

# Mr & Mrs J P Phillips

# The Hollies

## 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	

### Overall summary

This inspection took place on 11 August 2015 and was unannounced. At our last inspection in April 2015 the service was not meeting the standard in relation to the safe management of medicines. At this inspection we found that the service was now meeting this standard.

The Hollies is a care home for older adults. The maximum number of people they can accommodate is 19. On the day of the inspection there were 19 people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were patient, kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

# Summary of findings

People were positive about the staff and staff had the knowledge and skills necessary to support them properly. People told us that the service was responsive to their needs and preferences.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

Food looked and smelt appetising and staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this.

People felt the management took their views into account in order to improve service delivery.

# Summary of findings

## 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 safe. People told us they felt safe at the home and safe with the staff who supported them.

There were enough staff at the home on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



### Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



### Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



### Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with the staff and management of the home.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

**Good**



# The Hollies

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced inspection of The Hollies on 11 August 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

This inspection was carried out by two inspectors. We spoke with 15 of the 19 people living at the home and six relatives who were visiting on the day of the inspection. We spoke with five staff and the registered manager.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We looked at six people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "I'm treated very nice and do not feel neglected." Another person we spoke with commented, "Staff are first class."

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

Care plans we looked at included relevant risk assessments including any mobility issues and risks identified to the individual including any possible risks to people's emotional well-being.

Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk from developing pressure ulcers, because of their limited mobility, the registered manager had made sure they had been assessed by a community nurse and had been provided with suitable pressure relieving equipment. The risk assessment also reminded staff that the person must be assisted to change position at regular intervals.

We saw that people's risk assessments had been discussed with them if possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required.

We saw that on the first floor, the window in the shower room was not fitted with a window restrictor. The registered manager told us they would complete a risk assessment for this issue and take the necessary action to reduce any identified risk.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required

information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with didn't have any concerns about staffing levels. Relatives commented that staff were busy but they did not have concerns about the safety of their relatives. One relative told us, "There is always someone around." Other comments about staffing levels from people using the service included, "Staff are really busy and it is hard for them. They will help you when you need the help" and "I think they have enough staff here to care for people."

We saw that staff had time to be with people and to sit and chat together with them. The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed more support. We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was regularly reviewed.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans for each person.

At the last inspection on 8 April 2015, we asked the provider to take action to make improvements the way medicines were being managed in order to safeguard people from potential medicine errors. This action had been completed.

Since the last inspection the registered manager and provider had made a number of changes to the management of medicines at the home. Staff responsible for the administration of medicines had received training and had been observed and assessed as competent by the registered manager.

We saw that staff, who were administering medicines, were wearing a tabard with a "do not disturb" sign to reduce the likelihood that they would be interrupted. The manager had reviewed the system for auditing medicines which took place weekly and included a monthly report. Any issues or errors were being identified and the registered manager

## Is the service safe?

was taking action to reduce the likelihood of repeat errors. People we spoke with said they were happy with the way their medicines were managed at the home. A person using the service told us, “Staff give medication properly.”

All medicines in use were kept in the medicine trolley, which was safely attached to the wall when not in use. We saw satisfactory and accurate records in relation to the management of medicines at the home.

# Is the service effective?

## Our findings

People who used the service were positive about the staff and told us they had confidence in their abilities. People's comments included, "Staff are skilled to help" and "[The registered manager] is very good, she does her job very well."

Staff were positive about the support they received in relation to supervision and training. One staff member commented, "The manager is very supportive."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including first aid awareness, fire safety, moving and handling and palliative care. Staff told us that they would discuss learning from any training courses at staff meetings and any training needs were discussed in their supervision.

Staff told us how they had put their training into practice, for example, staff told us how undertaking medicines training had improved their confidence in this area of their work. We saw training certificates in staff files which confirmed the provider had a mandatory training programme and staff told us they attended refresher training as required.

We saw that staff training certificates were framed and on display around the home. However, some of these certificates were out of date which gave the appearance that staff had not undertaken any recent training. The registered manager told us these would be removed and replaced with the most recent training certificates to avoid any confusion.

Staff confirmed they received regular supervision from the registered manager. They told us they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with her. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff understood the principles of the MCA 2005 and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they

would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals. Staff told us it was not right to make choices for people when they could make choices for themselves.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. A person using the service told us, "No one makes you do anything you don't want to do."

