Littlecombe Park Limited

The Hollies Nursing Home

Inspection report

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31 July 2017

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 26, 27 and 31 July 2017. This was an unannounced inspection. The service was last inspected in March 2015.

The Hollies Nursing home is situated in Dursley and provides care for up to 56 older people who have nursing needs. The Hollies Nursing Home also supports people who have dementia. At the time of our inspection, there were 51 people living at the Hollies Nursing Home.

There was a registered manager in post at The Hollies Nursing Home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service was safe. People received safe care and treatment and had clear risk assessments which reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment to support people. People were kept safe by staff who had a good awareness of safeguarding policies and procedures and felt confident to raise any issues or concerns with the management team. The registered manager had carried out the relevant checks to ensure they employed suitable people at The Hollies Nursing Home. There were regular health and safety checks of the property to ensure it was safe for the people living at The Hollies Nursing Home

People were receiving effective care and support. Staff were well skilled and had the appropriate knowledge to meet the needs of the people living at the Hollies Nursing Home. Staff received regular individual meetings called supervisions and appraisals. Where required, the service was adhering to the principles of the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were met. Care staff and kitchen staff were aware of people's dietary requirements and worked hard to meet individual needs. The environment had been adapted to meet the needs of people living at the home. People were supported to personalise their living spaces.

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which maintained peoples dignity. People had end of life care plans which reflected their needs and preferences.

The service was responsive to people's needs. Care plans were person centred and contained sufficient detail to provide consistent, high quality care and support. People were supported to engage in a range of activities based on their preferences and interests. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The systems in place to manage staff training had not always supported the registered and deputy managers to ensure staff training was up to date. The registered manger carried out other quality assurance

checks and audits regularly and where issues had been identified, action had been taken to address them. Staff, people and their relatives spoke positively about the registered manager. The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

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.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment to support people.

Staff had a good awareness of safeguarding policies and procedures and felt confident to raise any issues of concerns with the management team.

The registered manager had carried out the relevant checks to ensure they were employing suitable people.

Is the service effective?

Good

People were receiving effective care and support.

Staff had access to a range of training to enable them to carry out their role. Staff were well skilled and had the appropriate knowledge to meet the needs of the people using the service.

Staff received regular individual meetings called supervisions and appraisals.

The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink. Where required, the relevant professionals were involved to manage people's dietary needs.

The environment in the service was appropriate to the people living there.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity and provided care which maintained people's dignity.

People had end of life care plans which reflected their needs and preferences.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and provided sufficient detail to provide safe care to people.

Care plans were reviewed and people were involved in the planning of their care.

People were supported to access and attend a range of activities.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to manage staff training had not always supported the registered and deputy managers to ensure staff training was up to date. The registered manger carried out other quality assurance checks and audits regularly and where issues had been identified, action had been taken to address them.

Staff, people and their relatives spoke positively about the registered manager.

The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

The Hollies Nursing Home

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 was planned to check 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.

This was an unannounced inspection which was completed on 26, 27 and 31 July 2017. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at The Hollies Nursing Home. The ExE also spoke with visitors to the service.

The last full inspection of the service was in March 2015. There were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted six health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice. We also observed staff and people interacting throughout our inspection.

During the inspection we looked at 10 people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with 15 people living at The Hollies Nursing Home We also spoke with eight members of staff, the clinical lead nurse, deputy manager and the registered manager of the service.

Following the inspection, we contacted seven relatives by telephone about their experience of the care and support people received at The Hollies Nursing Home.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Hollies Nursing Home. One person told us "There's enough people walking about and it's secure in the home and we can still go out into the garden and feel safe." Another person said "No one has ever been aggressive or shouted at us never." Another person said "Yes I feel safe here. The staff are perfect." We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. We watched one person being supported by staff to get out of their wheelchair. Staff were observed clearly explaining to this person what they were doing and this appeared to put the person at ease. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member said, "My mother came in here in March and she came from her own home and it has transformed her. She was having panic attacks and that was affecting her overall health and we have seen an improvement in her since she's been in here and the panic attacks have stopped."

