

Longfield (Care Homes) Limited

Hollymount Residential and Dementia Care Centre

Inspection report

Hollymount
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Hollymount Residential and Dementia Care Centre is a residential care home providing personal care to up to 38 people. The service provided support to older people, people living with dementia, people requiring support with their mental health and/ or physical health needs. The service consists of a two-storey building with an extended annex to the rear of the property. At the time of our inspection there were 34 people using the service.

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

We found medicines were not managed safely across the home though some actions were taken following the inspection to improve. Care staff expressed mixed views around staffing levels. We have made a recommendation about the use of staffing tools.

People felt safe in the service. Systems were in place to safeguard people. Environmental checks were being completed. The environment was in need of some repair and work was ongoing to renovate. Infection prevention and control measures were in place although not always robust. Immediate action to address this was undertaken by the provider.

Preadmission assessments were completed, and care plans were reviewed. Staff received training and regular supervisions. People's diet and nutritional needs were met, and they told us they enjoyed the meals. The provider worked in partnership with other agencies to maintain people's health and wellbeing.

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's religious and cultural needs were considered. People were treated with dignity and respect and had choices over their care. People were involved in meetings at the service and both people and relatives felt the staff were caring.

People were supported to have person centred care. End of life care was considered and planned for. Activities were offered at the service and processes and systems were in place to respond to complaints.

Systems and processes are not always effective to oversee and manage the service. We have made a recommendation about the provider's audit systems. Mixed views were given by staff around the approachability of management. Duty of candour was understood by the registered manager and partnership working was seen. Views around the service was being sought from people, relatives and staff.

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

Rating at last inspection

The last rating for this service was good (published 31 March 2022) and looked at the safe, effective and well led domains only. The last comprehensive inspection that looked at all five domains was 15 April 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollymount Residential and Dementia Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was effective.

Details are in our effective findings below.

Good ●

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 ●

Hollymount Residential and Dementia Care Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience on the first day, and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hollymount Residential and Dementia Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollymount Residential and Dementia Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives. We spoke to 10 staff members. These included, 1 activities co-ordinator, 1 maintenance officer, 5 carers, the nominated individual, home manager and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 9 medicine administration records and looked at medicines related documentation. We observed medicines administration and checked medicines storage. We looked at 5 people's care records and associated documents. We also looked at 3 staff files, training and supervision records, as well as records relating to the operation and management of the service. We undertook a tour of the building and completed observations of support provided in the communal areas.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- During the inspection, the morning (8am) medicines round was still being done at 12 noon. Though this may be person-centred, staff did not record times of administration and there was a risk of medicines being given too close together.
- Medicines were not always given as prescribed, there were gaps in medicines administration records and one person had missed 6 consecutive days of a medicine typically used for epilepsy.
- We did not see records of checks that all staff who administered medicines were competent to do so. Managers had completed some audit checks, but these had not been sufficient to note the issues found at this inspection.
- Medicines were not always stored safely. The treatment room cupboards needed repairs, medicines were not segregated and medicines for disposal had accumulated. Staff took immediate action and provided evidence that improvements had been made.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing levels were being assessed by a dependency tool and rotas showed appropriate staffing above this level. However, the dependency tool did not take account of layout of the premises.
- Staff provided mixed feedback on staffing levels. Some staff said, "We're sometimes short staffed but not often" others told us, "It's not good at the minute. Staff ring in sick last minute and there isn't enough staff... some people miss breakfast because we haven't got around to them." The registered manager confirmed that recruitment was ongoing, and they were increasing the staffing levels to account for an increase in peoples' needs

We recommend the provider ensures they use a dependency that takes account of the environment and layout of the premises.