The registered manager had reviewed the home's policy and procedure in relation to Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. The registered manager told us she had made an application for a DoLS where they felt the person would be unsafe to leave the home on their own.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the menu was discussed with people at regular meetings. People's comments about the food included, "I think it's quite good", "The food is pretty good. If I cannot eat one thing, they give you something else" and "They know what I like."

We saw that people's weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about individual's weight loss. The registered manager told us that a number of people with a previous history of weight loss had improved since they had been admitted to the home.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

## Is the service effective?

People were appropriately supported to access health and other services when they needed to. A person we spoke with told us, “I can get access to healthcare services and see the doctor when needed.”

Each person’s personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people’s needs changed. People confirmed they had good access to health and social care professionals. Relatives told us they were satisfied with the way the registered manager and staff dealt with people’s access to healthcare and social care professionals.

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were treated with dignity and respect. People's comments about the staff and management included, "Staff here are very good and kind", "Staff are pleasant as a whole" and "Staff are very friendly and look after me."

A relative told us, "I've never met a staff member who wasn't nice." Another relative commented, "I love it, such a lovely, caring and friendly attitude from staff and management."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. One staff member told us that the atmosphere at the home was, "Loving and caring." Another staff member, commented about the providers and registered manager, "They make their home homely."

We saw that people had commented and had input in their care plans. Staff told us about regular sessions they had with people and how they looked at what the person wanted to do and how they followed the person's needs and wishes. A relative told us they had been involved in the assessment and care planning process and that they were,

"Kept up to date with how things are." A person using the service told us the registered manager had discussed risks with them and commented, "I'm not worried about my care plan."

There were regular meetings between people using the service, staff and the registered manager. We saw from the last meeting minutes that everyone had discussed, input into people's care plans, menu plans, if people had any concerns about staff or the management as well as views about their care in general.

We saw that staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. We saw that people's cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home. The service had an equality of opportunity policy which made reference to people with protected characteristics.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs and preferences. A person we spoke with told us, “Staff help and support me when needed” and a relative commented, “I only have to say anything once.”

We saw that the registered manager and staff responded appropriately to people’s changing needs. For example, following an assessment by the speech and language therapist, a person’s care plan had been updated to reflect the advice given as a result of this assessment. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager and staff at the home had undertaken the Gold Standard Framework for Palliative Care and the registered manager described the action the staff took so that people at the end of their life could be properly cared for at the home rather than going into hospital.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at six people’s care plans in detail. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. People told us about a recent day trip to Southend. One person told us, “Southend was really nice and weather was good. On Tuesday we had keep fit class, another day we had bingo,

previously we watched a film but not recently.” Another person commented, “I liked the quiz nights and going to Southend beach and would like to go to more beaches. I would like to do more activities.” Some people commented that they would like more organised activities. We observed staff sitting and chatting with people, when they had the time and asking how they were.

The home’s complaints procedure was on display in the home. People told us they had no complaints about the service but felt able to talk to staff or the management if they did. Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw, from minutes of meetings with people using the service, staff and the registered manager, that concerns and complaints were a standing agenda item as was reminding everyone of the way they could make a complaint.

One person told us, “I’ve no complaints about this place.” Another person commented, “The only complaint I have is when I hear other people complaining!”

Relatives also told us they did not have any complaints about the home but that they would complain if they needed to. A relative told us, “I’ve no concerns at all. We would raise them. I would complain.” Relatives told us they had confidence that the registered manager would be open to and respond appropriately to concerns or complaints they might have.

A relative told us, “The manager seems very good. She would try and resolve it as best she can.” Relatives told us that any concerns they raised had been dealt with. A relative told us about a concern they had raised with the registered manager and, “Something was done about it.”

# Is the service well-led?

## Our findings

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Staff were positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns.

The registered manager told us about improvements to the service that had come about as a result of regular meetings. For example, as a result of a suggestion from people using the service, it was agreed that every month there would be a themed menu for lunch. Other suggestions included a trip to the theatre and going out for meals.

The registered manager and provider had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives and

other stakeholders. People and their relatives confirmed they had been given these surveys and we saw the results from the last survey included very positive views about the home.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff told us that they must treat everyone with dignity and respect and people should be treated like "your own mother or father". The manager had a very detailed knowledge about all the people in the home.

Staff also told us that the registered manager encouraged them to be open if they made a mistake. One staff member told us, "If you make a mistake don't try and cover it up, the manager hates lies. Just tell the truth. I feel safe with the manager, I can talk about anything." Another staff member commented, "It's better to be honest. It's more professional."

The management had implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that environmental risk assessments were reviewed as part of this audit and changed where required.