

Longfield (Care Homes) Limited

Hollymount Residential and Dementia Care Centre

Inspection report

Hollymount
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hollymount Residential and Dementia Care Centre is a residential care home and at the time of the inspection was providing personal and nursing care to 27 people aged 60 and over. The service can support up to 38 people.

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

People who lived in the home and their relatives were positive about the way the home was run and the quality of care provided. People told us they felt safe living in the home and that staff were kind and caring.

We were assured regarding the measures in place to protect people from the risk of cross infection. Arrangements were in place to enable people to safely receive visitors. Staff had been safely recruited and there were enough staff on duty to meet people's needs in a timely manner. Medicines were safely managed, and the provider had processes to record and investigate accidents and incidents to ensure lessons were learned.

Staff received the training, supervision and support necessary to provide people with effective care. Care records were detailed and provided good information for staff about how to meet people's needs in the way they wanted. Systems were in place for staff to monitor people's nutritional needs. People told us they enjoyed the food provided for them. The chef had introduced themed days to encourage people to eat a wide variety of food. 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. Care records included assessments of people's capacity to make specific decisions, including whether to participate in the monthly testing regime for COVID-19. Where necessary, best interest decisions had been made to ensure people received the care they required.

The provider had systems to assess and monitor the quality of the service. People spoken with were very positive about the registered manager and the way the service was led. Staff felt people received high quality care and would be happy to recommend the service to members of their own family.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also carried out an unrated targeted inspection to look at the infection prevention and control measures in place (published 25 November 2020).

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 9 and 10 March 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing levels and to ensure they were following the principles set out in the Mental Capacity Act.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. 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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Hollymount Residential and Dementia Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 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 and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the registered manager and the assistant deputy manager.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records. This included four people's care and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke by telephone with six relatives and three members of staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our inspection in March 2020, the provider had failed to ensure adequate staffing levels were consistently in place. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 18.

- The provider had sufficient staff on duty to meet people's needs in a timely manner. The registered manager assessed the dependency needs of people living in the home and adjusted the levels of staff on duty accordingly. Staff confirmed there were enough staff on each shift. One person told us, "With COVID-19 going on it was hard work, but I think it is going back to being good. It is running smoothly at the minute." A relative told us, "From what I have noticed, there seems to be less residents but not less staff."
- The provider had completed pre-employment checks for people who applied to work in the home. We noted one person's recruitment file did not contain a full employment history. The registered manager took immediate action to ensure the required information was gathered and documented.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and that staff were kind and caring towards them. One person told us, "I like it very much. I get very well looked after. Staff are very good with me. I have a key to my bedroom door if I want to lock it." Relatives also told us they had no concerns about their family member's care in the home. Comments they made to us included, "To be honest they have been brilliant from the start. [Name of relative] ended up in hospital the other week but from what I can gather when he returned, they moved him to the ground floor. They have gone above and beyond. [Name of relative] is not a talker, but he says he loves the place" and "If I look at [name of relative] now to six months ago, he is a different guy. He looks healthy, has put weight on, has his hair cut and looks smart. It is a massive relief for the family."
- Staff had received training in safeguarding adults. They were able to tell us the correct action to take to protect people from the risk of abuse, including contacting relevant authorities when necessary.

Assessing risk, safety monitoring and management

- The provider had systems to assess and manage risks in the service. Care records included assessments of the risks relevant to each individual and the action staff should take to mitigate these. Managers reviewed risk assessments regularly to ensure they remained relevant to people's needs.
- The registered manager completed regular checks to ensure the safety of the premises and any

equipment used. They also documented the support people would need to evacuate the premises safely in the event of an emergency.

Using medicines safely

- Medicines were safely managed. Staff responsible for administering medicines had received training and their competence was regularly assessed.
- Medicines were stored safely. Records were fully completed to show that people had received their medicines as prescribed. However, the records lacked detail for one person who occasionally needed their medicines given covertly (i.e. in food or drink they were unaware of). The assistant deputy manager took immediate action to rectify this matter.
- One person told us, "I always get my tablets when I should."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff documented when accidents or incidents occurred. These records were reviewed by the registered manager to ensure appropriate measures were put in place to reduce the risk of similar events occurring. A staff member told us how the daily handover meetings were used to inform staff of any incidents which had occurred, and any action needed to reduce the risk of reoccurrence.

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our inspection in March 2020, the provider had failed to ensure they were following the principles set out in the MCA about capacity and consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 11.