Risk assessments were present in people's care files. These included risks associated with supporting people with personal care, assisting them when they were in the community, moving and handling and risks associated with specific medical conditions. There was evidence of staff liaising with other health professionals to identify and manage risk. For example, where people required their skin condition to be monitored due to risk of skin breakdown, there were clear guidelines for staff to follow on how to support this person and minimise the risk. Where people had moving and handling needs and required equipment to support them, there were clear risk assessments around this. Staff could describe how they supported people to manage their risks in accordance with their care plans .

Where people had suffered falls or were involved in any other incident, body maps had been completed to detail any injuries suffered by the person and these had been followed up on a regular basis to track recovery. We found the risk assessments for people had been reviewed and updated where required following any incidents.

Medicines policies and procedures were available to ensure medicines were managed safely. The clinical lead told us medicines were only administered by nursing staff and senior care staff. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency re-checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as when pain relief or remedies were required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals. When we looked at the Medicine Administration Records (MAR) we found these had been signed by staff when they had administered medicines to people and people had received their medicines as prescribed.

In addition to an internal medicine audit, there was also an annual external audit carried out by the pharmacy. It was evident from looking at these records that where issues were identified, action had been taken to make improvements. For example, the January 2017 audit identified there needed to be more accuracy with temperature recording for the medicines fridge. We saw improvements had been made to the recording system and the temperatures for the medicines room and fridge were being taken daily.

There were sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the daily rotas that we viewed. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. The registered manager told us they continually reviewed staffing levels through monthly clinical meetings which were led by the clinical lead. The clinical lead told us they completed a monthly resident dependency level every month to aid in determining safe staffing levels. Where adjustments were required these were made. For example, the clinical lead told us how a few months prior to the inspection; the dependency tool had highlighted a higher level of need amongst the residents. As a result, the staffing levels within the home were increased. The clinical lead told us staffing levels would also be increased to support people with end of life care. The people and relatives we spoke with told us they felt the home was sufficiently staffed.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place. This showed the service had the relevant procedures in place to manage performance and conduct issues with staff to ensure people who used the service were kept safe.

The provider had implemented a safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated following incidents to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff told us there was a quick response to maintenance and repairs. The home maintained regular premises checks to identify any issues which were then reported to the registered manager. Records were kept of all issues requiring work and these evidenced that where work had been identified, there had been a quick response and the work was completed in a timely manner.

The premises were clean and tidy and free from odour. The registered manager told us housekeepers were employed who covered cleaning duties at the home seven days per week. We observed good infection control practices. Staff wore gloves and aprons when supporting people with their care and were seen

washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The relatives we spoke with told us they felt the home was clean.

Good

Is the service effective?

Our findings

People received an effective service from staff who were well skilled and had the appropriate knowledge. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Staff training covered areas such as safeguarding adults, first aid, fire safety, moving and handling training and health and safety training.

Staff had received regular supervisions with the registered or deputy manager. The registered manager told us supervision occurred every three months. The staff we spoke with told us they felt the supervision provided was effective in supporting them in their daily role. Staff told us management were always available to answer any questions and they did not have to wait for formal supervision to discuss any issues with the managers.

The nursing staff we spoke with told us they received clinical supervision relevant to their nursing profession from the clinical lead or deputy manager who were both registered nurses. The nursing staff also told us they were supported with continuous professional development to maintain their nursing registration.

There was evidence staff had received an annual appraisal. An appraisal is a meeting between an employee and their manager to discuss their performance over a period of time. Appraisals are also generally used to discuss the employee's learning and developmental needs.

Staff had completed an induction when they first started working in the home. This was a mixture of completing mandatory training courses and completing shadow shifts. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager and staff we spoke with told us shadow shifts would be at different times of the day and night to ensure staff had experience of working all shifts required. The registered manager told us all staff were required to complete a minimum of two weeks of shadow shifts. The staff we spoke with told us they felt they had received a good induction which had been effective in meeting their learning needs and building their confidence to complete their role.

