

M & J Care Homes Limited

# The Hollies Care Home

## Inspection report

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Date of inspection visit:  
19 July 2017  
21 July 2017

Date of publication:  
07 August 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 19 and 21 July 2017 and was unannounced. It was carried out by one adult social care inspector.

The Hollies provides care and support for up to 16 older people. The home is located in the small town of Castle Cary. It is not purpose built and has accommodation arranged over two floors; there are two stair lifts, but no passenger lift. There were seven people living at the home during our inspection; one person was on a short stay.

A registered manager was responsible for the service. This 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.

When we last inspected the service on 29 February 2016 and 2 March 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine administration records were not always accurate. Medicine audits were not completed thoroughly and checks were not always completed to ensure medicines were still safe to use. People may have been deprived of their liberty without having their legal rights protected.

The provider sent us an action plan on 11 April 2016 which confirmed the action they were taking in relation to these issues. At this inspection we found the necessary improvements had been made.

On both days of our inspection there was a homely, calm and relaxed atmosphere. Staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. They made choices about their day to day lives which were respected by staff. One person said, "I go out every morning for a walk and have a coffee in the café. I go in the local shops. Nice to get out."

People and their relatives said the home was a safe place to live. People spoke highly of the care they received. One person said, ""The staff are caring. I would say they are excellent."

People were involved in planning and reviewing their own care. Staff respected people's privacy and were aware of issues of confidentiality.

People told us staff took the time to get to know them; staff asked them about their life history, their interests, hobbies and preferred routines. There was a programme of activities in line with people's interests. People were involved in the local community. They had a choice of nutritious, home cooked food. Each

person we spoke with said they were happy with the food and drinks served in the home. One person said, "The food is good. You can ask for anything special. You just say the word and they do it for you."

People had developed friendships with others who lived in the home; they kept in touch with their other friends and relations. Friends and relatives could visit at any time. One relative told us, "I usually come in every day. It's lovely here; it's like an extended family."

There was a stable staff team at the home. Staff were kind and caring. They had a very good knowledge of people's care needs. Staff received a thorough induction and ongoing training and support.

People were involved in decisions about the running of the home as well as their own care. People knew how to make a formal complaint, but no one had needed to. One person said, "I'm happy and I like it here. If I wasn't I would talk to the staff about it. Nothing to worry about here though."

The management structure in the home provided clear lines of responsibility and accountability. People liked and trusted the registered manager. One person said, "[Name] the manager is very nice and helpful. Very easy to talk to." An improved system of audits and checks had been introduced and now worked well to monitor people's safety and the quality of care in an effective and consistent way.

## 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.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

### Is the service effective?

Good ●

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by kind and patient staff.

Staff knew people well and understood the care and support each person needed.

People were supported to keep in touch with their friends and relations.

People made decisions about their day to day lives and their own

care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning and reviewing their care.  
People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow their personal interests.

People shared their views on the care they received and on the home more generally. Their views were used to improve the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.  
People were part of their local community.

The quality assurance systems were effective in ensuring improvement were identified and acted upon.

# The Hollies Care 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 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.

This inspection took place on 19 and 21 July 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We looked at the 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 plan to make.

During the inspection we spoke with all seven people about their care and the home more generally. We also spoke with one relative who was visiting.

We spoke with three care staff, the cook and the registered manager. We observed care and support in communal areas and looked at three people's care records. We also looked at records that related to how the home was managed such as staff training and staff meeting records, staff rotas, three staff personnel files, health and safety checks and the last satisfaction survey.

# Is the service safe?

## Our findings

The service was safe. When we last inspected the service on 29 February 2016 and 2 March 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine administration records were not always accurate. Medicine audits were not completed thoroughly and checks were not always completed to ensure medicines were still safe to use. At this inspection we found there were safe medicine administration systems in place.

People had prescribed medicines to meet their health needs. Two people looked after their own medicines; this was their choice. One person said, "I take medicines. I look after them myself and take them when I need to." Another person told us, "I take my own medicines. The staff just ask me if I've taken them to make sure I have." Staff helped other people with their medicines. One person told us, "I take tablets; the staff look after them for me. I always get them on time."