- People told us staff were responsive to call bells. They said, "There's always someone within 5 minutes. There are no delays, you can get hold of them" and "They come reasonably quick, not long. I see a lot of staff it varies who's on."
- Staff were recruited safely. Pre-employment checks were completed. This included, Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions. Agency profiles, detailing training, prior experience and inductions, were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from abuse. People told us they felt safe in the service. They said, "Yes I feel safe, because there are people around who I know will help me and are kind to me and respond to me when I need them" and "Oh yeah, I feel safe".
- Systems and processes were in place to record and report safeguarding concerns. Training on safeguarding was offered with good level of staff compliance. Staff were able to recognise signs of abuse and how to report concerns.
- Accidents and incidents were documented and a lessons learnt folder was in place to look for learning. Although incident forms captured key information such as dates, times and action taken, descriptions of incidents were not always clear. It would be beneficial for the provider to clarify reporting expectations with staff.

Assessing risk, safety monitoring and management

- The environment needed repair. Several toileting facilities had missing tiles and one bathroom had been decommissioned and was awaiting renovation. Evidence was supplied following the inspection that these repairs had been done. An environment plan was in place and new communal flooring and bathroom renovation was due to be completed.
- Individual risk assessments were in place and reviewed. These covered risks such as falls and health conditions. We observed more detail could be included around control measures. For example, one risk assessment did not refer to equipment being used however this information was recorded in the care plan.
- Environmental safety systems and certificates were completed. Daily safety checks and regular fire drills were carried out.

Preventing and controlling infection

- Infection Prevention and Control practices were not robust. Items were noted to be stored incorrectly in the sluice, and spare slings were stored in communal areas. This could increase the risk of cross-contamination. The registered manager addressed this at the time of the inspection.
- Cleaning schedules were in place and completed daily. During the inspection, malodours were noted on occasion, however the environment appeared clean. The nominated individual confirmed that new flooring had been ordered and was due to be installed which may help control malodours.
- PPE was available and being used by staff during the inspection.
- Regular infection prevention and control audits were being completed at the service. Policies and procedures were available.

Visiting in care homes

- People were supported to have visitors in the home.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Preadmission assessments were completed to identify people's needs and the support required.
- Care plans provided adequate information about people's needs and were being completed on a regular basis.
- People told us they had choices around their routines. They said, "I can wash and shower when I want to. I go to bed when I want, and I can choose to get up when I want to" and "I'm very much my own person".

Staff support: induction, training, skills and experience

- Training was completed by staff. This covered mandatory as well as service specific training.
- Supervision was offered to staff. Staff told us they had regular supervision, and the supervision sessions were useful at sharing ideas.
- Induction records were seen for staff as well as agency workers. These were being signed off when induction was complete.

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

- Systems were in place to ensure people had a healthy and varied diet. People's needs and preferences were known and catered for. The kitchen appeared organised and structured.
- Records of diet and fluid intake were being recorded on the electronic systems. Assessment tools were in place to assess and monitor people's weight and dietary intake.
- People told us they enjoyed the meals and had choice. They said, "Meals are alright, they ask in the morning what you like. They would make something else if you don't like it" and "I can't have certain food; they make my meals in line with this."
- Staff provided mixed views on meal service. Some staff told us that the evening mealtimes could be inflexible to allow for residents to have gaps between meals. The registered manager confirmed they would remind staff that meals could be served at a later point to allow for individual choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Referrals were being made to health professionals. Evidence was seen of communication with GPs, District Nurses and mental health professionals.
- Posters and guidance were in place around supporting people to have healthy lives. This included information around preventing dehydration, UTI management and post fall information.

- Signs were observed around the service to support people with memory loss and sensory impairments. Symbols were being used to discretely indicate if people had support needs that staff needed to be aware of.

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA was being applied and understood. Capacity assessments were in place around specific decisions.
- A DoLS tracker was being completed. This allowed the registered manager to maintain oversight of DoLS conditions and renewal dates.
- Staff were able to describe the MCA and how they would determine whether a decision was in someone's best interest.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. People felt staff were caring. They said, "it's a lovely home. They [staff] are nice people. Very, very friendly" and "I feel well looked after and cared for."
- Relatives felt loved ones were cared for. They told us "I'm very happy with the care here and so are both my [family members] who visit."
- During our inspection, we observed staff being patient and caring towards residents. Staff were aware of peoples likes and dislikes and could describe how people preferred to receive their care.
- Staff completed Equality and diversity training. Care plans we looked at, captured peoples spiritual and religious needs.

