

James and Reuben Limited

# Holly Bank Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place over two days. Both days were unannounced.

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

Holly Bank provides residential care to a maximum of 25 people. There were 22 people living at the home at the time of our inspection. The service does not provide nursing care. Bedrooms are situated over four floors and there are three lounges and a dining room on the ground floor.

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.

We saw Holly Bank Care Home provided a comfortable and pleasant home for people and was clean and tidy throughout. There was a relaxed friendly atmosphere and we observed caring, respectful and friendly interactions between staff and people who lived at the home.

Systems were in place to make sure staff were recruited safely but some improvements were needed to make sure staff received the training and support they needed.

There were not enough staff available at all times to safely meet the needs of people living at the home.

An analysis of peoples dependencies had been completed but this concentrated on personal care needs and did not take into consideration the support needs of people living with dementia or peoples social and recreational needs.

Systems were in place to manage medicines safely but further improvements were needed in relation to recording application of topical medicines and managing 'as required' medicines.

We made a recommendation about some aspects of medicines management.

People told us they felt safe at Holly Bank Care Home and we found systems were in place to report and analyse incidents which may affect people's safety and welfare.

People we spoke with said they received good care and support. People were very complimentary of the staff.

People told us they very much enjoyed the meals at the home and had plenty of choice. There was no dedicated cook, and we saw care staff took it in turns to cook meals. We saw meals were appetising and nutritious and plenty of choice was available. We saw the dining experience was well organised and enjoyable for people. People's nutritional needs were assessed and met.

An electronic care planning system was in place. We saw assessments of need and perceived risks were up to date and under continuous review. Care plans were in place but varied in the detail they provided and in demonstrating a person centred approach.

People had access to healthcare professionals as and when the need arose.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staffs' understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was variable and there was a lack of reporting to demonstrate how the condition on one person's DoLS was being met.

We made a recommendation about management of DoLS.

Although the service did not have an activities programme, we saw people were supported to engage in activities or pastimes of their choice.

People told us that any concerns they had were addressed immediately. However this was not routinely recorded.

Some systems in relation to governance and for auditing the safety and quality of the service were not always robust or effective.

We identified two breaches of regulation during the inspection. You can see what action we have told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

There were not enough staff available at all times to make sure people were safe.

Staff were recruited safely and systems were in place to make sure the environment was safe.

Medicines were mostly managed safely but some improvements were needed.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Improvements were needed in relation to staff training and support.

People were supported to have choice and control over their lives, but staff's understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was variable.

People had choice about the food they received and enjoyed pleasant dining experiences.

### Is the service caring?

**Good** ●

The service was caring

People spoke very highly about the staff and the standard of care they received.

People were treated with respect and were well supported with their personal care needs.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People told us they received the care and support they needed but care plans varied in demonstrating a person centred

approach.

People told us they followed their preferred lifestyles and engaged in activities of their choice.

Complaints and concerns were responded to but this was not always recorded.

**Is the service well-led?**

The service was not consistently well led.

Systems for auditing the safety and quality of the service were in place but were not robust and effective.

Management of records in relation to governance was not always well organised. This included planning for staff supervision and appraisal.

**Requires Improvement** 

# Holly Bank Care 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 29 March and 10 April 2018 and was unannounced. On 29 March 2018 two inspectors visited the home and on 10 April 2018 one inspector and an inspection manager visited the home to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people who used the service, one visiting relative, three members of care staff, the supervisor and the registered manager. We spent some time looking around the building, and reviewed records including three staff recruitment files, three peoples care files and other records relating to the running of the home.

# Is the service safe?

## Our findings

When we inspected Holly Bank Care home in January 2017 we said staffing levels needed to be kept under review to make sure there were always enough staff available to meet people's needs safely.

At this inspection, we saw a tool was in place to assess the dependency levels of people living at the home which helped to assess how many staff were needed. However, the dependency tool stated 'Dependency is based on requirements for turning and personal care, not the risk that they pose to others or themselves'. This meant the dependency tool did not take into consideration the support needs of people living with dementia or people's social and recreational needs.

The supervisor told us that, as no dedicated catering staff were employed, one of the care staff worked in the kitchen between 8am, and 5pm. Care staff were responsible for cleaning five days each week and for laundry services.

Staff rotas showed there had been a number of occasions when only three care staff were available to support people between 8am and 8pm. Two staff were on duty between 8pm and 8am. The supervisor told us five of the twenty two people living at the home needed two staff to meet their needs and we saw bedrooms were situated over four floors. On the second day of the inspection we discussed staffing levels with the registered manager who told us they were looking to review them. However, we concluded there were not enough staff available at all times to safely meet the needs of people living at the home.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing numbers)

At our last inspection in January 2017 we said some improvements were needed to make sure the system for managing medicines was safe.

