

Hollywood Rest Home

Hollyrose House

Inspection report

116 Lodge Lane
Grays
Essex
RM16 2UL

Tel: 01375371940

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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 ●

Summary of findings

Overall summary

Hollyrose House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hollyrose House accommodates up to 12 adults who have mental health needs. Hollyrose House is a large detached house situated in a quiet residential area in Grays and close to all amenities and facilities. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

At the last inspection on 22 October 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

This inspection was completed on 19 December 2017 and there were 12 people living at Hollyrose House.

A registered manager was 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.

Our key findings across all the areas we inspected were as follows:

- Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and when things go wrong.
- Staff had a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's

specific care and support needs and how they wished to be cared for and supported.

- Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience both 'in house' and within the local community. Information about how to make a complaint was available and people's representatives told us they were confident to raise issues or concerns.
- Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Hollyrose House

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 inspection took place on 19 December 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, one visiting relative, three members of staff, a senior carer and the deputy manager. We reviewed three people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

We discussed safety with people using the service and those acting on their behalf. They told us they had no concerns and that the service was a safe place to live. One person said when asked if they felt safe living at Hollyrose House, "Yep, I feel safe." Another person told us, "I am safe here." One relative told us they had no concerns about their family member's safety at Hollyrose House. Staff had a good understanding of how to keep people safe and did what they could to ensure people's safety was maintained at all times.

Effective safeguarding arrangements were in place to keep people safe. People using the service were supported to express concerns about their safety and welfare to staff and the management team. No safeguarding concerns had been raised by the service since our last inspection in October 2015.

Staff were able to demonstrate a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and were aware of the registered provider's whistle blowing procedures. Staff told us they had not needed to use it whilst working at the service but would not hesitate to do so if required.

Risk assessments were in place and information recorded within people's care plans identified the risks associated with people's care and support needs and how to mitigate them. These related to the risks involved in enabling people to access the community independently and safely and risks related to specific healthcare conditions. However, risks viewed were not always as person-centred as they should be but aimed at people whose needs were similar. We discussed this with the deputy manager and staff involved and an assurance was provided that these would be reviewed and amended for the future.

Information provided identified people who could become anxious and distressed; and which could cause them to behave in a way that may challenge others. Risk management strategies were in place to enable staff to manage the person's behaviour safely and to improve the person's quality of life without restricting their freedom and liberty. Staff spoken with had an understanding and knowledge of the risk management strategies in place for each person, so as to ensure theirs and others safety and wellbeing.

People using the service and relatives told us there were always sufficient numbers of staff available to provide the support required to meet their needs or family member's care and support needs. Our observations showed that people received care from a consistent staff team. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan and this included carrying out their chosen activities.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed the provider had operated a thorough recruitment procedure in line with their policy and procedure to keep people safe. Relevant checks were carried out before a new member of staff started working at the service. These included the obtaining of references, ensuring that the applicant

provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Additionally, prospective employee's equality and human rights characteristics were recorded and considered when recruiting staff.

People's medicines preferences and risks were documented so staff knew how to give medicines in a way that suited that person. Where people were administered their medication covertly, this had been discussed with their GP but not with a pharmacist. Covert medication is when staff administer medication without the person's knowledge or consent. We discussed this with the senior member of staff on duty and they immediately contacted the pharmacist to ensure current arrangements in place to administer one person's medication covertly was safe. We looked at the Medication Administration Records [MAR] forms for each person using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. There was no evidence to suggest that people's behaviour was being controlled by excessive or inappropriate use of medicines. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Although there had not been any incidents of concern since or last inspection in October 2015, we were assured that appropriate arrangements were in place to review and investigate events and incidents and to learn from these should they arise.

Is the service effective?

Our findings

People had all of their needs assessed in relation to their physical, mental, emotional and spiritual care and wellbeing. This was to ensure their care and support needs were delivered in line with legislation and nationally recognised evidence based guidance. Appropriate steps had been undertaken by the service, to ensure where appropriate, people were supported to have their varied and diverse needs met.

Suitable arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date. This was confirmed by staff as accurate.

The senior carer and deputy manager told us that staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' induction. Staff were also given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff who had no previous experience in a care setting were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. Information available showed that not all newly employed staff had commenced the 'Care Certificate' despite having been employed at the service for the past five months. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. The deputy manager provided an assurance that both members of staff would be commenced on this in January 2018.

Staff told us they felt supported. Supervisions had been completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff had received an annual appraisal of their overall performance for the period 2016 to 2017, however objectives for the next 12 months had not been identified and set. We discussed this with the deputy manager and an assurance was provided that these would be completed in the future.

People told us they were happy with the meals provided. One person told us, "The meals are nice, I like the food." People received sufficient food and drink of their choice throughout the day and mealtimes were flexible to suit their individual needs. The service also took into account people's cultural and ethnicity needs. The deputy manager confirmed that one person using the service had food in line with their cultural needs and preferences and these were often provided by their family. Staff spoken with were aware of this and confirmed that this person's preferences were supported wherever possible. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff.

