

Quality Care (EM) Limited

The Hollies

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Hollies provides accommodation and care for adults with learning disabilities and autistic spectrum disorder.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service accommodated people in six purpose-built bungalows and three individual apartments within the same grounds. It was registered for the support of up to 21 people. At the time of the inspection 15 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service and what we found

People were cared for by sufficient numbers of experienced and competent staff who were deployed to meet their care needs. Since the last inspection, people's dependence needs had been reassessed and the deployment of staff reconfigured. This impacted on people receiving consistency and continuity in care from staff they were familiar with. Robust staff recruitment procedures were used to ensure staff were suitable to care for people.

The prevention and control of infections were minimised due to infection control best practice being followed. Since the last inspection, new cleaning schedules had been introduced and the service had been deep cleaned with an additional deep clean booked. However, increased oversight of cleanliness was required to ensure consistency.

The provider used different systems and processes to monitor safety and quality. Since the last inspection a refurbishment plan had commenced with many improvements made to people's living environment. However, repairs and maintenance reported by staff to the provider had not been responded to in an effectively and timely manner. This had impacted on people's safety. Staff responsible for health and safety checks had not identified some maintenance issues identified during this inspection.

People in the main had received their prescribed medicines and staff had detailed information of people's support needs in relation to medicines. Inconsistencies were identified with one person's medicine administration, but this had not impacted on their health.

Staff were aware of their role and responsibilities to protect people from abuse and avoidable harm. Where safeguarding concerns had been identified, action had been taken to investigate and mitigate risks in conjunction with the local authority external safeguarding team. Incidents were reviewed for themes and patterns and to consider if incidents could have been avoided or managed differently. Staff had detailed information about how to meet people's behavioural needs and the use of physical intervention had reduced in the last 12 months.

The restrictions placed on people's freedom and liberty had reduced for some people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved as fully as possible in the care and support they received, this included greater opportunity of accessing the local community and pursuing interests, hobbies and experiencing new opportunities.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to identify and achieve personal goals, and this had resulted in a person moving into supported living.

People were involved as fully as possible in the care and support they received, this included greater opportunity of accessing the local community and pursuing interests, hobbies and experiencing new opportunities.

People received effective care and support from staff who were trained, supported and knew them well. Staff morale had improved since the last inspection, they were positive about their role and about the improvements made at the service. People received a choice of meals and drinks and their nutritional needs had been assessed and were regularly reviewed. Staff worked effectively with external health professionals in assessing, monitoring and managing people's health conditions and needs.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 6 April 2018) and there were three breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of these regulations. However, a new breach in regulation was identified. You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service is not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Hollies

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, an assistant inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives via telephone about their experience of

the care provided. We spoke with the registered manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two team leaders and two support workers.

After the inspection

We received feedback from one professional who regularly visits the service. After the inspection the registered manager sent us further information in relation to, the provider's quality checks and audit process and training records. We have reviewed these as part of the inspection process.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained at Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there were sufficient numbers of suitably qualified, competent and skilled staff deployed. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 (1).

- Since the last inspection, the provider had reviewed people's dependency needs and funding to ensure correct staffing levels were provided. New staff had been appointed, with more due to start, resulting in a full compliment of staff.
- The staff rota confirmed staffing levels and how this was deployed to meet people's individual care needs. However, we noted on the first day of our inspection, there was a shortfall of one staff. From speaking with the management team, it was apparent this had not been identified. The registered manager assured us this was not a regular occurrence, and immediately raised this with senior staff responsible for the oversight of the staff rota. Another staff member called to say they were unavailable for work. The management team told us named staff were rostered on call to cover any staff absence and a staff member on call came on shift.
 - People told us staff were available to support them with opportunities to access the community, and this was on a regular basis. Our observations confirmed people received opportunities to access social activities in the community. Relatives were positive staffing levels were safe in meeting their relations' needs, and they confirmed staffing levels had increased.
 - Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Preventing and controlling infection

At our last inspection, the provider had failed to assess the risk of, and preventing, detecting and controlling the spread of infection. The service was not clean or hygienic. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Since the last inspection, new cleaning schedules had been implemented for staff to complete to confirm what cleaning had been completed. A deep clean of the service had been completed by an external contractor, with a further one booked.
- From our observations, we found some inconsistencies in the level of cleanliness and discussed this with the management team. They immediately discussed this with the team leaders responsible for monitoring the cleanliness of the environment.
- Staff had received training in the prevention and control of infection. The service had received a food hygiene rating of five by the Food Standards Agency. This is the highest rating level and confirms the service was meeting national best practice guidance in the safe management of food.