The registered manager told us all new staff were required to complete the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

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 Act 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 MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Everyone living at The Hollies Nursing Home who required an assessment regarding their capacity to make decisions about their care had one completed . The registered manager and staff in the home demonstrated a clear understanding of DoLS procedures. The registered manager was able to outline their responsibilities in relation to making DoLS applications if they were required. We saw evidence of DoLS applications being made to the relevant authority when there were concerns people were being deprived of their liberty. The registered manager had invited appropriate people such as social workers and family members to be involved in best interest meetings which had been documented in the care plans. When speaking with family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a member of staff visiting people in their rooms to ask them if they wanted to take part in the activity that which was taking place in the main lounge during the afternoon of the first day of the inspection.

The registered manager told us people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with told us they were consulted in relation to the care planning of people using the service. The registered manager told us they used evidence from health and social care professionals involved in peoples care to plan care effectively. This was evidenced in the care files. For example, care plans contained guidance from people's GP's and other health professionals who had been involved in their care. .

Care records included information about any special arrangements for meal times and dietary needs. Menus we looked at showed people were offered a varied and nutritious diet. Staff told us menus were planned on a weekly basis and people were consulted regarding the menus during resident meetings. The menus we looked at showed people had a varied choice in regards to their meals. People living at The Hollies Nursing Home told us they could always request something different if they did not like what was on the menu.

During our lunchtime observations, we found it to be a positive experience and observed staff spending time with people and engaging in conversations. Where people required support with their meals, this was provided by the staff.

We received positive feedback regarding the quality of the food at The Hollies Nursing Home. One person we spoke with described the food as 'excellent'. Another person said "There is always enough to eat and the food is very good." Relatives we spoke with told us they felt the food was of good quality. One relative said "The food is very good. There is always enough to eat."

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, these were clearly detailed in the care plans and were shared with the kitchen staff. The home had trained a member of staff to become a dementia link worker. We spoke to this person who told us how they had worked with kitchen staff to make mealtimes a better experience for people with specific dietary needs. For example, they told us how the pureed food was presented to reflect the non-pureed version of the food items so the people could identify what they were eating. The worker told us this had helped encourage people to improve their nutritional intake. The dementia link worker told us they had regular meetings with the kitchen staff so that people's changing dietary needs could be met in a more timely fashion.

We saw that individual records were maintained in relation to food intake so that people could be

monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The records from these appointments were recorded and were also reflected within the reviews in people's care files.

The Hollies Nursing Home is situated close to the centre of Dursley. The home was suitable for the people that were accommodated and where adaptations were required these were made.

There was parking available to visitors and staff. The ground floor and first floor each had its own garden so people could access an outdoor area. The registered manager and told us those people living on the top floor were supported by staff to access the outdoor areas on the other floors if they indicated a desire to do so.

Good

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. One person said, "The staff are wonderful to me. They are always looking out for me. They always have time for me." Another person described the staff as, "Lovely people." One person said "They are always smiling and always happy to help. No request is ever too much." The relatives we spoke with also spoke highly of the staff. One relative said, "The staff are very kind and caring." Another relative said "They go above and beyond. I can't fault them or ask for more." People told us they would recommend the service to others.

Staff were positive about the people they supported. A number of staff described the people living at the home as 'their family'. One staff member said, "I really like coming to work. The people living here are wonderful. They are like family." All of the health professionals we spoke with told us they felt there was a strong and caring relationship between the staff and people living at The Hollies Nursing Home.

Staff treated people with understanding, kindness, respect and dignity. We observed staff providing personal care behind closed bedroom and bathroom doors, and seeking consent from people before entering their rooms. People told us staff always sought consent and provided personal care in a manner which ensured the dignity was maintained.

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, we observed one person being supported with their medicines. The member of staff clearly explained to them what the medicine was for and what they were doing. From our observations, it was evident this approach helped put the person at ease. People appeared happy and relaxed in the company of staff. Relatives we spoke with told us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Wonderful" and "Fantastic" to describe the staff.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviour which may challenge as a result of their condition. Relatives told us they felt the staff had the skills and knowledge to manage these behaviours. People's care plans clearly detailed their communication needs. Throughout the inspection we saw that staff were knowledgeable and supportive in assisting people to communicate with them.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example, the kitchen staff told us how one person had specific dietary requirements due to their religious background. The kitchen staff were able to provide a clear explanation of this person's dietary requirements and the steps they would take to minimise the risk of any cross contamination with foods the person did not eat. The registered manager told us people were supported to

take part in religious activities if they indicated a desire to do so. Representatives of different religious groups came into the home and spent time with people based on their preferences for this. There was an up to date equality and diversity policy in place which clearly detailed how the home would treat people and staff equally regardless of personal beliefs or backgrounds.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. The relatives we spoke with confirmed there were no restrictions on visiting and they could visit their loved one at any time.

