

Miss Helen Catherine Eslick

# 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 to up to 23 people. The service provides support to older people, including those living with dementia. At the time of our inspection there were 19 people using the service.

The Hollies Rest Home is a large adapted house, with 4 floors and lift access to all floors. There were communal lounges and a dining room located on the ground floor. People also had access to a private and enclosed rear garden.

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

Whilst accidents and incidents were analysed to ensure the home had an accurate picture of safety at any given time, we have made a recommendation about recording further detail in the analysis.

Whilst we were assured people were supported to take their medicines in a safe way, we have made a recommendation that PRN (as and when required medicines) protocols are put into place to help further guide staff.

Whilst we were assured people received the care and support they required, care records did not always best evidence this. We have made a recommendation about the importance of maintaining contemporaneous records in relation to people's food and fluid intake.

We were assured people received care and support based on their needs, however, care plans required further detail to provide robust guidance for staff. We have made a recommendation about updating people's care plans.

Risks to people's health, safety and well-being were assessed. Staff had access to information about how to manage people's identified risks and support them in a safe way.

Safeguarding processes were in place to help ensure people were protected from the risk of harm.

Staff were recruited safely and there was enough staff on duty to meet people's needs in a timely way.

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 and were followed by the provider in line with the Mental Capacity Act.

People were supported by staff who were familiar with them and their needs and preferences. People told us staff were kind, caring and treated them with respect. The home had a relaxed, calm and 'family' feel.

Staff spoke positively about the support provided by the management team and were keen to tell us how much they enjoyed working at The Hollies Rest Home.

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

#### Rating at last inspection

This service was registered with us on 29 May 2019, and this is the first inspection.

The last rating for the service under the previous legal entity was good, published on 19 October 2016.

#### Why we inspected

We carried out this inspection to award the service with a rating.

#### 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# 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 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 1 inspector.

#### Service and service type

The Hollies Rest 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 Rest 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 on the first day and announced on the second day.

### 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 and professionals 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 carried out a tour of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 5 people who lived at the home, the registered manager, the care manager, the compliance and support manager, the cook, 2 senior carers and 2 members of care staff.

We looked at records in relation to people who used the service including 3 care plans, medication records and systems for monitoring the safety and quality of the service provided. We also looked at staff training and quality assurance records.

### After the inspection

We spoke with 3 relatives of people being supported at The Hollies, to help us understand their experience of the care and support received by their loved one.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- Although information about risks and safety was up to date, processes which reviewed risks required further detail and analysis to further improve risk management processes and promote safety.

We recommend the provider develops processes to analyse risk to ensure there is a good track record on safety and risk management.

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People and their relatives told us they felt safe living at The Hollies. One person told us, "I feel safe. I know all the staff." A relative confirmed, "Safety was my main priority and [Name] is safe, and happy with it, I can't ask for more."

### Using medicines safely

- Although people were supported to take PRN medicines (as and when required medicines) safely, people's medicines records did not always contain written guidance for staff.

We recommend the provider implements PRN protocols which are person centred, to further help staff to meet good practice standards.

- The provider had already begun to act on our recommendation and implement PRN protocols on the day of our inspection.
- People were supported to receive their medicines safely.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- Although the service had effective safeguarding systems and procedures in place to manage safeguarding concerns promptly, the safeguarding policy was out of date. We spoke to the compliance manager about this who took immediate action to update the policy by the end of inspection visit.
- People were safeguarded from abuse and avoidable harm.

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents were discussed with staff to help identify where improvements could be made in the future. A member of staff confirmed, "Yes, we discuss as a team when things have happened, to help move forward."

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitably trained staff.

- The provider operated safe recruitment processes.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- A relative told us, "Each time I go in the home is clean and well presented."

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Although we were assured people were receiving appropriate care and support with their nutrition and hydration requirements, (both people's feedback and our observation of staff confirmed this) people's daily care records were not always accurate, complete, and contemporaneous.

We recommend the provider further strengthens care recording practices to ensure people's records are accurate and contemporaneous.

- We discussed this with the care manager who confirmed further training and support would be provided to staff to help improve the accuracy of records.
- People and their relatives told us they got enough to eat and drink. One person told us, "It's very good food here, I have never not liked what I have been offered." A relative confirmed, "The food is fabulous, once [Name] asked for something else off the menu, and they got it."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- One person told us, "Staff are trained and experienced, and there is enough of them."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- A senior member of staff told us, "Staff do report any changes in people and we make referrals as necessary."

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- One member of staff told us, "Staff know people's routines well, people receive person centred care."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- People's care records evidenced advice from health and social care professionals being followed by staff.

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

- People's individual needs were met by the adaptation, design and decoration of the premises.
- For people who required it, signage had been put in place to help them navigate from communal areas to their room.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes. The provider was working in line with the Mental Capacity Act 2005.

# Is the service caring?

## Our findings

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

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

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

- People were well supported.
- We observed warm and positive interactions between staff and the people they supported. It was clear staff knew the needs of the people they supported well.
- A relative confirmed, "It's a lovely home and the staff are a big part of that. Dad is in the best home. I feel so thankful for that."

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

- People were supported to express their views and make decisions about their care.
- Although resident meetings took place, and people's views were taken on board, we discussed with the care manager about making meetings more regular.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- One person told us, "Staff are kind and treat me with respect and dignity. Staff know me as a person."

# Is the service responsive?

## Our findings

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

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

- Although we were assured people's needs were met in line with their choice and preferences, people's care records did not always best record this.

We recommend the provider ensures care records and reviews are person centred and detail how people's preferences and routines are met by staff.

- People were supported as individuals, in line with their needs and preferences.
- A staff member told us, "It's person-centred care here - staff are mindful of people's beliefs and choices." A relative confirmed, "All staff are so very responsive, they look after Mum so well, and know her needs."

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 communication needs were understood and supported.
- Information and guidance about how people communicated was recorded in their care records.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- The service employed a full-time activities co-ordinator, who facilitated activities for people both on an individual and group basis. People also enjoyed entertainment provided by external sources, such as singers and animal 'zoos'.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The home had not received many complaints, but those that it had, were responded to appropriately and with sensitivity.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.

- Some people's records evidenced their preferences for end of life care. We spoke to the care manager about further developing these records.

# Is the service well-led?

## Our findings

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

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

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

- Although systems were in place to identify and manage risks to the safety and quality of the service, audit outcomes were not always easy to follow, from one audit to the next.
- We discussed this with the registered manager who was able to evidence those actions had been completed. They confirmed they would further develop recording systems to better record how actions for improvement had been met.
- The provider had an established management structure that monitored the quality of care to drive improvements in service delivery.
- We received positive feedback about the management team from people's relatives and staff. One relative confirmed, "I can talk to staff or the management team at any time, the senior staff are always around to talk to and to ask questions." A member of staff shared, "I feel fully supported by the management team, I absolutely love working here."

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 at the service.
- People and their relatives were keen to share their positive experiences. One person told us, "I am treated as an individual, staff know my needs." Relatives described the home as being "Family like" and "A home from home". One told us, "[Name] honestly couldn't be in a better place, I am so thankful, I can't praise the home enough."

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- One person suggested the introduction of a tuck shop, the registered manager took this idea on board and provided a trolley, apron and provisions to enable the person to run the tuck shop, which now operates on a daily basis.

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 provider understood their responsibilities under the duty of candour.

- A transparent and open approach was adopted.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Management and staff had regular 'huddles' [discussions] and considered information about the home's performance and how further improvements could be made.

#### Working in partnership with others

- The provider worked in partnership with others, to help ensure people received a positive experience based on best practice outcomes, choice and preference.