

Mrs Ann Mallinson

Holly Bank Nursing Home

Inspection report

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Southport
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on the 23 May 2016. The inspection was unannounced.

Holly Bank Nursing Home is a privately owned care home providing nursing care for 16 older people. Accommodation at the home is made up of ten single rooms and three double rooms. The home is situated in a quiet, residential area of Southport, close to the town centre and all amenities. At the time of the inspection 13 people were living at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the course of the inspection we identified breaches of regulations in relation to; the administration of medicines, assessment of risk, quality assurance processes and records.

You can see what action we told the provider to take at the back of the full version of the report.

We observed the administration of medicines and checked relevant records. We saw that the procedures for storing, recording and administration of medicines were not always being carried out safely in accordance with the relevant guidance.

Risk was assessed and reviewed for most people living at the home. However, we saw that some important information relating to risk was missing or inadequate.

Incidents and accidents were accurately recorded. However there was no evidence that the information had been evaluated to identify patterns that might help to reduce risk in the future.

The records that we saw did not clearly demonstrate that the home was operating in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). There was a mental capacity assessment in each file but they were not decision-specific. There was also an indication that some people living at the home lacked capacity or had fluctuating capacity to make decisions for themselves. It was not clear that people had been fully consulted about decisions or that they had been made appropriately in the person's best interests.

We have made a recommendation in relation to the MCA and DoLS.

Care plans were basic and focused on clinical needs. They were not person-centred in structure or content and did not reflect the quality of care that we observed.

People and their relatives told us that they were involved in the assessment, planning and review of care. However, the evidence to support this in care records was inconsistent.

Policies and procedures that staff should use to guide their practice and maintain standards had not been reviewed and contained information which was out of date. Other records relating to the management of the home were poorly structured making it difficult to find important information.

The home had systems in place to monitor safety and quality and to drive improvements. However, they had not been effective in identifying issues relating to the administration of medicines, the use of thickeners, capacity assessments and care records.

People told us that they felt safe living at the home. Staff had been trained in adult safeguarding and were able to explain what they would do if they suspected that anyone was being neglected or abused.

Staff had been safely recruited and were deployed in sufficient numbers to provide safe, effective care. The home used a dependency tool to establish the level of care required by each person living at the home and deployed staff accordingly.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. The majority of staff that we spoke with confirmed that they had been given regular supervision and appraisal.

People living at the home and their visitors told us that the food was good and that drinks were always available. We saw that people ate at different times to suit their personal preferences. The home had a good understanding of people's dietary needs and ensured that they were accommodated in the provision of meals.

People were supported to maintain good health by the home through regular contact with healthcare services. Each of the care records that we saw contained evidence of recent contact with healthcare services.

People living at the home and visitors spoke positively about the staff and described them as caring. Staff explained what they were doing and what was planned. It was clear that care was not provided according to a strict timetable and people were able to request care as it suited them. We saw that people had choice and control over the way care was provided.

People's privacy and dignity were promoted by staff and people told us that they felt respected. Staff told us that it was important that people living at the home were helped to maintain their dignity as their care needs changed.

Friends and family members were free to visit the home at any time. People had visitors throughout the duration of our inspection and it was clear that they felt comfortable and welcome in the home.

The home employed an activities coordinator and we saw that people were supported to follow interests. The activities coordinator told us that there was little demand for group activities and that people were supported on an individual basis.

The home operated an 'open door' approach to the processing of concerns and complaints. People told us that they would feel comfortable raising any concerns or complaints directly with the registered manager.

People living at the home and their relatives spoke positively about the quality of the care provided and the registered manager of the home. Staff were supported to question practice. Staff told us that they felt confident in speaking to the registered manager or reporting outside of the home if necessary.

The registered manager was able to explain their role and responsibilities in detail. They were highly visible and involved in the provision of care and administrative functions throughout the inspection. They took time to prioritise their work and gave appropriate priority to the needs of people living at the home over other duties.

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.

Procedures for storing, recording and administration of medicines were not always being carried out safely in accordance with the relevant guidance.

Risk was assessed and reviewed for most people living at the home. However, we saw that some important information relating to risk was missing or inadequate.

People told us that they felt safe living at Holly Bank. Staff had been trained in adult safeguarding and were able to explain what they would do if they suspected that anyone was being neglected or abused.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The records that we saw did not clearly demonstrate that the home was operating in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role.

People were supported to maintain good health by the home through regular contact with healthcare services. Each of the care records that we saw contained evidence of recent contact with healthcare services.

Requires Improvement ●

Is the service caring?

The service was caring.

People living at the home and their visitors spoke positively about the staff and described them as caring. People had choice and control over the way care was provided.

