

Aegis Residential Care Homes Limited

Holly Bank Care Home

Inspection report

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Date of inspection visit:
08 December 2016

Date of publication:
12 January 2017

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

This comprehensive inspection took place on 8 December 2016 and was unannounced. We last inspected Holly Bank Care Home on 13 January 2015. At that inspection we found a breach of Regulation 18 Notification of other incidents, of The Health and Social Care Act 2008 (Registration) Regulations 2009 because the registered person did not always notify the Commission about serious injuries that had occurred.

During this inspection we found that notifications required to be provided to the commission had been made when necessary.

Holly Bank Care Home provides accommodation for up to 31 people who need personal care. The home is situated in the village of Arnside on the coast line of Morecambe Bay. The building has been adapted and extended for its current use as a care home. Accommodation is provided on two floors and there is a passenger lift to help people to access the first floor.

There was a registered manager. A registered manager is a person who has registered with the (CQC) 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. The provider had made arrangements for the home to be supported by a manager that was registered with CQC from another of their homes pending registration of a new manager.

The numbers of staff on shift during the day had not always been consistent this was because some of the care staff had been covering the role of a full time cook. The provider was in the process of recruiting more staff to work at the home.

We found a bedrail that was in use that was not being safely managed. The type of bedrail in use was not specific to the bed it had been attached to and we could not see any safety checks had been regularly completed. The provider immediately rectified this during the inspection by removing the bedrail from use.

Staff told us they had received regular supervision to support them in their roles. However records provided relating to staff training indicated that some staff required elements of training to be updated to refresh their skills and knowledge. Some topics of refresher training in cores skills such as health and safety, food handling and hygiene, first aid and the safeguarding of adults for some staff had expired.

We have made a recommendation that the provider ensures that staff receive refresher training in the identified timescales.

Decisions made in people's best interests and the consent required about the use of restrictive measures that may deprive people of their liberties had not always been obtained appropriately.

We have made a recommendation that the provider review their best interest decision making and obtaining consent process to ensure it follows guidance outlined in the Mental Capacity Act 2005 when using any restrictive measures.

We observed staff displayed caring and meaningful interactions with people and they were treated with respect. We observed people's dignity and privacy were actively promoted by the staff supporting them.

People living in and visiting the home spoke highly of the staff and told us they were very happy with their care and support.

The recruitment procedures demonstrated that the provider operated a safe recruitment procedure to ensure that fit and proper persons had been employed.

Medicines were being administered and recorded appropriately and were being kept safely.

A varied range of activities were made available to people living in the home.

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 ●

One aspect of safety needed to be improved.

Equipment in use was not always managed to ensure it was safely used.

Prescribed medicines were managed safely.

All the required checks of suitability had been completed when staff had been employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training records showed refreshers in training had not been completed by some staff.

Where people had been deprived of their liberty to keep them safe not all of the required consents had been completed

People had their nutritional needs assessed and were appropriately supported by staff to eat and drink.

Is the service caring?

Good ●

The service was caring.

People told us that they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting, their likes and dislikes.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service was responsive.

People and relatives felt able to speak with staff or the

management team about any concerns they had.

Staff took into account the needs and preferences of the people they supported.

People were supported to engage in activities which were provided.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service well-led?

The service was not always well led.

Not all processes in place to monitor the quality of the service were effective and immediate action was taken to rectify this.

Staff told us they felt supported and listened to by the registered manager.

People living there and their relatives were able to give their views and take part in meetings and discussions about the service.

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 was 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 unannounced inspection took place on 8 December 2016. The inspection team consisted of a lead adult social care inspector.

Before the inspection, the registered manager 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. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the regional manager, registered and deputy manager, two staff members, four people who used the service and two relatives. We observed how staff supported people who used the service and looked at the care records for six people living at Holly Bank Care Home. We also observed how people were supported by the staff during the day.

We looked at the staff files for all staff recruited since our last visit. These included details of recruitment, induction, training and personal development. We looked at the overall training record for all staff. We also looked at records of maintenance and repair and other quality monitoring documents.

Is the service safe?

Our findings

People living at Holly Bank Care Home that we spoke with told us they felt safe and did not have any concerns about the care they received. One person said "I do feel safe here, the staff are really good." Relatives we spoke with told us they had no concerns about the safety of people at the home. One person told us "My relative is looked after really well. The staff work really hard and sometimes they could do with more."

The numbers of staff on shift during the day had not always been consistent this was because some of the care staff including the registered and deputy manager had been covering the role of a full time cook. The provider resolved this on the day of the inspection by covering the role of a cook on a temporary basis with agency staff until the recruitment of a new cook was completed. The provider was in the process of recruiting more staff of varying skills to work at the home. During the inspection we saw that there were sufficient numbers of suitable staff to meet people's needs and promote their safety.

Although we found most equipment was used safely we found a bedrail in use that was not being safely managed. The type of bedrail in use was not specific to the bed it had been attached to and we could not see any safety checks had been put in place to ensure the bed rail was fitted correctly when used. The regional manager immediately rectified this during the inspection by removing the bedrail from use and using an alternative method to ensure the person using the bed was kept safe. The registered providers policies and procedures also identified that this type of bedrail was not the preferred type of equipment to be used. We were told by the regional and registered manager that a new type of bed with fixed bedrails was to be purchased in line with their policies and procedures.