Medicines were supplied by a pharmacy on a monthly basis. All medicines were stored securely. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. Staff helped one person at a time; this reduced the risk of an error occurring. Staff received appropriate training and a competency check before they were able to give medicines. Staff training records confirmed this.

Medicine administration records were accurate and up to date. Medicines were stored at a safe temperature and those which required dating when first used had been dated. This ensured they were safe to use. Staff returned unused medicines to the local pharmacy for safe disposal when no longer needed. Medicine audits were completed regularly to ensure medicine administration remained safe and records were accurate. A pharmacist had carried out a medicines audit in August 2016 and reported medicine administration was safe.

People told us it was a safe place for them to live; some people told us they felt safer here than they had when they lived elsewhere. Comments from people included: "Yes, I do feel safe", "Yes, it's safe. The staff treat you well", and "I think I'm safer here than living on my own." The relative spoken with said it was a safe place for their family member. They told us, "I never need to worry if I can't come in. I know that mum is safe and being well cared for."

Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. People spoken with told us they had never been mistreated or upset by staff. One person said, "Never anything like that here. All of the staff are very kind to you." Staff spoken with had no concerns about people's safety. One member of staff said, "It is a safe place for people. I've not had any concerns about people."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received

this training. The home had a policy which staff had read and there was information for people, visitors and staff about safeguarding displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. This helped to ensure the safety of people was promoted.

People were able to take risks as part of their day to day lives. For example, people went out for walks or to the local shops on their own. People walked around the home unaided and went into the garden in better weather. One person said, "I go for walks on my own. I go to the park, but I can't walk too far now." Another person told us, "I go out every morning for a walk and have a coffee in the café. I go in the local shops. Nice to get out."

We saw people going out on their own on both days of our inspection. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. Risk assessments were in place for people who went out on their own.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager or senior members of staff were 'on call' each day so that staff were able to access extra support or advice in an emergency.

People told us the home employed suitable staff. One person said, "I find all the staff very trustworthy and honest." There were safe staff recruitment and selection processes in place. Each staff member completed an application form, provided a full employment history, satisfactory references and had to attend an interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

People said there were enough staff on duty to ensure their safety. One person said, "Plenty of staff. We're always aware there are two staff on duty day and night." Staffing levels were determined based on people's needs. These were kept under review by the registered manager to ensure they remained safe and effective. The staffing rotas we looked at showed consistency in both staff working and in staffing levels. We noted that as occupancy levels had reduced recently, staffing levels had remained unchanged.



## Is the service effective?

### Our findings

The service was effective. When we last inspected the service on 29 February 2016 and 2 March 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people may have been deprived of their liberty without having their legal rights protected.

At this inspection we found people's legal rights were being promoted and protected. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (the MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had chosen to live at The Hollies and would leave if they wished to. People went out without staff; they could come and go as they pleased. One person said, "I chose to be here. I go out when I want to and I know I could leave if I wanted to. It's like living in your own home." The registered manager had applied to the local authority as they considered one person may be deprived of their liberty. This application had been acknowledged by the local authority and was awaiting assessment.

There was a stable staff team at the home. Staff had a very good knowledge of each person's care needs. This knowledge was gained from reading people's care plans, spending time with people and from the training staff received. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One person said, "Oh, they know what care I need. They know everything about me, my family and things about my life. They tell me about theirs. They are all lovely people."

Staff told us their induction was thorough when they started working at the home. They felt the induction had prepared them to care for people in the home. One staff member said, "My induction was good. I worked with experienced staff and did both day and night shifts. It was very good." The induction programme for any new staff was linked to the Care Certificate. (The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.)

Staff told us they were well supported in their roles. They had a lot of informal support such as discussions with senior staff and the registered manager every day. They received formal supervision (a one to one meeting) with the registered manager. Staff told us supervision enabled them to discuss their work, their training needs and any concerns they had. There were staff meetings and a handover of important information when they started each shift. One staff member said, "I think the support is good. We do have staff meetings and supervision but we talk about people or things in the home every day."