People's privacy and dignity were promoted by staff and people

Good ●

told us that they felt respected. Staff told us that it was important that people living at the home were helped to maintain their dignity as their care needs changed.

Friends and family members were free to visit the home at any time. People had visitors throughout the inspection and it was clear that they felt comfortable and welcome in the home.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives told us that they were involved in the assessment, planning and review of care.

The home employed an activities coordinator and we saw that people were supported to follow interests on an individual basis.

The home operated an 'open door' approach to the processing of concerns and complaints. People told us that they would feel comfortable raising any concerns or complaints directly with the registered manager.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Policies and procedures that staff should use to guide their practice and maintain standards had not been reviewed and contained information which was out of date. We also saw that some policies were lacking in detail and did not fully reflect best-practice.

Audit processes had failed to identify issues relating to the administration of medicines and care records.

People living at the home and their relatives spoke positively about the quality of the care provided and the management of the home. Staff were supported to question practice. Staff told us that they felt confident in speaking to the registered manager or reporting outside of the home if necessary.

Holly Bank Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 May 2016 and was unannounced.

The inspection team included an adult social care inspector and a specialist advisor in nursing care.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service and their visitors. We also spent time looking at records, including five care records, four staff files, staff training plans, complaints and other records relating to the management of the service. We observed the delivery of care and the administration of medicines. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with two people living at the home, two visitors and a visiting healthcare professional. We also spoke with the registered manager, the administrator, a nurse and two other members of staff.

Is the service safe?

Our findings

People told us that they felt safe living at Holly Bank. One person said, "I'm well looked after. There's always someone around." A visitor told us, "I think [friend] is safe. It's much better than being on their own." Staff had been trained in adult safeguarding and were able to explain what they would do if they suspected that anyone was being neglected or abused.

We observed the administration of medicines and checked relevant records. We saw that the procedures for storing, recording and administration of medicines were not always being carried out in accordance with the relevant guidance.

There were no protocols or care plans for as required (PRN) medication. These should be in place to enable staff who administer medication to understand why the medication has been prescribed, how often and in what circumstances it should be given. Also there were no protocols and care plans for the administration of short term medication such as antibiotics where they had been prescribed.

There was no facility for carers to sign when they had applied creams and lotions to people. The registered manager told us that they would ask the carers if they had applied creams and then sign for them on the MAR sheet. It is the responsibility of the individual carer to sign if they have applied topical medicines. We discussed this with the registered manager who agreed to seek advice and appropriate documentation from the supplying pharmacist.

Carers were also responsible for the use of thickeners in drinks. The home did not have specific guidance on the use of thickeners for each person and did not record when they had been used.

This is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With the exception of creams and thickeners, medicines were only administered by qualified nurses. Staff ordered and dispensed medicines from boxes and bottles. We saw that these had not been dated when they were first opened. This meant that the nurses could not be certain when medicines had been first opened for use. Some medicines may deteriorate and become less effective after being opened. We asked the registered manager about this and were assured that they were only opened at the start of a new monthly cycle.

Eye drops and other items requiring refrigeration were stored in the kitchen fridge. They were kept separate from food items in lockable boxes. The fridge temperature was checked daily by the chef and the temperatures were within the correct limits for storage of medicines.

We asked the registered manager what would happen if a resident complained of a headache and they were not prescribed any suitable PRN medicines. We were shown a small supply of homely medicines which were clearly marked as 'stock'. We were also shown a book which was used to record the administration of

homely medicines. We saw that accurate records had been maintained regarding the administration of these medicines. The medication was then written on the medicine's administration record (MAR) sheet. Where it had been given for two consecutive days a doctor had been contacted for further assessment.

Other aspects of administration were managed appropriately. We checked MAR sheets and stock levels. MAR sheets were completed correctly and stocks levels were accurate. We checked the arrangements for the management of controlled drugs. Controlled drugs (medicines which require special storage and record keeping arrangements because of their potential for misuse) were stored securely as per legislation and the levels of medication were checked weekly.

We discussed the home's procedures in relation to medicines with the registered manager and administrator. Areas of concern were discussed with reference to NICE (National Institute for Health and Care Excellence) guidelines for managing medicines in care homes. The registered manager agreed to review current practice to ensure that it was compliant with NICE guidelines.

Risk was assessed and reviewed for most people living at the home. However, we saw that some important information relating to risk was missing or inadequate. For example, one person was using bed-rails but there was no accompanying risk assessment in their care records. In another example we saw that a person had been identified as at risk of falls, but there was no falls risk assessment in the care record. We also saw that some risk assessments in relation to nutrition and falls were very basic and were not adequately referenced within all care plans.

