Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hollyrose House

116 Lodge Lane, Grays, RM16 2UL

Tel: 01375371940

Date of Inspection: 02 September 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hollywood Rest Home
Registered Manager	Mr Rajpaul Singh Dhillon
Overview of the service	Hollyrose House is registered to provide accommodation and care for up to 11 adults who have a mental health conditions.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of this inspection there were ten people living at Hollyrose House.

Below is a summary of what we found. The summary describes what people using the service, relatives and staff told us, what we observed and the records we looked at.

If you want to see the evidence supporting our summary, please read the full report.

This was an unannounced inspection. We spoke with four people who used the service. We also spoke with the manager and three members of staff. We looked at written records, which included copies of people's care records held in the office, staff personnel files, medication storage and administration systems and quality assurance documentation.

Is the service safe?

We found the home to be warm and clean. The accommodation was adapted to meet the needs of the people living there, was suited to caring for people with limited mobility and was properly maintained. People were protected by safe recruitment practices.

We saw that care plans and risk assessments were informative and up to date. Staff we spoke with were familiar with their contents, which enabled them to deliver appropriate and safe care. The provider had safe systems in place for the storage and administration of medicines.

Is the service effective?

People we spoke with were satisfied with the care and support they received. This was consistent with positive feedback reported in the provider's own annual quality assurance survey.

People were given information and support to help them understand the care and support

available to them. They were encouraged to increase their levels of independence. People were also able to participate in a range of suitable activities.

Is the service caring?

We spoke with four people who used the service. One person said to us, "This is a great place. The best place I've ever lived." Another person said to us, "This is a smashing place; I can't fault it at all. It's an oasis for me and I don't want to leave." Everyone we spoke with said the food was very nice and they were well fed.

There was a calm atmosphere throughout the home and a good rapport between staff and the people who lived there. Staff knew needs of people, were attentive to their needs, offered them choices and treated them with dignity and respect.

Is the service responsive?

People were consulted about and involved in their own care planning and the provider acted in accordance with their wishes. Care plans and risk assessments were regularly reviewed.

Two staff members told us that the manager was approachable and they would have no difficulty speaking to them if they had any concerns about the service.

Is the service well led?

Staff said that they felt well supported by the manager and they were able do their jobs safely. The manager had a range of quality monitoring systems in place to ensure that care was being delivered appropriately by staff, that the service was continuously improving and that people were satisfied with the service they were receiving.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with four people who used the service. One person said to us, "This is a great place. The best place I've ever lived." Another person said to us, "This is a smashing place; I can't fault it at all. It's an oasis for me and I don't want to leave." Everyone we spoke with said the food was very nice and they were well fed.

There was a calm atmosphere throughout the home and a good rapport between staff and the people who lived there. Staff knew needs of people, were attentive to their needs, offered them choices and treated them with dignity and respect.

During our visit we reviewed the care records of three people who lived at the home. Care records are documents which identify a person's needs and how staff should meet those needs. They include assessments of identified risks for each person.

The care records contained personal information and the person's life history, followed by an assessment of the person's needs. The assessment covered important areas of support such as general health, social needs, decision making, mental health and activities.

Detailed care plans had been developed from the information in the assessment and covered important areas of care detailed above. The care plans were goal-orientated, which meant people were working towards trying to achieve things in their lives. We spoke with the manager and two staff members who could describe the care and support needs of people who used the service in detail. Staff reviewed the care plans formally on a monthly basis. This meant that staff were supporting people in line with information contained within the care plans, which were kept up to date.

Risk assessments had been written for a variety of activities people undertook and for the support they received. Where risks were identified there were instructions to staff on what to do to reduce those risks. The risk assessments were also reviewed formally on a

monthly basis. This meant that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

We last inspected this service in November 2013. At that time we found that the home did not provide sufficient meaningful activities for people or enable them to access them. At this inspection we found that these issues had been addressed. We found that full activity schedules were in place for each person. When we arrived, five people were out of the home doing activities, for example being supported to go shopping and accessing a local club.

Two people said to us, "We have plenty to do here." Two people told us that the manager had recently bought a snooker table for the home, which was well received. Another person told us that there were singers who came to the home and regular tai chi classes that they enjoyed. Another person told us they were supported by staff to attend church on a Sunday morning. There were photographs on the wall of some of these activities, as well as a recent day out at the zoo and a summer barbeque. This meant people were supported to undertake meaningful and enjoyable activities.

At this visit we assessed how the Mental Capacity Act (2005) was being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguards (DoLS). DoLS aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

A senior member of staff told us that two people who used the service were subject to DoLS restrictions. We saw paperwork in their care records to confirm this. The manager completed capacity assessments for each of the people living at the home. Where significant decisions were required in people's best interests, the manager hosted best interests meetings to consult openly with relevant people prior to decisions being taken. This meant that the provider acted in accordance with legal requirements.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements for people's medicines. We observed that they were safely stored in locked trolleys that were suitably attached to the wall. Keys to the medication storage facilities were kept safely by the shift leader. This meant the home kept medicines securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the medicine trolleys on a daily basis. Records indicated they were within safe limits. This meant people's medicines were kept at the right temperature, which protected them from harm caused by the effect of extreme temperatures on certain types of medicines.

Medicines were delivered to the home from the pharmacy. Medicines that people took regularly were delivered in pre-packed boxes with dosages and set times for administration clearly marked. We saw that people's medication administration record (MAR) charts were easy to read and up to date, with clear dosage directions. Some people were prescribed medicines on an "as required" basis, for specific medical conditions. There was sufficient guidance in place to instruct staff on the circumstances when these medicines were to be used. Staff had signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. This was also the case for the 'topical' MAR charts which related to the application of prescribed creams.

Most of the people had their photograph on an identification sheet in front of their MAR chart. This meant that staff could identify these people correctly before giving medicines to them. Whilst it was clear all staff knew who the people were, the provider might find it useful to note that not all MAR charts had photographs on the identification sheets.

We also saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles had been dated upon opening to ensure amounts of liquid remaining could be checked accurately against administration records. We spot checked the stock of some medicines held against the records. All amounts tallied exactly. This showed that people were protected by safe systems for the administration of medicines.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

One person who lived at the home told us, "I like getting fresh flowers for the home."

We found the home was warm and clean on the day of inspection and there were no unpleasant odours. The home had detailed cleaning schedules that staff had to adhere to and sign on a daily and weekly basis. The accommodation was adapted to meet the needs of the people living there and was suited to caring for people with limited mobility.

We saw that people's bedrooms were personalised, for example containing photographs of their families and many of their own possessions. People showed us various examples of their art and craft work, some of which had been framed and was on display throughout the home. The provider might find it useful to note that in three of the bedrooms the carpets were worn and contained some stains. The manager told us that there were active plans in place to replace these carpets.

We observed that Control of Substances Hazardous to Health (COSHH) risk assessments were in place and that cleaning materials were locked away when not in use. We saw paperwork that showed all gas equipment and fire prevention equipment, such as extinguishers and the emergency lighting systems, had been serviced within the last year by suitably qualified professionals. The electrical appliances had been tested for safety, as had the home's wiring and the home's lift.

Staff also completed regular maintenance checks, such as checks to ensure the water temperatures were within safe limits. Staff also monitored refrigerator and freezer temperatures and regularly tested the fire alarm systems. This meant that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

There were effective recruitment practices in place.

Reasons for our judgement

We looked at records obtained by the provider for the employment of three staff members who had been recruited to work at the home. We found that all required checks had been carried out before these staff started work. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. These staff had signed declaration forms indicating they were medically fit for work. We also saw that criminal records checks had been undertaken to ensure the staff were suitable to work with vulnerable people.

We saw that detailed notes were kept from the interviews of each candidate, with scoring systems used to rate the answers given by each candidate. This indicated that care and attention went into recruiting people with the right skills and abilities to care for people in the home. Staff were given contracts of employment and written job descriptions, with copies kept in their personnel files. Records indicated that staff were given a systematic induction to the home when they started their employment. This meant people were protected by a robust staff recruitment process.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

Three staff told us that the purpose of the service was to work with people for a period of time, to increase their confidence and life-skills, so that they may ultimately move on to a more independent and autonomous setting. They spoke of one person who had recently moved on from the service in positive and successful circumstances.

A quality assurance survey had been completed in October 2013, where questionnaires had been sent to people who lived at the home, their relatives and care professionals who regularly visited the home. The results were positive, with particularly good feedback about the availability of activities and the kindness of staff. The feedback from the survey had been analysed and a report of the findings had been produced along with an action plan for the following year. This meant the provider asked people and their representatives formally for their views about their care and support.

We were shown records to demonstrate that staff conducted monthly health and safety checks, kitchen audits, medication audits, care plan audits and infection control audits within the home. We saw records to indicate that the manager conducted their own audits to assure themselves that safe processes were being followed. These audits were on the same subjects as above, as well as complaints, nutrition and safeguarding. This meant that systems were in place to monitor the quality and the safety of the delivery of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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