The PIR stated the provider "Ensured all staff are trained, in all mandatory training and more where applicable." We found staff were provided with on-going training and support to gain additional care qualifications. The records showed staff training was up to date. Staff had been provided with basic training

such as first aid, fire safety and safe moving and handling techniques. They also received specific training to meet people's care needs, such as caring for people living with dementia. Six staff members had also attained a formal qualification in health and social care.

People made their own decisions. They chose what care or treatment they received and gave their consent before care was provided by staff. We heard staff asking for people's consent before they assisted them on both days of our inspection. One person said, "I make all the decisions about my care. If you need staff to help you they always check it's ok before they help." Another person told us, "All the staff are very good with that. They always ask you. I'm sure they listen to what I say."

The registered manager and staff had a clear understanding of the MCA. They knew how to make sure if people did not have the mental capacity to make decisions for themselves, their legal rights would be protected. The 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. Any restrictions placed on people should be regularly reviewed. No one living at the home lacked capacity. No decisions had been made on people's behalf.

People saw health care professionals to meet their specific needs. Care records showed people saw GPs, opticians, dentists and district nurses. People said staff made sure they saw the relevant professional if they were unwell; staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One person told us, "I see my doctor when I need to. I also go to the hospital every two or three months [for a health condition] and the doctor there checks me out." There were regular reviews of people's health and staff responded to changes in need. One relative said, "Mum's needs have changed a lot. When she first came she could do some things for herself. Now staff need to do most things for her really. They have been great at making sure they changed the care to suit mum."

People's nutritional needs were identified and monitored as part of the care planning process. People had a choice of meals from the weekly menu. Each person we spoke with said they were happy with the food and drinks served in the home. Comments included: "It's very nice food. I can't eat big portions so they do me little ones which is nice", "The food is good. You can ask for anything special. You just say the word and they do it for you" and "The food is very good. No complaints at all."

People told us they chose where they preferred to eat their meals. We saw the lunchtime meal being served on the first day of our inspection. Staff reminded people it was lunchtime. Staff did not rush anyone, encouraged them to be as independent as possible, but were on hand to assist people when required. People chose where to eat; some people ate in the dining area and some ate in their own rooms. People had a choice of drinks. Everyone appeared to enjoy their meal. There was chatter and laughter throughout lunchtime; we saw that it was a pleasant, sociable time.

## Is the service caring?

### Our findings

The service was caring. Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included: "Everyone is very nice and kind to me", "The staff are caring. I would say they are excellent" and "The staff treat me very well. We have a laugh and a joke."

Staff had built trusting relationships with people. Some people had lived at the home for some time. One person said, "They all know me and I have gotten to know them. It's like a home from home really." Another person told us, "We get very close to the staff you know. They talk to you about your friends and family and they talk about theirs. It's lovely really." The relative we spoke with said, "I've noticed mum responds better to the staff than to me. Most of the staff have been here since mum first moved in so they have known her for years. All of the staff are very kind and caring people."

Throughout both days of our inspection staff interacted with people who lived at the home in a sensitive and caring way. There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly banter. One person said, "We do tease each other. You have to be able to laugh and share a joke." Another person told us, "We have a good laugh here. It's like being in your own home really as it's a small home and you do as you please."

People told us their independence was respected; they liked to do as much as they could for themselves. People still did most of their own personal care and this was respected. One person said, "I can do most things for myself, like getting up, washing and dressing. The staff are there if I need them but they don't do things I can do and that's good." Another person told us, "I do most things but staff do check on me, make sure I'm alright or if I need any help. Very good really."

Staff were aware of and supported people's diverse needs. Care plans recorded people's background, where they had worked, their interests, hobbies and care preferences. People's religious or cultural needs were assessed when they first moved to the home. One person told us, "I've got my copy of the Bible and watch Songs of Praise on Sundays. I let others know it's on. A lady priest comes in and we have a little service which pleases and comforts me."

