

# Larchwood Care Homes (South) Limited

## Hollies

### Inspection report

Reading Road  
Burghfield Common  
Reading  
Berkshire  
RG7 3BH

Tel: 01189832254

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Hollies is a 'care home' which provides personal care and nursing for up to 58 people, some of who may be living with dementia. At the time of inspection there were 49 people residing at the home.

### People's experience of using this service:

Staff were highly skilled and had a natural aptitude to give reassurance and comfort to people living in the home. They treated people with the utmost dignity and respect when helping them with daily living tasks. There was an excellent understanding of seeing each person as an individual, with their own specific needs.

People were protected from avoidable harm and abuse by staff members, who understood their role and responsibility in relation to safeguarding and keeping them safe. Safe recruitment practices were followed to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

People were assisted to take their prescribed medicines safely by staff who were assessed as competent to do so. Where people required their medicines at a specific time or with food, this need was met. Storage and handling of medicine was managed appropriately.

People benefited from a home that was light, spacious and free of malodours. The registered manager advised they would be reviewing best practice on how to ensure they can make the environment more dementia friendly.

People's needs were assessed and their care delivered in accordance with appropriate guidance and best practice. The provider worked with other services to ensure consistent care. Staff received the training and support they needed to carry out their roles effectively. People received appropriate support to attend healthcare appointments, to remain healthy and to eat and drink well.

People who lived at Hollies received care from a staff team who were passionate about delivering a high-quality, person-centred service. People's care and support met their needs and reflected their preferences. The provider upheld people's human rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was well-managed by a registered manager, who provided clear and direct leadership. Good communication was maintained between the registered manager and the staff team. There were systems to assess the quality of the service and promote continuous improvement. People, staff and relatives were involved in improving and developing the service.

### Rating at last inspection:

The service was last inspected on 20 September 2016 and was rated Good (report published on 20 October

2016).

Why we inspected:

This was a planned comprehensive inspection based on rating of the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. 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](http://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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by an inspector, assistant inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Hollies is a 'care home' which is registered to provide personal care and nursing for up to 58 people. 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 took place on 7 May 2019 and was unannounced.

#### What we did:

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we had collected about the service. This included previous inspection reports, information received and notifications that had been sent to us. A notification is information about

important events which the service is required to tell us about by law.

During the inspection we spoke to nine people using the service and six relatives of people residing in the home. We observed staff working with people in communal areas of the service. We spoke with the registered manager, deputy manager, regional director, the administrator, the maintenance staff member, two nurses, housekeeping staff, catering staff, senior care staff member and three care staff. We looked at nine people's care records and associated documents. We reviewed people's medicine administration.

We looked at the records of accidents, incidents and complaints, audits and quality assurance reports. We also looked at staff training records for all staff, recruitment records and supervision and appraisal records.

After the inspection we requested feedback from five health and social care professionals. We received two responses.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and trusted the staff who supported them. One person said, "Yes, I feel safe here. I have been here a long time now." Another person told us, "There's always someone about here so I do feel safe."
- Relatives were confident that the service was safe, and people were protected from the risk of abuse. One relative said about their family member, "Yes, she is safe."
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service

Assessing risk, safety monitoring and management:

- The provider used effective systems and processes for assessing and monitoring risk.
- People had individual risk assessments, which informed staff of what the risks were and how to reduce them. Risk assessments were highly personalised and took people's preferences, choices, strengths and needs into account.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required to avoid risks such as falling, choking or developing pressure ulcers.
- Risk assessments were reviewed regularly with the person, or their representatives if appropriate, which ensured they were current and accurately reflected people's changing needs.
- Environmental risks had an associated risk assessment in place which guided staff how to mitigate risks within the service. Equipment, including hoists, lifts, portable electrical appliances and fire safety equipment, had been serviced and checked so it was fit for purpose and safe to use.

Staffing and recruitment:

- People told us they experienced good continuity and consistency of care from regular staff, who knew them well.
- People were supported by sufficient numbers of staff, with the right mix of skills to deliver care and support to meet people's needs safely.
- Relatives told us that staff responded quickly when they required assistance. A relative said, "I pressed it [call bell] by mistake once and they came very quickly."
- The provider had a robust recruitment process in place which made sure, as far as possible people were protected from staff being employed who were not suitable.

