

Littlecombe Park Limited

Holly Oak Care Centre

Inspection report

Holly Drive
Drake Lane
Dursley
GL11 5HA

Tel: 01453541400

Date of inspection visit:
30 August 2022

Date of publication:
26 September 2022

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 Oak Care Centre is a residential nursing home providing personal and nursing care to up to 46 people. The service provides support to people living with a diagnosis of dementia or age-related frailty. At the time of our inspection there were 25 people using the service.

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

People and their relatives told us the service was safe and staff responded to their needs safely. There were enough staff deployed to meet people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

Staff had received training in recognising safeguarding and knew the actions to take to protect people from harm. Improvements had been made to recruitment processes which the provider and registered manager used to assure themselves of the good character of staff.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

People's needs, and choices were assessed, and their care was reviewed regularly. Care records identified people's individual risk and how these should be managed to reduce the risk of harm.

We observed positive interactions throughout our inspection between people and staff. Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

People and their relatives spoke positively about the management and the caring culture of staff. The registered manager was supported by the provider.

Mental Capacity Act

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

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 requires improvement (published 25 May 2022)

Why we inspected

This was a focused inspection based on the rating of the service. We followed up on action taken following

our April 2022 inspection and the improvements the provider told us they were going to make.

We undertook this focused inspection to check if they now met legal requirements. This report only covers our findings in relation to the safe and well led.

This was a focused inspection to review the key questions of safe and well-led only. 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.

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

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holly Oak Care Centre

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

One Inspector and an Expert by Experience carried out the inspection. 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

Holly Oak Care Centre 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. Magdalen House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in December 2021 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 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 spoke with three people who lived or were staying at Holly Oak Care Centre. We spoke with five relatives about their experience of the care and support provided by the service.

We spoke with eight staff including the registered manager, deputy manager, two nurses, three care workers and a member of the housekeeping team. We also spoke with two representatives of the provider.

We reviewed a range of records. This included four people's care records. 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 management team to validate evidence found.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure safe staff recruitment practices were in place. This was a breach of regulation 19 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 19.

- Safe recruitment processes and checks were in place and being used in line with the providers recruitment policy and legislation. The provider had ensured any discrepancies in staffs' employment, right to work in the UK and criminal checks, had been completed prior to employment. The nominated individual confirmed they would consider the risks to people if they were unable to verify the staff's character or background. This would ensure people were protected from unsuitable staff.
- People were supported by a consistent staff team who knew them well. The service had enough staff to support people. The management team assisted on the floor to assist if required. One member of staff told us, "We do have enough staff on the floor. Sometimes it can be busy, however we manage. The manager and deputy manager do get on the floor to help us."
- The registered manager and provider were recruiting more staff to ensure there were enough staff to reduce pressure on staff and enable the service to support more people to live at Holly Oak Care Centre.
- People and their relatives confirmed there were enough staff to meet their needs. Comments included, "There are always enough staff on. Sometimes it can take a while for the door to be answered, however we've been told changes are being made to improve that" and "The staff are very good, I've never had a concern about how they speak to, or treat (family member) or others."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
 - People and their relatives felt the service was safe. Comments included "I feel [relative] is safe here. I have no concerns" and "I've never had any concerns about safety, the environment is good and the staff are generally brilliant. I've never seen anything to concern me".
 - Staff had completed training on how to recognise and report abuse and they knew how to apply it and when to report any concerns in line with the provider's safeguarding policies and procedures.
- Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise risks relating to people's care. One person was living with epilepsy and could experience seizures. There was clear guidance for staff to support the person, including treatment, prescribed medicines and recovery plans. The service had worked with healthcare professionals and the

person's family to ensure the person's health and wellbeing was monitored.

- We saw people were supported with their mobility needs when accessing the communal areas. Staff were aware of people's risk assessments and the individual support they required.
- People's risk assessments were reviewed to reflect any changes in their needs. One person had lost weight prior to the inspection. Management and care staff had taken appropriate action to maintain the person's health and wellbeing.
- People could be assured that the premises and equipment were appropriately maintained and suitable to meet their individual needs.

Using medicines safely

- Staff managed people's medicines well in accordance with national guidelines. People received their medicines as prescribed and checks were completed to protect people from medicine errors.
- Where required people were given their medicines covertly. There were clear records of mental capacity assessments and best interest decisions for people where this was required. Staff maintained a clear record of medicines which could be given covertly and how, which had been approved by the GP.
- One person was supported with their epilepsy and experienced seizures. Guidance described to staff what action needed to be taken when the person required the use of emergency medicines to manage their seizures.

Mental Capacity Act

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.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 was following current government guidance in relation to visiting at the time of the inspection. One relative told us, "I can visit when I need to. They are always open to me visiting."

Learning lessons when things go wrong

- Accidents and incidents were analysed for any patterns or trends which may require a response to keep people safe.
- The registered manager had implemented new systems since our last inspection. They now reviewed staff recruitment records to ensure everything was in place, according to regulations, before they started working at Holly Oak Care Centre.

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 Requires Improvement. The rating for this key question has improved to 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

- People benefited from a positive culture in the home. Staff demonstrated a strong desire to achieve good outcomes for people. People's relatives spoke positively about the service. Comments included: "[Manager] is around, he is always wandering about, and interacts with residents and their families" and "It seems well run, things go smoothly. I have met the manager and you can soon see him if you need to. He's floating around all the time, but I haven't needed to see him."
- The registered manager, deputy manager and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. Representatives of the provider were known by people and staff.
- Staff told us they felt supported by the registered manager and provider. One member of staff told me, "I do feel supported. We do get the support we need."

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 registered manager understood requirements in relation to duty of candour and had an open and honest approach.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns and complaints were actively listened to and acted upon efficiently. The registered manager shared learning from complaints with the staff to continually develop the service.

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

- The provider and registered manager undertook a range of quality assurance audits to ensure a good standard of service was maintained. We saw audit activity which included medicines, infection control, incidents and accidents, complaints and health and safety. The results were analysed and shared with the provider to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check

appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People were encouraged to voice their opinions about the service and how they were supported. Comments included: "We are able to see the manager, this has improved since [manager] has been based upstairs." and "The management have been supportive since [relative] has been here. They are always open to ideas."
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. One staff member said, "I feel we can suggest things, and they are listened to."
- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. Where professionals had been involved in people's care there was a clear record of their guidance and support recorded.

Continuous learning and improving care

- The provider and registered manager had reviewed their systems and implemented new quality systems which provided clear structure to staff and management regarding their roles and responsibilities. These systems showed improvements had been made based on concerns found through audit processes. This included concerns around cleanliness and sluice access.
- There were processes and systems to monitor and evaluate the service. Where actions had been identified there was a clear scheme of delegation. Actions were required to be signed off before they were recorded as fully completed, ensuring the work had been completed effectively.