The service was providing end of life care. People's needs and preferences regarding this had been clearly recorded in their care files. People and their relatives told us they had been involved in developing these plans.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs.

Adaptations had been made to the environment on the upper floor to become more dementia friendly. The registered manager told us the staff had consulted with the people living on the top floor regarding the redecoration of this area. Adaptations included a bistro style theme to the dining area and a seaside theme to the bathroom. We were also told how the glass panels on the side of doors had been replaced with wooden panels with various paintings to minimise the risk of people walking into the panels. The clinical lead told us they had trialled the theming on the top floor to gauge its effectiveness and whether it met the needs of the people living at The Hollies Nursing Home. Following the successful pilot of the theming, the clinical lead told us they were planning to re-theme the other areas of the home to make them more dementia friendly. The clinical lead told us the bathroom theming had been particularly effective in supporting people to bathe who had anxieties about having a bath. The clinical lead told us how people now saw it 'as a trip to the seaside' rather than having a bath which helped reduce their anxieties. The home had its own aviary where people could spend time if they wanted to. This was accessible by wheelchair. One person told us "I always go up there if the weather is good when my family visit. It is a lovely place, the kids love it and the views are great." Another person who was a wheelchair user told us "They have made it very easy for me to get up there in my wheelchair."

Each person had their own bedroom. Each bedroom door was painted in a different colour, had a door knocker and letterbox. The clinical lead told us this was done so people thought of their room as their own home. We found this had been effective as some of the people we spoke with told us they were 'going home' when they were returning to their room. Each bedroom was decorated to individual preferences and the registered manager told us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

The management in the service had worked hard to raise awareness of dementia in the community. For example, the registered manager told us the service had been hosting a dementia workshop for year eight pupils at a local secondary school. The registered manager told us the day started with an assembly for all year eight pupils which was led by a consultant psychiatrist. The pupils would then split into groups of 50 for four consecutive workshops; a sensory experience of dementia, different types of dementia, dysphagia and the progression of dementia. Following on from the workshop, students would produce artwork detailing the various effects of dementia. The registered manager told us this had helped raised awareness within the student body and the home had been called back every year to speak to the students. The registered manager told us they were planning on expanding this to have students spend more time with people in the service to meet and interact with people living with dementia. The registered manager told us how they felt this may be beneficial for the people living in the home as it would help them build relationships with a large group of people.

People were supported on a regular basis to participate in meaningful activities. Activities included arts and crafts, baking, entertainers visiting the home and outings. The home was host to the local 'Golden Age Club' which was held on a monthly basis for older people living in the community. The group was attended by approximately 15 to 20 people and included a range of activities, a monthly raffle and tea and cakes for the people who attended.

A member of staff had completed their dementia link worker training and had started the 'Admiral Club' within the service. This was primarily focused towards those people who had dementia and included a range of activities to maximise people's skills and independence. Activities included baking, ice cream making and the use of fragrances to trigger memories in people and facilitate conversation. The dementia link worker also told us how they had one activity which used beach balls with questions related to the era in which people grew up. The dementia link worker told us how this had triggered positive memories and encouraged people to talk about their past and life experiences.

The service had also trialled outdoor gardens for some of the people living on the ground floor. These people were able to access a small garden area directly outside their room and were able to tend to the garden with support from staff or their family. The registered manager told us this had been successful and had supported people to gain additional skills. The registered manager also told us how these garden spaces had encouraged further bonding between people and their families whilst they worked together on the gardens. One person said, "I love my little garden. My family help me take care of it whenever they visit." The registered manager told us they were planning on creating more garden spaces outside other rooms following the success of the initial pilot.

The people living at The Hollies Nursing Home told us they had lots to do and enjoyed the activities that were on offer. Relatives we spoke with told us activities were suitable for people and there were sufficient activities taking place. One relative told us their family member regularly attended the 'Admirals Club' and this had a positive impact on their sense of wellbeing.