This is a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about this and were assured that the risk assessments concerned would be reviewed as a priority.

Incidents and accidents were accurately recorded. However there was no evidence that the information had been evaluated to identify patterns that might help to reduce risk in the future.

Staff had been safely recruited and were deployed in sufficient numbers to provide safe, effective care. One member of staff said, "There is no stress, you get lots of time to sit and chat with residents. You are not rushed." Staff were recruited subject to the receipt of satisfactory references and a disclosure and barring service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. The home used a dependency tool to establish the level of care required by each person living at the home and deployed staff accordingly.

The home completed a series of regular checks on equipment to ensure safety. These checks were conducted by external, accredited organisations where appropriate. However, we saw that the temperature of hot water was not effectively regulated at some outlets. For example, in shared toilets. We spoke with the registered manager about this and the potential for heightened risk as people's needs changed. The registered manager provided confirmation that a plumber had been asked to introduce more effective temperature control measures as a priority.

Fire safety equipment was checked on a regular basis. We spoke with the registered manager and the administrator about arrangements for emergency evacuations. They confirmed that they would update important information and create a 'grab file' for use in emergencies.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw did not clearly demonstrate that the home was operating in accordance with the MCA. There was a mental capacity assessment in each file but they were not decision-specific. There was also an indication that some people living at the home lacked capacity or had fluctuating capacity to make decisions for themselves. It was not clear from care records that people had been fully consulted about decisions or that they had been made appropriately in the person's best interests. We spoke with the registered manager about this. They assured us that all of the people living at the home had capacity to make decisions for themselves but agreed to review each decision and associated record in light of our comments.

We recommend that the home considers a review of its practice in relation to the MCA and DoLS to ensure that it operates in accordance with the principles of the act.

Staff were suitably trained and skilled to meet the needs of people living at the home. The staff we spoke with confirmed that they felt equipped for their role. One member of staff said, "There's lots of continuing professional development. Staff are re-trained every year." The training matrix and staff certificates showed that the majority of training was in date. Staff had also completed additional, specialist training. For example, in dementia and eating and drinking. The people living at the home and the visitors that we spoke with told us they thought that the staff were suitably skilled. The registered manager and administrator told us that new staff would be trained in accordance with the principles of the care certificate. The care certificate requires staff to undertake a programme of learning then be observed by a senior member of staff before being assessed as competent. The majority of staff that we spoke with confirmed that they had been given regular supervision. However, we saw that this was not consistently recorded in staff records. One member of staff said, "I am very-well supported by management."

People living at the home and their visitors told us that the food was good and that drinks were always available. We saw that people ate at different times to suit their personal preferences. One relative said, "The food is good. If there's anything [relative] doesn't like [relative] gets a choice." A member of staff said, "We ask what people's favourite foods are when they are admitted. We distribute menus every Saturday but people can ask for something different." The home had recently been awarded a five star rating for food hygiene. The home had a good understanding of people's dietary needs and ensured that they were

accommodated in the provision of meals. Some staff were trained in the preparation of food for people with specific health conditions. For example dementia and diabetes.

People were supported to maintain good health by the home through regular contact with healthcare services. Each of the care records that we saw contained evidence of recent contact with healthcare services. A visiting healthcare professional told us, "I have no concerns over communication or the quality of care." A member of staff said, "We use people's preferred healthcare provider. People are supported on appointments by their keyworker."

Is the service caring?

Our findings

People living at the home and their visitors spoke positively about the staff and described them as caring. One person said, "I am happy with my lot. The staff are okay." Other comments included, "I think it's absolutely marvellous. They [staff] are lovely."

We observed staff interacting with people in a manner which was caring. They took time to speak to people and clearly knew each person well. Staff explained what they were doing and what was planned. It was clear that care was not provided according to a strict timetable and people were able to request care as it suited them. One member of staff said, "It's not right to rush somebody."

We saw that people had choice and control over the way care was provided. Staff asked people's opinions and responded appropriately. A member of staff said, "Everyone is informed and given choice." Each of the people that lived at the home was able to advocate for themselves or did this with the support of a family member. We were told that nobody was making use of an independent advocate at the time of the inspection. Staff knew how to support people to access independent advocacy if required.

People's privacy and dignity were promoted by staff and people told us that they felt respected. One person said, "I like my privacy. I don't want to go downstairs." Staff told us that it was important that people living at the home were helped to maintain their dignity as their care needs changed. We were told that people were supported with personal care in their own rooms or in locked bathrooms. A member of staff said, "We speak to people at every stage and discuss their care."

Friends and family members were free to visit the home at any time. People had visitors throughout the inspection and it was clear that they felt comfortable and welcome in the home. One visitor told us, "I'm always made welcome. I've been asked three times if I want a cup of tea." We were also told about one person who regularly invited members of their family to the home to watch their favourite football team on television.