The provider ensured people were given information about the service so they knew what they could expect. People were provided with a 'welcome pack' when they first moved into the home. This described the care people could expect, details of staffing levels and staff training, daily life in the home and activities which took place. Each person also had their own copy of the provider's complaints procedure. One person said, "I got all the information I needed. I have my pack here in my room so I can refer to it if I need to."

Staff were very positive about the care they were able to provide. One staff member said, "I think the care is very good. We are very close to the residents. It's like a family home really." Another staff member told us, "The care is very good. We don't seem to have any complaints but we do get lots of compliments."

People said staff treated them with dignity and respect. People chose what they wanted to do and how and where to spend their time. One person told us, "It's great here. You do as you please. I decide on what time I get up, what I do in the day and what time I go to bed. The staff don't make you do anything; it's up to you." People's privacy was respected. People said "staff always knocked" on bedroom, bathroom and toilet doors before they entered the room. Staff had a good understanding of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. People told us they had made friends with others who lived in the home. We saw people chose to sit and chat with their friends in the lounge. One person said, "One gentleman here is very friendly. We have a chat and he brings me a nice whiskey sometimes." Another person told us, "I like to chat to people here and keep in touch with my family and friends."

People's other friends and relatives could visit as often as they wished; there were no restrictions. One person said, "I have lots of visitors. My sister in law comes in, so does my nephew and granddaughter. They can come any time; never a problem." One relative told us, "I usually come in every day. It's lovely here; it's like an extended family."

## Is the service responsive?

### Our findings

The service was responsive. People told us they made choices about their day to day lives. One person said, "You choose how to spend your time. You just let the staff know what your plans are." Another person said, "I have my own routine really. I've always been an early riser and still am. I was a little worried about that [meaning keeping to their own routine] but staff are very good about that."

We saw people used communal areas of the home and spent time in their own rooms. Staff checked on people who were in their rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered quickly and we saw they were during our inspection. One person said, "I have bell here if I need the staff. I don't really use it much as staff are always checking on you. When I have pressed it they are there straight away."

The PIR stated there were "More activities and input from the residents regarding entertainment and the garden." People said plenty of activities were arranged. They could chose to join in or not; there was no pressure to do so. One person said, "The day goes quickly. We do all sorts of things. We have a musician come in; he's in later today. It's a bit of life; you just sit back and enjoy it. I keep busy. I watch TV, write letters, do puzzles and chat to people who live here and to the staff." Another person told us, "I keep busy. I go out, watch old films on TV, listen to the radio, read and I have a daily paper. They do activities here, but it's not my thing really."

We saw two people went out for walks. Other people at home chose to read books and newspapers, watched TV, listened to the radio, and did crosswords or other puzzles. Staff spent time chatting or sharing a joke with people, providing social stimulation. One person said, "The staff always have time to sit and chat. They were showing me pictures of where I used to live earlier; that was nice of them."

People said they kept in contact with friends and family. Some people had their own phone so they could keep in touch with people. One person said, "I have my own mobile phone so I can call my family when I want a chat." Other people said they wrote and received letters and cards; this helped them keep in touch.

People had visitors on both days of our inspection. One person said, "There's no problem with that. People can come in whenever they like." One relative said, "Staff make you very welcome. It's like coming into mum's own home." Some people went out with their friends and relations. One person told us, "My son does take me out and about. I do prefer to stay in most of the time though as I'm so tottery now on my feet."

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. People could come in on a trial basis or for a short stay.

People told us their care was discussed with them. People knew the home kept records about them but people had little interest in them. One person said, "My care plan? I've no interest in it. The staff know what care I need. That's what's important to me." During the inspection we read three people's care records. A computerised care planning system had been introduced. Each staff member said this was a great improvement on the old paper care plans. All care plans were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Each had been kept up to date. Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said "The new care plans are great. I think because we are such a small home we get to know each person really well."