Using medicines safely:

- People's medicines were handled safely. The training records confirmed staff had received training in handling medicines.
- Only staff trained and assessed as competent were allowed to administer medicines.

- Staff members clearly understood their role and responsibilities in relation to each person's medicines.
- Staff carried out daily checks to ensure the correct amount of medicines remained in stock and that medicines were stored at appropriate temperatures.
- Staff had access to appropriate information about the medicines people took. This included protocols for when they should be offered medicines prescribed to be taken only under specific circumstances.

#### Preventing and controlling infection:

- We observed the premises were clean, tidy and free from malodours.
- Staff received training in the control of infection and were provided with personal protective equipment (PPE), so they could carry out their work safely.
- The registered manager oversaw infection control and carried out regular audits to ensure standards of cleanliness were good.

#### Learning lessons when things go wrong:

- Records showed the provider dealt with accidents and incidents appropriately. There were systems for analysing incidents and identifying any trends to help the provider prevent them from happening again.
- Where learning had been identified from accidents and incidents, these were shared with the staff team.



# 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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the service, a needs assessment was undertaken. This was done in consultation with people, their representatives and any appropriate health and social care professionals.
- This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs.
- People's care and support plans considered all aspects of their lives, clearly setting out their needs, desired outcomes and how they wished to be supported.
- People's care plans were regularly reviewed and updated as people's needs changed.
- A health and social care professional commented, "The staff were responsive to the needs of the clients in a timely manner."

Staff support: induction, training, skills and experience:

- People told us that staff had the skills and knowledge to support them. One person told us, "Staff are kind and well trained."
- Staff members underwent a thorough induction programme, which included time getting to know the person and shadowing an experienced colleague.
- The provider's training programme was based on the Care Certificate, which defines national standards for care workers.
- The registered manager supported staff members to develop and maintain the required knowledge, skills and experience to support people effectively.
- Health and social care professionals felt that staff had the skills required to support people. One professional told us, "I was very impressed by the calibre and knowledge of the nurses in relation to medication."

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

- People and their relatives complimented the food provided. One person told us, "It's good food." A relative we spoke to said, "The food here is fantastic."
- People were observed enjoying a positive meal time experience with support provided by attentive staff, where required.
- We observed people had access to drinks throughout the day, which reduced the risks of dehydration. There were jugs of cold drinks in the service that people could help themselves to and these were also placed in people's rooms.
- Where people required specialist diets due to swallowing difficulties, this was clearly indicated in their

care plans. This was communicated effectively with catering staff.

Adapting service, design, decoration to meet people's needs:

- The home was a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors.
- The outside area was well designed and provided a pleasant place for people to sit outside or enjoy outdoor activities.
- We looked at whether the design of the premises was suitable for the needs of the people with dementia. Research has shown that an environment which is dementia friendly can support people who are diagnosed with dementia to maximise independence. For example, signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people with dementia or memory loss live.
- We observed that there was not always dementia friendly signage visible. For example, signage to guide people where to go when coming out of their bedroom was minimal. Toilet seats did not stand out against the décor in the bathrooms. Best practice guidance states ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence.
- The provider had implemented some aids that could support people with dementia in their day to day living and promote their independence. For example, crockery, plates and bedroom doors were in contrasting colours to their surroundings to assist recognition.
- We discussed this with the registered manager who advised they had previously implemented some aspects of best practice relating to dementia friendly environments such as dementia friendly signage. However, the registered manager informed us that this had been removed as people did not like it. The registered manager advised they would be undertaking a review to ensure the design of the premises was suitable for people with dementia. This would include providing 'memory areas' such as sweet shop and memorabilia.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- Staff members worked closely with healthcare professionals to ensure people's health needs were met.
- People were able to lead healthier lives and enhance their wellbeing because the registered manager and staff were dedicated and proactive in supporting them to do this.
- We saw several examples of this, including how the service used equipment and followed guidance from appropriate professionals to support one person to improve their mobility.
- Care records clearly indicated regular involvement from other professionals, when required. We observed health care professionals being contacted in a prompt manner when someone required specialist input.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw that staff asked for people's consent before providing any care or support.
- Staff members received training in the Mental Capacity Act 2005 and were aware of the principles of the Act and its associated guidance.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication. Staff members sought consent from people, using plain English and allowing them time to respond.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.