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

- People were able to express their views on care. Residents meeting minutes were viewed for earlier in the year. Staff told us these meetings provided opportunity to discuss activities and events people wanted to do.
- People told us they were able to communicate their wishes to staff. They said, "I communicate with the staff, I communicate with everyone" and "They [staff] know what I like and don't like."
- One relative told us the service communicates any changes with their loved ones care.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed 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

At our last comprehensive inspection, we recommended the provider takes prompt action to ensure care plans reflect people's current needs and were person-centred. The provider had made improvements.

- We saw evidence of personalised care. A sample of electronic care plans were viewed. They reflected likes and dislikes of people and important social history and relationships. Communication care plans were also in place.
- Handovers were completed. Evidence of key information such as risks of falls, level of independence with tasks and health appointments was shared and tasks identified and allocated at the start of the shift.
- People who were able to discuss their care told us they were happy with their care decisions. One person told us they had reviewed their care plan, "I have seen my care plan. I am happy with it."

End of life care and support

At our last comprehensive inspection, we recommended the provider sought best practice on end of life care and support. The provider had made improvements.

- At the time of the inspection, no one was receiving end of life care. We viewed five care files and observed end of life care plans in place.
- Training was provided to staff around end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The register manager was aware of AIS and what measure would be put in place to support communication such as producing information in large print.

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

- Activities were occurring in the service. The service had a display with photographs from recent activities. During the inspection, the activity worker was supporting residents to participate in events in the local community.

- People told us activities were occurring and they had a choice to participate. They said, "We play games like play your cards right. We are doing crafts this afternoon. We do a lot of crafts. I feel like I have enough to do" and "They have activities, but I would rather be in my room."

Improving care quality in response to complaints or concerns

- Complaints were being managed. The home was recording the details of complaints and looking for trends and themes from the information.

- People told us they were aware of how to complain. They said, "the manager sorts the problems, I've none whatsoever" and "I would complain if not happy, I've not needed to complain."

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Systems and audits were in place although they were not always effective at identifying risks. We observed risks around medication management and IPC practices however these issues had not been picked up in audits and checks.
- Where actions had been identified in audits, more detail was needed to ensure effective oversight and monitoring. The nominated individual confirmed that an electronic auditing system was being introduced which would improve the quality of audits.

We recommend the provider ensures audits are robust and are effective at identifying areas of improvement.

- Analysis of the service was occurring. A lesson learnt folder was in place to look at incidents and how to reduce future occurrence.
- The nominated individual confirmed that they maintained oversight of the service. They reviewed key performance indicators and held regular governance meetings with the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff provided mixed feedback on the culture and management of the service. Some staff felt the registered manager and manager were not approachable or supportive. Other staff told us, "[The registered manager] is lovely. I can ask and they are willing to help. They are visible with residents and family and [the manager] is too." Following the inspection, the provider completed a survey with staff around their views to assess morale.
- People and relatives provided positive views on the service. People said, "It's a lovely home, I love it here" and "I am quite happy. Everything I need is here, if I wanted something, I would ask for it." Relatives told us, "The managers are very helpful, they gave me a questionnaire to fill in last month."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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

- Duty of candour was being understood and applied by the registered manager. People and families were informed when incidents occurred and notifications to the CQC and local authority was being made.

- Quality assurance surveys were being completed with staff, residents and relatives. The results were mostly positive.
- Staff meetings were occurring. Minutes were viewed and a range of areas were considered.
- Referrals were being made to external health professionals and local authority colleagues when peoples' needs had changed.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2)(g)