Is the service responsive?

Our findings

The registered manager operated an 'open door' approach to the processing of concerns and complaints. People told us that they would feel comfortable raising any concerns or complaints directly with the registered manager. One visitor said, "[Person's] family live local and are involved. I would be comfortable making a complaint." We were told that no formal complaints had been received in the previous year. None of the people that we spoke with had raised a concern or complaint. The registered manager told us, "The complaints book is empty. Relatives speak to me informally." The home had recently updated its complaints policy and introduced tighter timescales for verbal and written responses. Information about the new policy had been made available to people living at the home, visitors and staff.

Care plans were basic and focused on clinical needs. Care plans around skin integrity were not consistent in that on some the mattress setting had been documented whilst on others it wasn't. Some Waterlow (skin integrity assessment) scores were different on the care plan and the risk assessment document. Care plans were not person-centred in structure or content and did not reflect the quality of care that we observed. In one case we saw that a person was living with dementia, but their needs were not accurately recorded in their care plans. This meant that staff may not have had sufficient information to provide safe, effective care.

We spoke with the registered manager about these issues and were told that each care record was under review. We saw evidence that some care plans had been recently amended and improved.

People and their relatives told us that they were involved in the assessment, planning and review of care. However, the evidence to support this in care records was inconsistent.

The home employed an activities coordinator and we saw that people were supported to follow interests. The activities coordinator told us that there was little demand for group activities and that people were supported on an individual basis. We were given one example where a person was supported to work as a volunteer in a local charity shop. It was clear that the activities coordinator knew each person well and was able to provide activities which met their individual needs.

The registered manager distributed surveys to people living at the home and their relatives. The three surveys that we saw were not dated but we were told that the oldest was from 2015. The surveys covered a range of themes including care and meals. Almost all of the comments and scores were positive or very positive.

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was regularly on the staffing rota as a nurse in addition to completing their other duties. Other nurses acted as team leaders when the registered manager was absent. However, the registered manager lived in the home and told us that they were available to provide support and guidance as required.

People living at the home and their relatives spoke positively about the quality of the care provided and the management of the home. Comments included, "[Registered manager] is nice in person and over the phone" and "The home is well-led. Communication is good. I've been very pleased."

We saw evidence of regular audits relating to; moving and handling equipment, health and safety, meals and medicines. The home completed weekly quality audits which included information that was fed-back to the staff team about care needs, staffing issues and administration. The home had systems in place to monitor safety and quality and to drive improvements. However, they had not been effective in identifying issues relating to the administration of medicines, the use of thickeners, capacity assessments and omissions in care records.

This is a breach of Regulation 17 (2)(a) & (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of policies and procedures that staff should use to guide their practice and maintain standards had not been recently reviewed and contained information which was out of date. This meant that staff may have been following incorrect guidance and did not have easy access to other current information. We also saw that some policies were lacking in detail and did not fully reflect best-practice. Other records relating to the management of the home were poorly structured making it difficult to find important information. For example maintenance and staff records. We also saw that some care records did not accurately reflect the care being given by staff.

This is a breach of Regulation 17 (2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each of the staff that we spoke with was able to explain the purpose of the home and its values. We saw that these values were reflected in the provision of care and in information displayed throughout the building. The registered manager told us that the home was, "Very personable and family orientated."

The registered manager held regular staff meetings to discuss developments and provide staff with an opportunity to comment on important matters. We saw evidence that meetings had taken place in January, February and March of 2016. Staff were required to sign notices about important changes to evidence that they had read and understood them. Staff told us that they were kept informed at formal meetings and through informal means like handovers. We were told that the shift pattern had been changed following a suggestion by staff.

Staff were supported to question practice. Staff told us that they felt confident in speaking to the registered manager or reporting outside of the home if necessary. Contact details for the Care Quality Commission and the local authority were displayed in the administration office.

Staff were motivated to provide good quality care and were supported by the home. One long-standing member of staff said, "This home has been very supportive with me, it is like one big family. I love working here." Another person told us, "It is a very homely place and [registered manager] is very supportive. I love working here."

The registered manager was able to explain their role and responsibilities in detail. They were highly visible and involved in the provision of care and administrative functions throughout the inspection. They took time to prioritise their work and gave appropriate priority to the needs of people living at the home over other duties.

The registered provider maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with unsafe or unsuitable management of medicines because some records were incomplete. Some important information relating to risk was missing or inadequate.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Audit processes were not robust to ensure that people received safe effective care. The majority of policies and procedures had not been recently reviewed and other records relating to the management of the home were difficult to access.