On this inspection we saw some improvements had been made, particularly in relation to storing medicines. However, we found that although medication administration records for the application of topical medications (TMARs) were in place, they had not been completed to show where the topical medication should be applied. We discussed this with the registered manager who said they would take immediate action to make sure TMARs included all the necessary detail for staff to follow to make sure people had their topical medicines applied in line with the prescribers' instructions.

Systems were in place to make sure people received the correct medicine at the right time and information was in place to tell staff how people preferred to take their medicines.

We saw information was in place in relation to some of the medicines prescribed on an 'As required' (PRN) basis. However, we saw where a person was prescribed a medicine to manage angina on a PRN basis, there was no information to direct staff about the circumstance in which this should be used. We also noted that records were not being made of why PRN medicines had been given or if they had been effective.

We recommended the provider consults current guidance for safe management of medicines in care homes.

Staff understood how to keep people safe and what to do if they thought something was happening that was not in people's best interests. We saw where concerns had been identified, a referral to the local authority safeguarding team had been made. A person we spoke with told us staff made them feel safe and a relative told us they trusted staff maintained their relative's safety.

We looked at recruitment records for three staff and saw procedures were followed to make sure appropriate background checks were made to make sure staff were suitable to work in the care setting.

A number of assessment tools were used to identify and address any perceived risks to people's health and welfare. This included assessment of risks in relation to falls, nutrition, and skin viability.

Environmental safety was well maintained and we saw certificates of checks in relation to such as electricity, gas, lifting equipment and fire fighting equipment were in place and up to date.

A fire risk assessment was in place but there was no evidence of it having been reviewed and there was no record of outstanding actions having been addressed. The registered manager gave assurances that they had been addressed. Staff told us they had not taken part in a fire drill and the registered manager confirmed these did not take place on a regular basis. Following the inspection we spoke with the fire officer from West Yorkshire Fire & Rescue Service about our concerns in relation to fire safety in the home, in particular, the number of staff available during the night. The registered manager informed us they had also spoken with the fire officer about the concerns we had raised.



## Is the service effective?

### Our findings

Care records showed people's needs were assessed prior to moving into the home to make sure staff had the right skills to meet the person's needs and that the home provided the environment the person needed. The supervisor told us this process was effective and there had been occasions when they had not accepted people because they did not feel that Holly Bank was the right care setting for them.

Staff told us they followed an induction process when they first came to work at the home and said they received 'plenty of training'. The supervisor and registered manager told us the majority of training was through 'Social Care TV' but practical training was provided for such as moving and handling and fire safety. However, when we asked if all new staff received moving and handling training prior to working with people, the registered manager said they could not absolutely confirm they did. They told us they would address this for all future staff and confirmed that all staff currently working at the home had received moving and handling training.

The training matrix showed staff received training on an annual basis for such as moving and handling, safeguarding people and managing medicines and on a three yearly basis for such as equality and diversity, MCA and DoLS and nutrition. The matrix indicated all staff were up to date with their training requirements.

Staff told us they received supervision and appraisal but we were not able to establish either from records or from discussion with the registered manager, the frequency of supervisions. The matrix sent to us by the registered provider showed fifteen staff having received supervision on the same day in January 2018. The matrix did not indicate who had delivered the supervision but we would conclude this would not be an effective way of supporting staff. No future dates were set in the matrix. The registered manager told us they frequently support and supervise staff in their work but confirmed they did not make record of this.

We recommended the provider establishes a matrix for staff supervision and appraisal so that staff know when they will receive supervision and can prepare for them.

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 so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Not all the staff we spoke with were able to tell us which people had a DoLS in place or whether there were any conditions applied to the DoLS.

We saw one person had a condition on their DoLS in relation to being supported to leave the home for a walk when they showed signs of wanting to leave the home. Although this was detailed in the person's care plan, their daily records showed that on eight occasions in a twelve day period, staff had reported the person was unsettled and trying to leave the home but there was no record of staff having supported them to go out. When we discussed this with the registered manager they told us the person was regularly supported to have a walk out and felt the issue was about lack of accurate recording.

We recommended the provider reminds staff of their responsibilities in relation to DoLS and makes sure they are aware of which people living at the home have a DoLS in place.

People told us they enjoyed the food at the home and we saw choices were available. Care staff took it in turns to do the cooking. Food looked appetising and nutritious and mealtimes were well organised to make sure people could enjoy the dining experience. One person told us that although they had little appetite, staff tried hard to tempt them with food and drinks of their choice. Staff told us special diets were catered for but were not able to tell us which people required a diabetic diet.

People's weights were monitored and we saw where people had lost weight unintentionally, this had been referred to the appropriate health care professional.

Care records showed people's healthcare needs were met by involving appropriate professionals as needed. The health care professionals including GP's, dentists, district and specialist nurses involved in people's care were identified within care records.

## Is the service caring?

### Our findings

People told us staff were kind and caring and all our observations confirmed this. Staff clearly knew people well and we saw people were supported in a friendly, empathetic and supportive manner. The atmosphere within the home was calm and people appeared comfortable and settled.

