

Mr & Mrs P Menon

Holly House Residential Home

Inspection report

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21 August 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly House Residential Home is a care home providing accommodation and personal care to up to 28 older people and people living with dementia. At the time of inspection there were 27 people living at the service.

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

People continued to be cared for safely and with compassion. Staff were appropriately recruited and there were enough staff to provide care and support to meet people's needs.

Effective systems were in place to identify and manage risks to people. These included individual risks such as falls and pressure ulcers and environmental risks.

People were supported by sufficient numbers of staff who knew them well and understood how to meet their needs.

Medicines systems were well organised, there was effective oversight of medicines in place and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were protected from infection and the home was well maintained and clean.

The service had a positive ethos and an open culture. The management team were approachable, understood the needs of people, and listened to staff. People that used the service and their relatives had the opportunity to feedback on the quality of the support and care that was provided. There were effective systems in place to monitor the quality of the service and drive improvements.

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 15 November 2022).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of people's skin and pressure ulcers and meeting people's health needs. We undertook a

focused inspection to examine those risks and reviewed the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly House Residential Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holly House 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.

Service and service type

Holly House 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. 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. Inspection activity started on 15 August and ended on 21 August 2023. We visited the location on 15 August 2023.

What we did before the inspection

We reviewed information we had received about the service since becoming registered. We sought feedback from the local authority who work with the service. 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 7 people and 6 relatives of people who used the service about their experience of the care provided. We spoke with the provider, registered manager and deputy manager. We also spoke with 5 care staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe.
- All the people we spoke with told us they felt safe at Holly House Residential Home. One person said, "Yes I do feel safe, and I have a call bell I can press if I want attention."
- Relatives spoke highly of the way their loved ones were cared for. They told us the provider kept them informed of any concerns with people's care and they were assured by the level of care and support people received. One person's relative said, "We've always felt we chose the right home, [person] is safe and well cared for."

Assessing risk, safety monitoring and management

- Risks to people were identified and managed safely.
- The provider carried out suitable assessments to manage risks posed by people's health conditions. For example, people had personalised risk assessments and care plans in place to mitigate risks in relation to falls, skin integrity and eating and drinking.
- Staff followed the care plans in place to ensure people's needs were met appropriately. We saw that where people needed to be repositioned to reduce the risk of skin damage, this was carried out as directed in people's care plans.
- Environmental risks such as water and fire safety were consistently monitored and managed to mitigate risk. Regular health and safety checks of all areas of the service were undertaken and prompt action taken in response to any areas of risk identified.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- In the main there were enough staff to meet people's needs and provide people with safe care. The provider used a dependency tool and kept staffing levels under review dependent on the needs of the people using the service. During the inspection we observed staffing levels reduced after 7pm when many people were still up in communal areas. We discussed this with the provider, who reviewed the staffing levels and decided to increase the levels during the evening.
- People and their relatives told us there were enough staff and they did not have to wait for care. One person said, "It doesn't matter what you ask for, if they can't do it immediately, they'll do it very soon, we never have to wait long they're superb, there's always plenty of staff when you need them." Another person's relative said, "The staff in particular are excellent, thoughtful, caring and communication is very good. There's enough staff, I've never thought otherwise and have no complaints."
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines.
- People told us they received their medicines when they needed them. One person said, "They [staff] give my medicines, they get them delivered and give them to me every day."
- An electronic medicines recording system was in place, medicine administration records (MAR) were fully completed and regularly audited.
- Staff had received training to administer medicines safely. They underwent competency assessments to make sure they had the correct skills to support people with medicines.

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

- The provider followed government guidance on care home visiting and visitors were welcomed at any time. One person's relative told us, "[Provider] made it clear we can come when we want, they say if you are just passing then call in."

Learning lessons when things go wrong

- Systems were in place to ensure action was taken when things went wrong.
- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting. Risk assessments were reviewed, and appropriate action taken in

response to incidents.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture in the service. It provided people with safe support, where their well-being was the central focus for staff.
- People and their relatives told us the provider and management team knew people well and was available to them. One person said, "I've no concerns about anything, [Provider] is really very good, that's who I would speak to if I needed to." Another person said, "[Provider] asks us what we want, I'm very happy and feel confident to speak to them."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. One member of staff said, "Everybody is friendly, we are working as a team, I learned a lot. I like working in care here, we provide good care, they give us good training."

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

- The service was open and honest when things went wrong. The provider was aware of their responsibility to apply the duty of candour where needed.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- People and relatives spoke positively about the openness of the provider, registered manager and staff.

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

- The management team had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff understood their roles and responsibilities towards the people they supported and felt supported in their role. One member of staff told us, "I usually go to Provider. They are giving us good decisions. They are nice with all the staff. If we make a mistake we can tell them, we don't want to take any risks so directly we go and inform them immediately."
- The management team carried out regular audits of all areas of the service to maintain oversight of safety and quality and drive improvement. Action plans were created in response to audit findings to ensure areas for improvement were managed effectively.
- Some records would benefit from more regular recorded review. Although all records seen during the

inspection contained accurate information, some mental capacity assessments had not been reviewed for a prolonged period. There was a risk changes to people's abilities and needs would not be identified promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular meetings and surveys took place for people, relatives and staff to give their views on the quality of the service being provided. People told us their views were listened to and action taken in response to the feedback they provided.
- There was an open and inclusive approach to the running of the service. Regular staff meetings took place. We looked at a sample of staff minutes and saw they covered numerous topics relevant to the service.
- People and their relatives provided examples of actions the provider had taken to support people's safety and well being. For example, arranging for one person to have a specialist chair.

Working in partnership with others

- The provider worked with commissioners and health and social care professionals involved in people's support to ensure people received appropriate care.