- The provider had systems to assess and record people's capacity to make particular decisions, including whether to participate in the testing regime for COVID-19; where necessary best interest decisions had been made involving people's family members as appropriate.
- The registered manager had submitted required authorisations to the relevant local authority if people were unable to consent to their care arrangements in the home.
- Staff had a good understanding of the principles of the MCA and gave us examples of how they gained consent from people before they provided any care. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this approach.

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

- The provider had systems in place to ensure people received care which met their individual needs. The registered manager carried out detailed assessments of people's needs before they moved to the home to ensure they could be looked after properly.

- An electronic care planning system had been introduced in the service since the last inspection. Detailed care plans had been developed to meet individual's needs and preferences. They provided staff with links to relevant guidance to help them provide effective care.
- Staff used handheld devices to access people's care records and document the care they had provided throughout each day.
- A relative told us how their family member's care plan had been shared with them to ensure they received effective care. They commented, "When I think back to the fall [name of relative] had, the manager sent over the care plan. I never feel that anything is ever hidden from me." Another relative told us, "I am very much involved in her care plan plus I have Power of Attorney for health and finance. Whatever I have asked of the care home, they have accommodated for her."

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to carry out their roles effectively. The registered manager had a system to monitor that staff had completed the courses considered mandatory by the provider.
- Staff told us they felt supported through day to day contact with the managers in the home and regular supervision.
- People told us staff knew them well and understood how they wanted to be supported.

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

- Staff supported people to maintain a healthy and balanced diet. Our observations of a mealtime showed staff offered support and encouragement to people to eat their food. People were offered choices about what they wanted to eat. A menu was on display and we were told the home had regular themed days to encourage people to try new foods.
- Staff had assessed people's nutritional needs and, when necessary, recorded the amount people had to eat and drink. When necessary, guidance from health professionals was sought and followed.

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

- Staff worked with health and social care professionals to ensure people's needs were met effectively and people were supported to live as healthy lives as possible. A relative told us, "They [staff] are pretty on the ball with that and always ring us up and tell us about any issue."
- The provider's electronic care planning system enabled staff to quickly produce important information about people's needs which was then communicated to health professionals if they were transferred to hospital

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

- The provider had a plan to continue to improve the environment to meet the needs of people in the home, including those living with dementia. There were signs on communal doors including the bathroom and toilets to help people orientate themselves around the home.
- Visitor areas had been developed to support people to maintain relationships with family and friends during the coronavirus pandemic. These included a pod which could be accessed directly from outdoors and was completely enclosed and sanitised after each session, to ensure safe visiting.

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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People spoken with were very positive about the way the service was led. Comments from staff included, "[Registered manager] is fantastic. She is good with staff, mentoring, helpful and approachable" and "[Registered manager] has an open-door policy, it is a pleasure working with her. She wants to know what is going on in the home all the time." Staff told us they would recommend the home to others as people received good quality care.
- Relatives felt the home was well run. They told us, "I would recommend the care home to myself! It is a good home" and "I think Hollymount has been outstanding in caring through the pandemic. Many of the staff go out of their way to keep me informed on anything. It has been fantastic."
- The registered manager understood their responsibility to meet regulatory requirements and had submitted required notifications to CQC. Staff had policies, procedures and a handbook to ensure they understood their roles and responsibilities.
- The provider had a system of regular audits and checks to ensure the quality and safety of the service. We saw action plans had been put in place to address any areas identified as necessary for improvement by the audits.

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

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. When asked about the values on which the service was based, the registered manager told us, "I want us to provide a good service, to respect every person in the service as its their home we are working in. Staff are advised to treat people how they would want a family member to be treated. I want everyone to be happy, well looked after and cared for."
- People who lived in the home and their relatives were very positive about the quality of care provided in the home.
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements needed were acted upon in a timely manner.

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

- The provider had a policy which informed staff what to do if something went wrong with a person's care. Relatives told us they were always informed of any incidents or accidents which occurred.

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

- The provider had systems that engaged and involved people, relatives and staff. The registered manager used face to face meetings, surveys and daily interaction to gain feedback about the service.
- Staff told us they could contribute to the way the service was run. The registered manager organised meetings for staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service. A staff member told us, "We do have staff meetings once a month. We also have additional meetings if concerns are raised or if anything happens relating to residents."

Continuous learning and improving care

- The registered manager and staff team demonstrated a commitment to providing people with high quality care. The assistant deputy manager told us, "We are all very proud, of all the things we have done since [registered manager] and I started. We have done lots of good things to improve the service and make everyone happy. I would like to think we go extra the mile for residents and staff. We are really caring."

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs.