

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hollyrose House

116 Lodge Lane, Grays, RM16 2UL

Tel: 01375371940

Date of Inspection: 28 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Safeguarding people who use services from abuse	✔	Met this standard
Management of medicines	✘	Action needed
Staffing	✘	Action needed
Supporting workers	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed
Records	✘	Action needed

Details about this location

Registered Provider	Hollywood Rest Home
Registered Manager	Mr. Rajpaul Singh Dhillon
Overview of the service	Hollyrose House is registered to provide accommodation and care for up to 11 adults who have a mental disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with three people who use the service. People told us that they were happy with the care and support provided. Comments were generally positive and included "Yes, its fine here" and "I like it here, the staff are very nice." Three people spoken with suggested that they felt safe and that, if they had any concerns or worries, they would discuss them with a member of staff.

We found that further improvements were required by the provider for people who use the service to have their capacity assessed. We also found that arrangements for the safe storage and recording of medicines required strengthening. Further development is required to ensure that the staff roster is an accurate reflection of all staff working at Hollyrose House and that there are sufficient staff on duty to meet the needs of people living there. Further improvements were required for all newly employed staff to receive an induction. In addition we found that not all staff had up to date training in core subject areas. Care plan records require further improvement and development so as to ensure they were accurate and fit for purpose.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 09 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

The provider does not have suitable arrangements in place for assessing the needs of people who may lack capacity to make day to day decisions.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

A senior member of staff confirmed to us that Hollyrose House provides support to adults who have a mental disorder. As a result of peoples' complex needs not all people who use the service had capacity to consent to their care and treatment. The purpose of the Mental Capacity Act 2005 (MCA) is to empower people to make decisions wherever possible and to protect those who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process. Of five support files viewed, there was no evidence to show that people had had their capacity to make decisions formally assessed.

We found from reviewing five members of staffs files that only one had received MCA and deprivation of liberty safeguard training.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs.

Reasons for our judgement

Records showed that the provider had appropriate arrangements in place to assess the needs of people prior to admission. However information recorded was seen to be brief and it was unclear as to how the decision had been made that the needs of each person could be met based on the information available.

We directly observed care within the home, so as to help us determine what it was like for people living at Hollyrose House. We found that staff interactions with people who live at the home were seen to be positive. Staff relations with people who use the service were seen to be kind and caring in their approach. Staff were seen to have a good understanding and awareness of people's individual support needs.

Daily care records viewed were variable in content and we found that evidence recorded did not always reflect the delivery of care to meet people's individual needs. The provider may find it useful to note that improvements are required so as to reflect staffs interventions and the care provided. Activities records were available but showed limited evidence that people were actively supported and/or given opportunities for personal development, education and occupation, integration into community life and to engage in appropriate leisure activities. The provider may find it useful to note that where people choose not to participate in activities offered this should be recorded.

We spoke with three people who use the service. People told us that they were happy with the care and support provided. Comments were generally positive and included "Yes, its fine here" and "I like it here, the staff are very nice." People were very aware as to how their mental health condition affected them and the impact this had on their day to day wellbeing.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider had suitable arrangements in place to ensure that people who use the service were protected from abuse, neglect and self harm.

Reasons for our judgement

The provider's policies and procedures on safeguarding and reporting concerns were readily available to staff and gave clear guidance about what action should be taken and to whom.

Two staff spoken with demonstrated a good understanding and awareness of how to respond and raise concerns if there was suspicion of abuse. Staff told us that if they saw any type of abuse they would report it to a senior member of staff straight away and if appropriate escalate the concern. Three people spoken with suggested that they felt safe and that, if they had any concerns or worries, they would discuss them with a member of staff.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People who use the service were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe storage and recording of medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that medicines were stored securely for the protection of people who use the service. The temperature of the area used to store medicines was not being monitored and recorded. We also found that the dedicated fridge used to keep medicines cold was located directly below the main medication cupboard. The impact of this was that the medication cupboard was warm to the touch. A lack of appropriate monitoring and recording potentially means that medicines may not be stored at the right temperature and may not retain their original quality. We discussed this with a senior member of staff on duty at the time of our visit. Although no medication that required cold storage was in use we found that the dedicated fridge required cleaning and defrosting.

Systems were in place to record when medicines were given to people. In general records were seen to be in good order with few unexplained gaps or omissions and provided a clear audit of medicines administered. This demonstrated that people received their medicines as prescribed. One person who uses the service confirmed to us that they received their medication in a timely manner each day. We found that not all of the medication administration records provided evidence of the receipt and disposal of medication.

Not all staff who administer medication had received appropriate training. There was no evidence to show that staff had been regularly assessed as to their continued competence to administer medication.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

People who use the service may not always be supported by sufficient numbers of staff.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were advised at the time of our visit to Hollyrose House on 28 September 2012, that although the service was registered with the Care Quality Commission in February 2012, the service did not admit anyone until July 2012. We asked for four weeks staff rosters and were advised by a senior member of staff that only one roster had been completed since the service had commenced operation and that was for week commencing 24 September 2012. The senior member of staff confirmed that staffing levels at Hollyrose House were two members of support staff, including a senior member of staff, between 8.00 a.m. and 10.00 p.m. and two waking night staff between 10.00 p.m. and 8.00 a.m. each day. It was confirmed that the manager's hours were supernumerary to the above. No records were available to determine how the ratios of support staff to people who use the service had been determined as only one person had had their needs formally assessed at the point of admission.