Using medicines safely

- From reviewing a sample of medicines administration records, we identified one person had not received their evening prescribed mouth wash and toothpaste on four days during June 2019. The reason recorded was that there were no medicines trained staff available. The deputy manager advised us some night staff were in the process of completing their training. However, there was always a trained staff member on site who should have been asked to provide this support.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Staff had guidance about people's preference of how they took their prescribed medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. Staff had access to the provider's safeguarding policy and had received safeguarding training. Staff demonstrated a good understanding of their responsibilities to protect people from avoidable harm.
- The management team had used the local recognised, multi-agency safeguarding procedures to report any safeguarding concerns. This included taking action to reduce risks to people where required, and included implementing staff disciplinary action.
- Information about how to report any safeguarding concerns were on display for people, visitors and staff. People told us they felt safe living at The Hollies. Relatives told us they felt confident their relation was cared for safely.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and steps were taken to minimise them. Staff had detailed guidance which was reviewed and updated on a regular basis. This included strategies to support people at times of heightened anxiety that impacted on their mood and behaviour. Some people required staff to use physical intervention as a last resort, to effectively and safely manage risks. Staff had received accredited training, had detailed guidance and demonstrated good knowledge of how to safely support people.
- People were supported to take risks that helped them live a fulfilled life and be active citizens of their community. A relative said, "Staff know [relation] well enough, and they have lots of experience to give him as much freedom as possible." We saw a person who liked to ride their bike into the local town was supported by two staff to do this.
- Assistive technology was used to effectively and discreetly manage known risks. This included a sensor to

monitor a person who had nocturnal epilepsy. Door sensors were used as a measure to monitor a person's whereabouts. Health and safety checks including fire safety and risks against legionella a water based infection that can cause serious illness were regularly monitored. Following our inspection, we received information from Nottinghamshire Fire and Rescue Service who had completed a fire safety audit in June 2019. as a result of this audit the provider was served with a Notice of Fire Safety Deficiencies and Remedies. The provider is required to take action to comply with fire safety legislation.

Learning lessons when things go wrong

- Learning from incidents and accidents were shared and acted on to prevent future harm. We reviewed the behavioural incident analysis for the last three months. This included location, time, date and the type of physical intervention used if required. This enabled the management team with the support of senior managers, to review any themes and trends. Examples of action taken to reduce further risks included, support plans and risk assessments being updated, and referrals to external health care professionals for further assessment were completed.
- Staff told us the use of physical intervention in the last year had greatly reduced. This was confirmed by the provider's analysis of comparative data and from feedback from an external professional. They said, "Staff have been engaged in amending their approach to avoid escalation in behaviour and this has been really successful, there has not been the need for physical intervention for over a year."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same, Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's

- Improvements had been made to the environment and premises such as new kitchens installed in some of the bungalows, redecoration, new furnishings and heating system.
- However, outstanding maintenance repairs were found across the site. This included the key fob security system not working in all areas and in one, there was exposed electrical wiring that had been cut to make it safe, but exposed unfished plaster. Damage to the environment had also compromised fire safety. Whilst these had been reported to the provider's maintenance service, there were no timescales for work to be completed.
- We also identified repairs that had not been reported. This included a bungalow where people had mobility needs. The patio door did not open sufficiently to allow people to exit in the event of an emergency, and access had not considered people's mobility needs. Some furnishings, including a mattress were worn and damaged impacting on them being cleaned effectively. One bungalow had the curtains to the communal area in a box. Staff told us they had not been rehung due to the room being decorated a week ago. However, no attempt had been made to protect people's privacy or dignity. A window handle was also missing.

The provider had failed to ensure the premises were maintained properly. This was a breach of regulation 15 (1) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- People had experienced undue restrictions on their freedom and liberty. On the first day of the inspection, we found people living in two bungalows were restricted in accessing the kitchen because these were locked. Staff told us this was due to one person who had a DoLS authorisation that restricted them in the kitchen. After speaking with the registered manager and reviewing care records, it was identified this restriction was during the night only. On speaking with staff further about the second bungalow, we were told this was a mistake and the kitchen door should be unlocked. The registered manager took immediate action and issued all staff with written instruction about not locking doors.
- MCA and best interest decisions had been completed where people could not consent to specific decisions such as medicines, finances and personal care. From reviewing a sample of these documents, it was not always consistently recorded who else had been involved in decisions. This is important to ensure least restrictive options are considered and the decision was not made in isolation.
- Staff had received MCA and DoLS training and had a policy and procedure to guide their practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used for the care and management of people's needs; such as the management of behaviours that could be challenging to the person and others.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. The management team told us they recognised and respected people's diverse needs were important to understand. Examples were given how people had been supported with exploring and understanding their sexuality. Staff had also completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had received a structured induction on the commencement of their work and ongoing training and support.
- Staff were positive about the induction, training and support they received. They told us they received regular opportunities to discuss their work, training and development needs. A staff member said, "I found the induction really enjoyable and supportive. We get constructive feedback about our work which is helpful."
- Relatives were positive about the competency of staff. One relative said, "More experienced staff always work with new staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain healthy nutrition and hydration. Staff had guidance about people's nutritional needs. People's weight and food intake was monitored to enable staff to take action such as a referral to the GP if concerns were identified, such as excessive weight loss or gain. Food was stored and managed following best practice guidance.
- Staff told us how people were involved in menu planning, shopping and making snacks and how they promoted health eating.
- People told us they received a choice of meals and how they were encouraged to develop their independence. A person said, "I can make sandwiches and my cereals, staff make main meals, and I am good at washing up."