## 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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- We observed staff to be exceedingly kind, thoughtful and motivated in delivering high-quality care to people living at Hollies.
- During our inspection we saw staff acknowledged each person by name as they went past them, so nobody felt they were not noticed or cared for. One person after being greeted by a staff member said, "I am always better for seeing you."
- Staff had detailed in depth knowledge of people's personal histories, backgrounds and preferences. This was also reflected in people's care plans and records.
- People told us that the staff were extremely caring and respectful. One person said, "They're all nice, everybody is, the boss [manager] does my nails." Another person said, "The staff are so kind". A relative told us, "They are just brilliant here. We couldn't ask for more."
- People's relatives told us they felt very welcome when they visited the home and felt the care staff were exceedingly supportive and caring towards their family members. One relative said, "The moment I came to visit the home I knew it was the right place for mum [person receiving support]. They [staff] were just all smiling and so helpful."
- We observed a staff member walking through the communal area saying good morning to everyone in a very cheerful tone and smiling. One person commented positively, "She always does that".
- An independent website which gathered feedback on the home included comments such as, "As soon as she [person receiving support] arrived at the home mum was welcomed into 'the family' and treated with kindness and the utmost respect", "[Staff] are friendly and kind" and "They [staff] are fantastic and look after her [person receiving support] really well and us also."
- The registered manager strove to provide the highest levels of care whilst ensuring people could maintain their independence, enjoy their lives and be free from social exclusion.
- Staff spoke about people in a very compassionate manner and they were committed to providing a caring service. One staff member told us, "I love the place, I really enjoy it, I look forward to it. It's just nice to be with people, their characters are so interesting."
- The registered manager had recently introduced a young dog into the home to engage with residents in a therapeutic way. The dog was taken on daily visits to all residents who wished to meet her. One person living with dementia, who had recently moved into the home struggled to engage with care staff regarding their care needs. Staff arranged for this person to spend some time with the dog, with the agreement and support of the person's relatives. This person soon became more engaged in the support that they received and was observed during inspection as being excited for the dog to visit and interacting positively with care staff. Relatives of the person purchased treats so that these could be given whenever the dog paid their family member a visit.

- The extremely person-centred culture, ethos and underpinning training for staff at Hollies ensured people were truly respected as individuals. This was evident in our observations, the records and in the way staff spoke about and with people. Staff adopted a strong and visible personalised approach in how they worked with people. Health and social care professionals told us that staff understood people's needs. One commented when they visited the home, "[Staff] demonstrated a real sense of empathy towards them [people being supported]."

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the service's culture and values. We saw that these values were truly embedded in everything staff did. Staff were skilled and recognised people's sense of identity and maintaining their dignity was extremely important to them.
- Staff were conscious of maintaining people's dignity when helping them to mobilise, knocking on doors before entering and providing clothing protectors at mealtimes. We saw that staff spoke with people in a discreet way if they needed assistance with their personal care needs.
- People looked very well presented and cared for and staff recognised and promoted the importance of this for people
- Staff encouraged people's independence, such as when they were mobilising and eating lunch. One person when moving into the home struggled to independently complete tasks due a health-related condition of their hands. Staff supported the individual through therapy techniques and the person was gradually able to undertake tasks independently including eating and drinking. Staff told us that the person had grown in confidence and enjoyed independently doing more activities on a daily basis.
- A relative we spoke with voiced how happy they were with their family member's progress since they had lived at Hollies and been supported by such a committed staff team. They told us that their family member would not wash their hair previously and hadn't done so for three years. They said, "Now she washes it all the time. She even goes to the hairdresser that comes into the home!"
- Health and social care professionals told us they felt the staff had the upmost respect for people's privacy and dignity. One commented that staff, "Were working in a truly person centred and dignified manner", when they visited the home.