Staff worked well with other organisations to ensure that they delivered good joined-up care and support. The deputy manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and

agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from the Speech and Language Therapy team and local Mental Healthcare Teams.

People told us their healthcare needs were met and that they received appropriate support from staff. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments.

People using the service lived in a safe, well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place in order to meet people's assessed needs.

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 the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. However, where restrictive practices were in place to keep people safe, for example, where people had restricted access to their personal lighters and cigarettes because it was deemed a fire hazard, this was not clearly recorded to demonstrate that the person had consented to this arrangement and this was in the person's best interests. Where people were deprived of their liberty, the deputy manager had made an appropriate application to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the deputy manager had notified the Care Quality Commission.

Is the service caring?

Our findings

People and those acting on their behalf told us they and their member of family were treated with care and kindness by staff. One person told us, "The staff are very nice". Another person told us, "The staff are here to support me and look after me. The care is alright." Relatives confirmed they were very happy with the care and support their member of family received at Hollyrose House. One relative told us, "The care provided for my relative is second to none and I cannot fault the care provided."

Our observations showed that people received individualised care and had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. This referred specifically to staff effectively listening to what people had to say, staff making direct eye contact with people where appropriate and simplifying the topics of conversation so that the individual could understand what was being said. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specialist assistive technology aids to help them communicate.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. The deputy manager confirmed that people's relatives advocated on their family member's behalf and currently no-one had an independent advocate assigned. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least invasive way and that they were treated with dignity and respect at all times. Staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. Our observations showed that people were able to make their own drinks and where appropriate people were supported to be as independent as possible. Staff confirmed that three people living at Hollyrose House were able to go out independently and to access the local community. This was confirmed as accurate following our discussions with people using the service.

Is the service responsive?

Our findings

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. People's support packages were funded by the Local Authority and NHS Continuing Healthcare. An initial assessment was completed by the Local Authority or NHS Continuing Healthcare and together with the registered provider's assessment, this was used to inform the person's care plan.

Minor improvements were needed to ensure all of a person's care plans included information relating to their specific care needs and the support to be provided by staff. We discussed this with the deputy manager and staff involved with the service's care planning arrangements. An assurance was provided that the necessary improvements to the service's care planning records would be made. Although the above was highlighted, we did not find or observe any impact on people's care during our inspection as a result of not having care planning documentation in place. The deputy manager confirmed that no one was subject to a Community Treatment Order. The latter is a set of conditions made by a responsible external clinician which have to be followed and adhered to in line with the principles of the Mental Health Act 1983 [amended 2007].

People were able to maintain relationships that matter to them, such as family members and others. One relative told us they saw their family member every week and were able to spend as much time with them as they wanted. People living at the service and their relatives confirmed that restrictions on visitors and visiting times were not imposed.

People confirmed to us they could spend their time as they wished and wanted. Suitable arrangements were in place to ensure that people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. This included meeting people's religious and cultural needs and interests. On the day of inspection several people were supported to access a local social club. People told us they regularly attended this club as it gave them the opportunity to meet others away from the care home setting and to form friendships. Others confirmed they could access the local community with staff support for personal shopping and to visit cafes for a cup of tea and piece of cake.

The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. No complaints had been raised since our last inspection to the service in October 2015. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. People told us they would either speak to a family member or staff if they had any worries or concerns. Relatives told us they were confident that any complaints raised would be listened to, taken seriously and acted upon by the management team.

Although no one living at the service was receiving end of life care, the deputy manager provided an assurance that people would be supported to receive good end of life care so as to ensure a comfortable, dignified and pain-free death. Furthermore, they told us that they would work closely with relevant healthcare professionals and provide support to people's families.

Is the service well-led?

Our findings

A registered manager was 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. No changes to the management team had occurred since our last inspection to the service in October 2015. Relatives told us that in their opinion the service was well-led and the service well managed.

Staff were complimentary about the deputy manager and other senior members of staff and told us they liked working at Hollyrose House. The deputy manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service, relatives and staff were comfortable with the deputy manager and spoke freely with them throughout our visit. Staff confirmed that the registered manager was an infrequent visitor to the service but verified that the deputy manager divided their time between Hollyrose House and the registered provider's 'sister' home to provide managerial support.

Although the registered provider's vision and values were recorded within the service's Statement of Purpose, staff were not able to demonstrate a good understanding of these. Staff confirmed that the service's vision and values were not routinely discussed so as to ensure staff's understanding and practice were monitored against these. The deputy manager gave an assurance that the registered provider's vision and values would be discussed for the future.

Information was collected and recorded in a variety of ways to regularly assess and monitor the quality of the service provided. This included the completion of audits at regular intervals to help identify and manage risks to the quality of the service and to help drive improvement. Information was appropriately shared with other agencies such as the mental health team to benefit people using the service.

People and staff had completed an annual satisfaction survey at the beginning of 2017. The results of these told us that people using the service were happy and satisfied with the overall quality of the service provided and staff enjoy working at the service and had only positive comments to make.