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- Information about people's needs were shared with other organisations. For example, a 'grab bag' was used in the event a person required urgent medical care at hospital. This included information about a person's care needs to ensure they received consistent care. People's health appointments and care needs in relation to their health, were recorded in 'Health Action Plans'. These were found to be up to date and useful in effectively managing people's health.
- Staff had guidance about the support people required to manage any health conditions and health needs were monitored. People were supported to attend health appointments to maintain both their physical and mental health care needs. Staff worked positively with external health care professionals, seeking guidance and support when required and any recommendations made were implemented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

At the last inspection this key question was rated as Good. At this inspection this key question has remained, Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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Ensuring people are well treated and supported; respecting equality and diversity

- People received care and support that was based on their individual needs, routines and preferences. Staff had detailed and up to date guidance about people's preferences. From speaking with staff, it was clear they understood people's diverse needs, they were respectful and supportive towards people's lifestyle choices.
- People demonstrated by their relaxed presentation, jovial exchanges, laughter and smiles they were happy in the company of staff. We also saw how people were supported with activities that were important to them. For example, we saw how a person liked to deliver people's incoming post to them and how they were supported to do this.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support as fully as possible. Staff gave people day to day choices of how they spent their time and activities they wished to do. Staff used effective and individualised communication methods to support choice making. For example, a person who was unable to verbalise their wishes, chose an activity from a variety of pictures of known activities they liked to do.
- Keyworker meetings were used to support people to be involved in their care. A keyworker is a member of staff who has additional responsibility for a named person. The registered manager told us these meeting had been introduced within the last year, and was a method used by staff to ensure people received opportunities to express themselves about the care they received.
- Relatives confirmed they had good communication with the staff about their relations care. A relative said, "Yes and they keep me up to date with reports"

- Independent advocacy services were used effectively, to support and represent people who had no other representatives.

Respecting and promoting people's privacy, dignity and independence

- People were supported effectively to develop their independence. We were aware of a person who had recently left the service to live in supported living. We also received positive feedback from an external professional who confirmed staff were supporting a person with their goal of more independent living.
- Staff respected people's privacy and dignity. Whilst some people received intensive support such as one or two staff to support them, staff respected people's privacy whilst maintaining their safety.
- People and staff had recently participated together in a dignity day that explored what dignity meant to individual people. This was being further developed to ensure dignity remained fundamental in the care and approach of staff. In addition, the management team had developed training that included dignity, diversity and person centred care called, 'If you were me'. This facilitated staff to view and experience care from the person's perspective.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- There were no restrictions on when people received visitors.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people moved to The Hollies, a pre-assessment and person centred transition plan was completed. This involved the person and or relative, representative and health and social care professional. This supported the person to have a planned introductory period to the service and provided staff with information and guidance about the person's care needs.
- Individualised support plans provided staff with detailed guidance of people's diverse needs and support required. For example, a person's religious faith was important to them and staff supported them to attend a place of worship on a weekly basis.
- People were involved as fully as possible in participating in review meetings about their care. A person said about the care they received, "Working okay, review it (support plan) and change if needed." Choice and control was promoted by people being supported to identify and achieve personal goals. Examples of positive outcomes for people included a person having increased community opportunities. They participated in a weekly shopping trip that they once found too challenging to do. A significant achievement for six people was how their additional support hours had been reduced in the last 12 months.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and staff had detailed guidance of people's communication preferences. Staff followed recommendations made by speech and language therapists. We saw staff used a variety of communication methods that were personal to individual people. For example some people used pictures and signs to support them to communicate their needs and preferences.
- Information had been made available for people such as the provider's service user guide and complaint procedure in easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with relatives and friends. There were no restrictions on people receiving visitors and staff supported some people on visits to family and friends. People were also

supported to widen their friendship group by attending community and in-house social groups and opportunities. Where people formed new relationships, staff facilitated opportunities for people to spend time with friends. One person had been supported to host a party in their bungalow and invited others to attend.