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

- There was clear evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. Staff were highly skilled at ensuring people were able to express their views. They listened to people's views and respected them.
- People told us they felt confident to tell staff what they wanted and when they needed it. One person told us, "If I wanted something I would let them know."
- People told us they had excellent communication with staff and were involved in decision-making around their care. People were not rushed and were given time to speak and when they did, staff listened and acted on what they said and respected their views. One person said, "If I wanted to say something, I would!". Another person said, "If I want something I just ask."
- We saw that staff frequently consulted people around how best to meet their care needs. For example, we observed one person whilst they were being supported to take their medicine. They displayed unhappiness and some anxiety regarding taking the medicine. The staff member was patient and sat down at the person's eye level, they took their time explaining the benefits of the medicine and were able to clearly identify how it positively affects the individual. The staff member advised that it was of course their choice should they not wish to take it. This person was observed as being reassured and happy to take the medicine they were prescribed.
- Care records clearly evidenced involvement of the person, health professionals and their relatives, where appropriate. When a person moved into the home, staff took time to explore all aspects of their care with

them. Care plans described how people liked to be supported and involved in making decisions about their care. We observed a staff member asking one person where they would prefer to have their first cup of tea of the day. They said, "I fancy the lounge today". The staff member promptly supported them to the lounge area.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning.
- People's care plans were reviewed regularly to ensure they were up to date with any changes in people's needs or preferences. This included working towards people's goals such as trying new activities and the service placed an emphasis on supporting people to explore new challenges should they wish to do so.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. The home had supported people to take part in activities including Christmas shopping in the local town, arts and crafts and baking.
- The home had an activities room which was open to people and their relatives at any time they wished. There was an abundance of games, books, puzzles and a piano for people to enjoy. One person told us, "I like using my brain, I love doing puzzles."
- People and staff told us about how the service encouraged people to celebrate special occasions. Photos were seen of people celebrating their birthdays with birthday cakes and Easter celebrations which included people doing arts and crafts.

Meeting people's communication needs:

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if they did complain. One relative told us, "Never cause for complaint but I know I could raise any issues with the manager."
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- Where a complaint or concern had been raised, appropriate investigation and action had taken place.

End of life care and support:

- At the time of this inspection the service was not providing end of life care to anyone using their service.
- Staff had explored what support people would want in their final days and in accordance with their wishes. The provider had policies and procedures in place in the event they would need to support a person at the end of their life.



# 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  
Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service was led by a motivated and committed registered manager, supported by a team that strived to deliver the best person-centred care they could. The vision and values of the service were delivered by the commitment of the whole team and the results could be seen by people receiving their support.
- Staff members were committed to ensuring people received care, which was individual to them and consistently achieved good outcomes.
- People and their relatives told us, and we observed, that the registered manager and staff were approachable. They knew people well and understood how they preferred their care to be provided.
- Staff felt that they were well supported in their roles and felt able to approach the registered manager at any time for guidance or advice. One staff member told us, "I could not wish for a better boss [registered manager]. Anything I ask, she's so approachable."
- The registered manager had a good understanding of their responsibilities under the Duty of Candour regulation and would follow it whenever it applied.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- There was a management structure in place, which gave clear lines of responsibility and authority for decision making.
- The registered manager had a governance system to ensure that good quality care and support was provided. This was monitored by the provider who also undertook regular quality assurance visits to the service. The results of these audits were provided to the registered manager and reviewed with the provider's regional manager.
- Detailed analysis was undertaken in areas such as incidents and accidents. These assessed comparisons with national figures and the previous year's statistics and were used to continuously improve the service.
- We saw examples of how the registered manager took action to make improvements where needed, such as introducing a system to make sure staff completed medicines administration records accurately.
- The provider had notified the Care Quality Commission (CQC) of specific events in line with their legal obligations.
- The home's CQC rating was on display and the report was accessible for people, relatives and professionals to refer to.

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

- The registered manager and the provider actively sought the feedback of people using the service, their relatives, staff and external health and social care professionals. This information was used to directly shape the future of the service. One relative commented, "We fill out survey forms, they are by the front door."
- Care records showed that all equality or cultural needs identified were incorporated into the care people received.
- Staff had the opportunities to express their views through regular staff meetings.
- The home had recently introduced a residents and relatives meeting where people were given the opportunity to feedback on the service and suggest improvements.

Working in partnership with others:

- The service had good relationships with other healthcare providers, including GPs, the community nursing team and professionals from other healthcare disciplines.
- People's care records demonstrated that a number of professionals were actively involved in people's care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.