The staff roster for week commencing 24 September 2012 showed that the staffing levels as detailed above had not always been maintained. The roster also showed that the manager was on duty at both Hollyrose House and their 'sister' home at the same time Monday to Friday. A senior member of staff confirmed that the manager visited Hollyrose most days, however it was unclear as to how the manager specifically divided their time at both services so as to enable effective day to day management cover and support.

Staff on duty at the time of our visit were noted to communicate effectively with people who use the service. The staff team at Hollyrose House reflected the cultural and gender composition of people living at the home and where people were newly employed they worked alongside a more experienced member of staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People who use the service cannot be assured that staff working at the service receive a comprehensive induction and opportunities for professional development.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We were advised by a senior member of staff that a training record detailing courses completed by staff working at Hollyrose House had yet to be devised and implemented.

As part of this visit we viewed the personnel records for five members of staff. We found for three members of staff that they did not have up to date training in core subject areas such as fire awareness, food hygiene, basic first aid, health and safety, infection control, Mental Capacity Act 2005 (MCA), deprivation of liberty safeguards and safeguarding. We found for two members of staff that they had not undertaken medication training yet there was evidence to show that they had administered medication to people who use the service. The latter was confirmed as accurate by a senior member of staff.

We were advised by a senior member of staff that Hollyrose House provides support to adults who have a mental disorder. The training records for four out of five members of staff showed that they had received mental health awareness training.

The staff records for two newly employed members of staff showed that they had not previously worked within a care setting prior to being employed at Hollyrose House. We found no evidence that either person had commenced or received an induction since they had started employment. This was confirmed by a senior member of staff.

The supervision records for six members of staff were viewed. Records showed that staff had received regular supervision. Where issues had been raised or highlighted, there was little proof of the actions to be taken, of any outcomes or how staff were to be monitored and/or supported to make improvements. The provider may find it useful to note that confirmation of previous issues having been addressed and an action plan depicting actions to be taken should be recorded.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

Arrangements were in place for the quality of the service to be assessed and monitored however this had not been initiated.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Guidance relating to the home's quality assurance system recorded "The new standards call for a continuous programme of quality improvement." A folder containing blank quality assurance audits was readily available. We discussed this with the deputy manager and they confirmed that the service's quality assurance system had not yet commenced despite the home being operational since 17 July 2012. A senior member of staff confirmed that neither meetings for people who use the service and staff working at the home had commenced.

The deputy manager confirmed that a system to seek the views and opinions of people who use the service about the quality of the service provided at Hollyrose House would be undertaken on an annual basis.

We viewed the home's complaint procedure. The provider might find it useful to note that the procedure provided no information as to timescales for handling, considering and responding to comments. In addition there was no address for people to contact the Local Authority, Primary Care Trust and Ombudsman should they wish to take the complaint further.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People who use the service are not fully protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them because an accurate record was not being maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the time of our visit a senior member of staff confirmed that five people were living at Hollyrose House. We requested to see each care file.

Records showed that there was no care plan completed for one person. The rationale provided by a senior member of staff was that it was unclear as to how long the person was to remain at Hollyrose House. We found that none of the care plans viewed fully reflected people's care needs or identified the risks to their health and wellbeing. This means that as a result of gaps, the delivery of care may not be reliable to meet the individual needs of people in the home. Records viewed were generic in content and provided no personalised person centred information detailing their specific care needs and how these were to be met by support staff. The majority of risks to people were not recorded. This means that people who use the service are not supported to take risks as part of an independent lifestyle.

For example the 'diary of events' record for one person showed that they could exhibit challenging and/or inappropriate behaviour towards staff and others living at the home. We found no care plan in place in relation to their challenging behaviours. There was no information detailing how their behaviours manifest, known triggers and there were no clear guidelines for staff as to how to deal with the person's behaviours so as to ensure the person's and others safety and wellbeing. No risk assessment was completed detailing how the risk was to be proactively managed and reduced so as to ensure the person's safety and wellbeing.

The records for another person made reference to them being on a Community Treatment Order (CTO). When discussed with a senior member of staff we were advised that the CTO was no longer in place however the care plan did not reflect this.

All but one care file made reference to people having their cigarettes and lighters held by staff for safekeeping. A plan describing the restriction on choice and freedom was not completed for each person and there was limited evidence to show that this had been

formally agreed with the person.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment
	How the regulation was not being met: The provider does not have suitable arrangements in place for assessing the needs of people who may lack capacity to make day to day decisions. Regulation 18
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People who use the service were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe storage and recording of medicines. Regulation 13
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

	<p>How the regulation was not being met:</p> <p>People who use the service may not always be supported by sufficient numbers of staff. Regulation 22</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p>
	<p>How the regulation was not being met:</p> <p>People who use the service cannot be assured that staff working at the service receive a comprehensive induction and opportunities for professional development. Regulation 23</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p>
	<p>How the regulation was not being met:</p> <p>Arrangements were in place for the quality of the service to be assessed and monitored however this had not been initiated. Regulation 10</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p>
	<p>How the regulation was not being met:</p> <p>People who use the service are not fully protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them because an accurate record was not being maintained. Regulation 20</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 09 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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