider had supported two people to complain about treatment and the service they had received at a local hospital.
- The complaints policy was on display and people were given an opportunity in meetings to share any concerns or complaints they had.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life.

- Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants.
- The service gained the support from the local hospice when people were approaching the end of their life to ensure that people had access to pain relief and support when they needed it.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, registered persons had failed to operate a robust quality assurance process to continually understand the quality of the service and ensure any shortfalls were addressed. The provider had not maintained accurate and complete records in relation to the service and people's care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17, however further improvements were required.

- At the last inspection, audits had taken place, however they were not always robust enough to identify concerns found during the inspection. At this inspection, audits and checks had taken place and these had identified areas for improvement. These have been actioned appropriately. Audits and checks required reviewing to ensure that the areas in relation to medicines identified in the safe domain were monitored.
- Since the last inspection the provider had changed to a new electronic care planning system. This system required some further work to ensure it was robust. The management team did not have full oversight of people's care. The system had not alerted staff or the management team when people had not been repositioned according to their care plan and had not opened their bowels for more than 3 days (or for longer than their normal routine) and the system was not used to raise alerts to the management team when people have not drunk enough fluids. This had led to missed opportunities to encourage additional fluids and to offer people as and when required laxative medicines. This is an area for improvement.
- At the last inspection, records were not always accurate and complete. At this inspection, records had improved. However, further improvements were required as some MCA assessments contained contradicting information. For example, one person's stated '[Person] does not have a cognitive impairment and she does not lack capacity to make decisions. She requires a mental capacity to be done.'
- Since the last inspection the provider had employed a deputy manager to support the registered manager. The management team worked closely with the provider to manage the service and drive improvements.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries, DoLS authorisations and deaths. The provider and registered manager understood their role and responsibilities, had notified CQC about all important events that had occurred.

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

At the last inspection the provider had failed to be open and transparent with people and their relatives following a notifiable safety incident. This was a continued breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The registered manager understood their responsibilities to ensure compliance in relation to duty of candour. They had written to people to apologise when things had gone wrong. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed a copy of their rating in the service and on their website.

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

- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff told us they felt that communication, the culture and the feeling of the service had improved. Comments included, "The support is brilliant" and "I feel well supported. I am happy. It's nice having new staff in the service."
- The provider had sent out surveys to people and relatives to gain feedback about the service since the last inspection. Survey results evidenced people were satisfied with their care and support. Actions had been taken to respond to surveys. The provider had created a 'you said, we did' board in the hall to show what people had said. This included people wanting to go on trips in the summer to the beach. This had been actioned, a number of trips had taken place and photographs showed people enjoying these.
- People met with the activities staff member on a weekly basis to discuss activities and provide feedback. People also had regular meetings with the management team. Records showed they discussed improvements in the home, food, activities, events and staffing. One person told us, "They have meetings and they do listen."
- Relatives told us, "Everyone is very pleasant. The home always phones me with any news, if [person's] tablets have been changed, or if the GP has been in for instance" and 'The office staff have helped me on numerous times completing paperwork that they did not need to give up their time to help with.'

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

- A number of compliments had been received through The Hollies social media pages. One read, 'Amazing home... our mum is so very happy, she is loved so very much and the care and love that is shown to our mum and all the residents is above and beyond. Would highly recommend to anyone. The home is kept so lovely and is very welcoming.'
- Written compliments and thank you cards had been received. One read, 'Just a little thank you to say a very big thank you to you all for the love and special care you have taken and given mumsie [name] during her stay with you.' Another read, 'We wanted to send you a note to say thank you for everything you did to make [person's] life so happy and comfortable in her final years.'

- People and their relatives knew the registered manager and felt that there was an open culture. Comments included, "I know [provider]"; "I would be happy to speak to the manager or anyone"; "If I had a problem I would go to the office. They are all very nice"; "[Provider] is very nice and [registered manager] and [deputy manager]" and "Quite a nice bunch, been here years."
- There was a calm, relaxed and homely atmosphere at the service. Staff told us they enjoyed coming to work. One staff member said, "I have worked in many care homes in the past, but this is the best."

Working in partnership with others

- The registered manager had kept up to date with local and national developments within health and social care.
- The registered manager had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.
- The registered manager had worked closely with the health care professionals such as community nurses, the local hospice, commissioners and people's GP. The registered manager had met with the GP practice since the last inspection to improve outcomes for people. The service utilised the skills of a private physiotherapist who worked with people upon discharge from hospital to increase people's mobility as much as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider has failed to protect people from risks related to health needs including constipation and repositioning to keep people safe. The provider had failed to ensure medicines were always managed safely. This placed people at risk. Relation 12 (1)(2)