We looked at how medicines were managed. The supplying pharmacy had recently completed a full audit of the management of medications in the home. Some minor actions that had been identified had already been implemented. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use.

We looked at five staff files for recruitment and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted. People living at Holly Bank Care Home were invited to take part in the interview process of the potential employment of new staff.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Is the service effective?

Our findings

People we spoke with told us the food was usually good however on the day of the inspection two people commented that it wasn't as good as it had been. One person told us, "The food is usually very good and we get a good choice. I hope when they get a new cook they are as good as the last one."

We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home but some staff had not received regular updates on important aspects of their work such as safeguarding and health and safety. We saw that not all the training of staff was up to date. The oversight of training had lapsed during a period of sickness that the registered manager had. Action had already been taken to address this by the implementation of new training from an external company. We saw during the inspection a member of night staff completing some of this new training. We did not see that the lack of refresher training had made an impact of how people were being cared for.

We made a recommendation that the provider ensure that staff receive refresher training in the identified timescales.

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 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.

Decisions that had been made in people's best interests about the use of restrictive measures that may deprive people of their liberties to keep them safe did not have all the necessary authorisations in place or applications for the authorisation. We saw that an application had been made for one person however another four people had been identified as being deprived of their liberty to keep them safe and these applications were submitted during the inspection. We also noted that where someone lacked capacity to consent to the use of bedrails this had not been completed and recorded under the process as in their best interest.

We have made a recommendation that the provider review their best interest decision making and obtaining consent process to ensure it follows guidance outlined in the Mental Capacity Act 2005 when using any restrictive measures.

Where people were living with dementia there was signage to show people what different areas were for. This was to help people with memory problems to be able to move around their home more easily and more independently. We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home and people were able to spend time in private if they wished to.

Is the service caring?

Our findings

We saw examples of a caring approach by staff during daily interactions. For example we saw that staff offered people reassurance when they showed signs of distress and allowed them time to express themselves. We saw as staff went around the home and carried out their duties that they took up opportunities to speak with people. People we spoke with also told us, "Staff are polite, kind and respectful." One relative told us they had looked at other homes before choosing this one for their relative but preferred Holly Bank Care Home as it felt homely.

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Staff knew the people they cared for extremely well. We saw records were collated about people and their past lives, likes and dislikes and how they used this information to support and care for people in the home. Staff told us this was important as it meant they could reminisce with people and understand what might make people feel happy or sad. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Procedures and information were in place about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Is the service responsive?

Our findings

We asked people whether they felt they could raise concerns if they had any. A relative told us, "If I have any concerns I can speak to any of the staff." Another person told us if they had a problem they felt happy to raise it directly with the registered or deputy manager. The home had a complaints procedure but no formal complaints had been recorded since our last visit. People we spoke with were aware of who to speak with if they wanted to raise any concerns. Information on how to make a complaint was on display in the home should any one wish to make a complaint.

On the day of the inspection there was a planned activity for people to get involved in. We saw people get involved in an exercise to music class this provided meaningful and interactive entertainment. Most people attended the session and we saw that they enjoyed being involved in the activity.

We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

We looked at the care records for six people. We were told that the provider was implementing new records to assist staff to find information more easily. We saw that information available for staff about how to support individuals was detailed in various places in the records. We saw from the care records that people's health and support needs were documented in their care plans along with personal information and histories.

We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with a visiting community nurse who supported people who lived in the home. They told us that the staff were good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the people we spoke with told us they thought the home was well managed and staff told us that they enjoyed working in the home. They also told us that they felt supported by the registered and deputy managers. A relative told us, "If the manager is not here the deputy is, there's always someone senior available."

Although there were systems in place to assess the quality and safety of the service provided in the home these had not been effective when looking at the management of the safety of bedrails. The registered manager amended the audit checklist that was in place to include more information about the bedrails in use. The regional manager for the provider also visited the home on a monthly basis to do service checks and monitor quality.

Over the last year the registered manager had a period of sickness which had resulted in some staff not maintaining the recommended time frames for refreshing their skills and knowledge. On the day of the inspection we saw that this had been addressed by the registered manager by the implementation of a variety of new training for all staff.

The premises were well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these had been followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

We were told by people living in the home that resident meetings had taken place which included relatives if they wished to attend. There had been a recent meeting where people had been asked if they were happy with their care and if there were any changes they wanted made to the support they received. We were told that some people wanted to change the supplier of meat to the home and that this had happened as they had discussed.

A relative told us, "You're always made welcome and encouraged to get involved in whatever is going on." As well as informal discussions with people and their relatives about the quality of the home, surveys were undertaken to find out what people felt about living at Holly Bank Care Home. We saw that people's views about the quality of food and the care at the home had been obtained via questionnaires. We also saw that regular resident and relatives meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

We were told that during the visits the regional manager had spoken with people in the home, staff on duty

and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns or to make suggestions about the development of the services to a senior person within the organisation.