We saw that each person had a care plan and a structure to record and review information. The care plans detailed individual needs and guidance on how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

The staff were aware of people's routines and how they liked to be supported. Each person had a named nurse, named member of day staff and named member of night staff. When speaking with staff regarding the people they were named workers for, they were able to provide a detailed account of the person they were supporting including their likes and dislikes, and daily routines.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the deputy manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that the staff working the next shift were well prepared.

The home had a robust process for ensuring changes were recorded in peoples files. We were informed each named member of staff was responsible for recording any changes in the care file. There was evidence regular reviews of care plans were being carried out. Professionals who visited the service as well as relatives

told us they felt staff responded well to people's needs and were proactive in managing changing needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

Complaints had been managed well. There was a complaints policy in place which detailed a procedure for managing complaints. When looking at the complaints records, it was evident that where issues had been raised, they had been addressed to a satisfactory resolution. Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made.

People and relatives were provided with opportunities to give feedback regarding their experience of the service provided at The Hollies Nursing Home. The service had received a number of positive comments from relatives of people who used the service. For example, one person had written, "A big thank you to everyone at The Hollies who helped look after our mum. You all did a wonderful job." One person who had stayed at the service for a short respite had written, "To all at The Hollies who have made my stay more enjoyable. A massive thank you"

Requires Improvement

Is the service well-led?

Our findings

We looked at the quality assurance systems being used to identify quality concerns and risks across the service. These consisted of a schedule of monthly and six monthly audits. The audits looked at; health and safety, infection control, care plans, medicines and the monthly completion of a care home audit tool. These audits were carried out as scheduled and it was evident from our observations corrective action had been taken when concerns had been identified. For example, the deputy manager carried out six monthly care plan audits where they reviewed a number of the care files. We saw in one audit that staff had not involved family members in care plan reviews. Corrective action had been taken and the person's family was involved in all future reviews . The management also carried out monthly falls audits which tracked the number of falls within the home and the circumstances surrounding each fall. These audits were used to identify and trends or themes and enabled the service to take action to minimise the risks.

However some of the quality assurance systems being used at the service were not always effective in identifying shortfalls. For example, the registered and deputy managers used an online tool to track staff training. However, we found the methods used could at times be confusing. For example, where people had completed training, the previously expired course had not been removed from the system which made it difficult to determine whether a person had up to date training or not. Subsequently this had resulted in a number of gaps in refresher staff training meaning some staff had safeguarding training, moving and handling training or health and safety which was three to four years out of date. The staff training monitoring system had not been effective in identifying shortfalls in staff training so that action could be taken to address the training gaps.

We recommend the provider reviews its training management systems.

There was a registered manager working at The Hollies Nursing Home. The registered manager was supported by a deputy and a clinical lead. Staff spoke positively about the management in the service. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with any of the managers who were always available to answer questions. Staff told us there was an open culture within the home and the management listened to them. Staff told us management encouraged them to ask questions, challenge and make suggestions in order to improve the service. Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager told us they felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager told us staff meetings occurred every three months.

Relatives spoke positively about the registered manager and felt they offered good leadership and were a positive role model for the staff. The relatives we spoke with told us they felt the registered manager was approachable, committed to providing person centred care and willing to listen to feedback about the home.

The registered manager told us they also sent surveys to people and their relatives to gauge their opinion

gain feedback regarding the quality of the service being provided. These were sent biennially and the feedback from the surveys was analysed. Any actions arising from the surveys were incorporated into the annual action plan.

The staff described the management team as being 'hands on'. We observed this during the inspection when the registered manager and deputy manager were regularly attending to matters of care throughout the day. Relatives of people living at the home supported this stating they felt the registered manager and deputy manager were involved in day to day matters at the home. Staff we spoke with told us they felt morale amongst staff was good and this was down to the registered manager's good leadership.

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that The Hollies Nursing Home was the home of the people living there. One staff member said "It feels like a home here".

The registered manager had a clear contingency plan to manage the home in their absence. This included the deputy manager who would cover if needed. This plan was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The provider also had business continuity plans which provided clear guidance around the running of the service during emergencies.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.