People told us they were happy living at the home; they said they were well cared for. People would not hesitate in speaking with staff if they had any concerns. The provider had a complaints procedure in place; each person had their own copy. People knew how to make a formal complaint if they needed to but felt any small issues could usually be resolved informally. One person said, "I'm happy and I like it here. If I wasn't I would talk to the staff about it. Nothing to worry about here though." Another person told us, "I haven't had a problem, but if I did I would talk to the staff or the manager. It's fine here." Records showed there had been no complaints since our last inspection.

Compliments the home had received were kept and displayed for staff to read. We read a selection of compliments about the home; these included: "Thank you for your genuine care and kindness", "Thanks for looking after my dear mum so well" and "The love and friendship [name] received made her last five years [living at the home] better than we all could have imagined."

## Is the service well-led?

### Our findings

The service was well led. At our last inspection, we found more thorough quality monitoring audits had been put in place but were not fully effective; at this inspection we found they now were. The registered manager carried out a number of audits such as infection control audits, room audits and care plan audits. The PIR stated "New Medication audits in place. All audits done on a regular basis; on going." We saw these audits had been completed and ensured medicine administration was safe.

One of the provider's directors visited the home regularly to carry out a quality audit. During these visits they spoke with people, the registered manager and staff, looked around the home and reviewed some records. Improvements which were identified, such as environmental and staff training had been acted on. Some external checks had been carried out such as a food standards agency audit; their recommendations had been acted upon. This meant auditing was effective.

The registered manager had worked at the home for a number of years. They were supported by the provider's directors. They had formal supervision, an annual appraisal and other informal contact with the directors. The registered manager told us, "My support is very good. I have formal things, like my appraisal every year and lots of informal discussions." Within the home, the registered manager was supported by two senior staff. People said they liked and trusted the registered manager. One person said, "[Name] the manager is very nice and helpful. Very easy to talk to." One relative told us, "[Name] the manager is great, very nice. I get on really well with her."

All staff spoken with liked and respected the registered manager. One staff member said, "[registered manager's name] is very good and very understanding." The registered manager regularly worked alongside staff 'on shift' to support people. This gave them an insight into how people's care needs were being met and the ongoing support and training staff needed.

The registered manager said they had a good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. Staff morale was good, but staff were a little worried about the low occupancy levels as these had been low for some months. One staff member said, "I think all the staff are a little worried about it. It doesn't affect things day to day but it is a worry." The registered manager told us they had ongoing discussions with staff about this to make sure they were "Kept in the loop."

We found people were encouraged to share their views on the home and these were acted on. People told us they did not want formal 'resident's meetings' but chose to speak with the registered manager on a one to one basis. One person said, "[Name] the manager comes round and has a chat with me, to make sure I'm happy with everything. It's a nice way of doing it." The provider also asked people, and their visitors, to complete a satisfaction survey every year. We looked at the results of the last survey completed in February 2017. This showed high levels of satisfaction with the service. Where people had asked for improvements,

such as wanting their own copy of the complaints procedure and what to do in the event of a fire, this had been acted upon.

The service had a positive culture that was person centred, open and inclusive. The key aims of the service were described in the welcome pack and in a document called a statement of purpose. Staff had adopted these aims. People spoke very highly of the home; comments included: "A very friendly and caring home with lovely staff", "Like a family, not a care home with genuine caring staff" and "A very nice place to be either a resident or a visitor."

The service worked in partnership with external health and social professionals to ensure people were well cared for. Records were kept when people saw professionals. We saw their advice or guidance was acted upon. The provider was a member of the local care provider's association. The registered manager had meetings and more informal contact with the provider's other service. This helped them share good practice and keep up to date.

People maintained links with the local community. The Hollies was a well established home, part of the local community, situated close to the centre of the town. People used community facilities, such as local shops. One person said, "I go into town every day. All the people in the local shops are very kind to me. It's nice to stop and have a chat." A member of the local church visited to sit and chat with people. The home also provided day care for local people who lived in their own homes.

All accidents and incidents were recorded and reviewed by the registered manager so that any patterns or concerns could be identified. Significant incidents were recorded and where appropriate were reported to the relevant statutory authorities. We had been notified of incidents in line with the provider's legal responsibilities.