- People were supported with activities, interests and hobbies and were active citizens of their local community. People told us how staff supported them with activities that were important to them. For example, a person liked to go fishing and during the inspection was supported to do this. People had been supported to have a holiday, and for some people, this had been their first experience of having a holiday. One person told us how they were working with staff at exploring the opportunity to have a holiday abroad in the near future. Local shop owners had become familiar with people and greeted them by name.
- Relatives and an external professional confirmed social opportunities had increased since the last inspection. An external professional said, "They (staff) are now promoting access to the community and being a bit more creative in the way that they are encouraging this." We saw staff were positively engaged with people and supported them with community activities. A staff member said, "Due to the changes and improvements there is more scope to do social and community activities."

Improving care quality in response to complaints or concerns

- People told us they would not hesitate to speak with staff if they had any concerns and they felt they would be listened to. Relatives told us they were aware of how to make a complaint and that action had been taken to resolve any issues. A relative said, "We have a copy of the complaints policy, but we would prefer to try and sort things out before it got to that. Yes there have been a few hiccups but they work through things. We had difficulty in making contact by phone, now we email which works better."

End of life care and support

- At the time of our inspection, no person was receiving end of life care. Some people had their end of life wishes recorded, the registered manager told us they were aware this need to be completed for all and had plans to do this. The registered manager also told us they would seek the support from external health care professionals in the event end of life care was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, the provider had failed to ensure that systems and processes were established and operated effectively to ensure compliance with regulation this was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18. However, the provider had not taken sufficient action to ensure the internal environment and premises were safe as described in the Safe and Effective section.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made to the systems and processes that monitored the quality and safety of the service. Daily, weekly and monthly audits and checks were completed by team leaders and deputy team leaders. The registered manager and deputy manager, had oversight of these and completed additional audits and reported outcomes to the provider. The provider's nominated individual also visited the service and completed internal audits. Where areas of improvement were identified, action plans were developed to state who was responsible with timescales for completion.
- Health and safety checks on the environment and premises, had identified where actions were required to make improvements. A refurbishment plan had started, and many improvements had been made to people's living environment. However, repairs had been reported to the provider, but action required was outstanding and this compromised people's safety. Staff told us and records confirmed, repairs had been reported in a timely manner by staff and the registered manager to the provider, but action had been slow or no action had been taken. The fire and rescue service audit completed in June 2019, identified remedial action was required to protect people from harm in the event of a fire and this was due in part, to repairs not being completed.
- During this inspection, we identified additional maintenance issues as described in the safe and effective section of this report which had not been identified by internal checks and audits. The registered manager agreed these should have been identified and took immediate action by raising this with the staff team. We were aware the provider's maintenance service had visited The Hollies two weeks before our inspection and the registered manager was waiting to be informed of the outcome of this meeting.

At our last inspection, we recommended the provider consider improving staff motivation and team

building. The provider had made improvements and at this inspection staff motivation and morale was greatly improved.

- The registered manager and provider had worked with the staff team to develop their understanding of their role and responsibilities and this had impacted on staff being more motivated and positive. Bespoke training had been developed and delivered that supported the staff to have greater empathy of people's care and support needs.
- Staff were very positive about the training, support and approach of the registered manager and senior leadership team and how improvements had resulted in positive outcomes for people. A staff member said, "The approach to care has changed, it's much improved and the staff had more in depth training."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Continuous learning and improving care

- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- The management team investigated any concerns, complaints and safeguarding honestly and were transparent. They had a commitment and enthusiasm to learn and develop the service and took responsibility if something went wrong.
- The use of physical intervention had reduced, staff had an increased understanding of how to effectively manage periods of heightened anxiety that affected people's behaviour. Following incidents, action taken was reviewed to consider if lessons could be learnt to reduce, manage incidents more effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as fully as possible in their care and support. Since the last inspection, new initiatives had been developed and implemented of how people were involved. Whilst further time was required for these to be fully embedded, people had experienced positive outcomes.
- People received opportunities to regularly meet with staff to review their care and support needs and to discuss any activities they wished to do, and any concerns they may have. Smart goals had also been introduced as a way of people being supported to achieve personal goals, dreams and aspirations.
- Quality assurance questionnaires had not been sent to people, relatives, staff or external visitors inviting them to give feedback about the service. However, the registered manager told us they had plans to do this in the near future.
- Relatives told us of improvements made in the service in the last 12 months. A relative said, "We had difficulties in the early days and the manager agreed things needed to improve, things are improving." Another relative said, "Over a year [relation] was in a bad way, we rode the storm and they (registered manager) have turned things around. It is a work in progress but [relation] is getting what they need."

Working in partnership with others

- It was clear from talking with relatives, staff and feedback from external professionals and viewing care records, staff regularly worked in partnership with external professionals and relevant care agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's care and support needs. This had resulted in positive outcomes for people.
- People were active citizens in their local community, people accessed local social and recreational facilities. This included local shops, pubs, social clubs and a place of worship.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were maintained properly. 15 (1)