A relative we spoke with told us "I can't praise them enough. It's like a family; the same staff have been here for a while". They went on to tell us that another relative had lived at the home and said "This was the only home I wanted" when it came time to look for a care home again.

A person who lived at the home told us staff were always kind and helpful. They told us staff respected their wishes and gave gentle support and encouragement.

We saw a number of compliments people had made of the care their relatives had received. This included one which read "Thank you for the love and care that you gave my (relative). As a family we always enjoyed visiting because you always made us feel very welcome."

People were treated with respect and had clearly been well supported with their personal care needs. People looked clean and well-groomed with ladies hair nicely styled and people's clothing appeared well cared for.

Staff were discreet when supporting people with personal care needs, for example we saw a staff member asking a lady if they "wanted to visit the powder room". However we did, on one occasion hear a member of staff call out to other staff in the presence of people "All the singles have been to the toilet." This kind of language does not support people's dignity and privacy.

Care plans included detail to support people's independence and privacy. For example, one care plan instructed staff to make sure the person had privacy during visits from family and friends.

We saw care records included people's personal histories. We looked at one of these after speaking with the person and found the information about the person and their life was exactly as the person had told us.

## Is the service responsive?

### Our findings

We saw care plans were based on assessments of people's needs and preferences. However they varied in demonstrating a wholly person centred approach.

One person we spoke with told us staff knew exactly how they liked to be supported and respected their wishes and choices. We saw this person's care plan gave good detail about their care needs and also directed staff to respect the person's wishes particularly in relation to their preference not to discuss certain health issues.

However, when we looked at a care plan for a person who was living with dementia we found the care plan gave good information about the person and their behaviours but did not advise staff of the approach they should take to make sure the person benefitted from a consistent approach. When we spoke with staff about the support they gave this person during periods of distress and confusion we found they were unclear about what approach might help the person.

Care plans were held electronically but staff told us paper copies were held in individual files so people could look at their care plans if they wished. However when we looked in one of the files, we found it did not include a copy of the care plan. We saw people's wishes for the care and support they wished to receive at the end of their life was included in care plans. This included information about whether the person had a 'Do not attempt resuscitation' (DNAR) order in place.

Although care plans were not consistent in quality, all our observations throughout the inspection were of staff supporting people in a person centred manner which was responsive to their needs and choices.

People told us they followed their preferred lifestyles and although we did not see a programme of activities, we saw people engaging in activities of their choice. Some people liked to watch television read books or listen to music and we saw a member of staff engaging people who wished to join, in a quiz. Daily newspapers were available for people to read.

People appeared to benefit from the relaxed, comfortable and homely atmosphere created within the service.

During our inspection we were made aware of an incident which had resulted in a relative of a person who lived at the home expressing their concerns about how the incident had been managed. We asked to see records relating to this concern but none were available. The registered manager told us, and we saw evidence to confirm, they were dealing with this incident which had happened whilst they were on leave. However the registered manager confirmed to us that although they responded immediately to any concerns people raised with them, they did not routinely make records unless they were considered to be of a serious nature. A visitor we spoke with confirmed that any issues they brought up were addressed immediately.

## Is the service well-led?

### Our findings

On the first day of our inspection the registered manager was on annual leave. We were informed by the person in charge that much of the documentation we requested was not accessible as it was held in the register's manager's office which was locked and staff didn't have a key.

Following this, the Commission received information that we had been misled and we made the decision to return to complete the inspection when the registered manager had returned. On this visit, the registered manager confirmed we had been misled and assured us they were dealing with the issue. The registered manager was open and honest with us about this situation and understood the implications of potentially obstructing the Commission in our work. We were satisfied with the way the registered manager was dealing with this.

At our last inspection in January 2017 we said improvements were needed to ensure audit systems were robust and effective.

On this inspection we saw the registered manager had systems in place to audit the safety and quality of the service. This included medication, care plans, fire safety, environment and health and safety. However, we found they were not always completed thoroughly and any issues requiring action were not always recorded and followed up. This meant the auditing records were not meaningful and did not demonstrate an effective system was in place. The registered manager told us they did take action as required but confirmed they didn't always record this.

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

We found the management of records in relation to governance was not always well organised. This included planning for staff supervision and appraisal. The registered manager told us they had recognised this as an issue and was in the process of taking action to address this.

Auditing and analysis of accidents and incidents and monitoring of people's weights was in place and we saw this was effective in identifying and mitigating risks to people.

People we spoke with knew the registered manager, were complimentary of them and felt they provided a good service.

The registered manager told us they conduct satisfaction surveys and sent us their analysis of the feedback from the latest survey. We saw the feedback was very positive.

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 17 HSCA RA Regulations 2014 Good governance<br><br>Systems in relation to auditing the safety and quality of the service were not robust or effective.      |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There were not sufficient staff available, at all times, to safely meet the needs of people living at the home. |