

Lancashire Property Investment Find Limited

Hollins Bank Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit at Hollins Bank was undertaken on 31 May 2017 and was unannounced.

Hollins Bank currently provides care and support for a maximum of 44 older people. At the time of our inspection there were 31 people living at the home. Hollins Bank is situated in a residential area of Blackpool close to local shops and other amenities. Accommodation is provided over two floors with lift access to each floor. There is a large lounge, dining room and conservatory area. A large, well-maintained garden is available at the rear of the home for people's leisure.

Hollins Bank was newly registered on 10 May 2016. Consequently, this was their first inspection.

During this inspection, people we spoke with said they felt safe, comfortable and relaxed. The registered manager had systems to assess, monitor and alleviate potential risks to people who lived at the home. Staff demonstrated a good awareness of safeguarding and reporting procedures.

Staffing levels were sufficient to meet the needs of people who lived at the home. One staff member told us, "Staffing levels have got better. I feel I can sit and chat with people without being rushed." We checked staff records and noted employees received training. We found Hollins Bank followed their recruitment policy and correct procedures to safeguard people against the employment of unsuitable personnel.

Staff received medicines training and competency testing before they were permitted to carry out related procedures. We observed one staff member administered medication in an unhurried, focused way. This showed the registered manager had suitable arrangements to protect people from the unsafe management of medication.

We found staff followed the Mental Capacity Act 2005 because where people were deprived of their liberty to safeguard them, correct records were in place. We observed people were able to move about Hollins Bank freely. They were supported by staff to make their day-to-day decisions and recorded consent to care was contained in their care records.

Assessments and care records were developed with the person and relatives at the forefront of their support. A person who lived at the home told us, "Staff are very nice people. They listen and make time for me." All documentation we reviewed was regularly updated to guide staff to be responsive to people's needs. We observed staff demonstrated a calm, kind and soft touch when they engaged with those who lived at Hollins Bank. People and their representatives told us they felt fully involved in their care planning.

The registered manager had an effective system to monitor people's nutritional needs and took action to address identified concerns. People commented they enjoyed their meals and were encouraged to have them where they chose. One person told us, "I had my breakfast in my room this morning because I wanted to watch a film."

We found the registered manager had multiple systems to assess the quality of the service and gain feedback from staff, people and their relatives. One person who lived at the home said, "We have residents' meetings. That is when we all get together and talk about the home." We observed the registered manager was hands on in their approach and promoted a well organised 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?

Good ●

The service was safe.

The registered manager had good systems and staff training provision to maintain people's safety. Staff understood safeguarding principles and reporting procedures.

The registered manager completed monthly audits to check staffing levels were sufficient to meet people's needs. They followed safe recruitment processes to employ suitable staff.

Staff followed correct procedures to ensure the safe delivery of people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff explained they found the registered manager was supportive in their personal and professional development.

Records we looked at contained risk assessments to minimise the risk of malnutrition or obesity. People told us they enjoyed their meals and had plenty to eat and drink.

The registered manager had recorded people's consent to care in their care files. Staff received training in the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

We observed staff had a caring and respectful manner when they engaged with people and their relatives. Care records were developed with each person and their relatives.

The registered manager established a system to help people identify an individual with whom they could build a stronger relationship.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good awareness of the importance of assisting people to occupy themselves and develop their social skills.

Care records we saw contained personalised information about people's wishes in relation to their preferences and choices.

Information was available in the reception area to inform people about how to make a complaint if they chose to.

Is the service well-led?

The service was well-led.

The registered manager had suitable arrangements to provide a good, quality service to individuals who lived at Hollins Bank.

Staff people and visitors told us the home was managed well and they had the opportunity to feedback about their care.

Good ●

Hollins 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.

The inspection team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 31 May 2017, we reviewed the information we held about Hollins Bank. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who accessed the service.

We spoke with a range of people about this home. They included fifteen people who lived Hollins Bank, a relative, seven staff members and the registered manager. We also discussed care practices at the home with two visiting professionals. We did this to gain an overview of what people experienced whilst living at the home.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to five people who lived at Hollins Bank and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Is the service safe?

Our findings

People were very clear about feeling safe whilst living at Hollins Bank. One person told us, "Yes, I feel safe here. I think it is because there is a lot of staff around." Another person added, "The staff care for me and keep me safe."

We reviewed systems the registered manager had to record and manage accidents and incidents. Accident logs included space to outline events, any injuries and actions taken. We saw evidence of learning and future management plans put in place to reduce further occurrence of risk. The registered manager recognised the importance of maintaining equipment and a safe environment to protect people against accidents. They told us, "We are purchasing a new hoist because we've had one for a long time and I want to make sure the residents continue to be supported safely."

Care records contained an assessment of people's requirements and an evaluation of any potential risks. The documents assessed, for example, environmental and fire safety, falls, movement and handling, nutrition and bedrails. Records included the level of risk and intervention tools used as control measures to manage them. Care files contained prevention of risk guidance, such as falls, to underpin staff skills and understanding. The registered manager had safe systems to protect those who lived at the home from potential hazards and inappropriate care. The registered manager completed a regular 'analysis of care' audit to assess people were supported safely. For example, they reviewed the occurrence of falls, infections, pressure ulcers and hospitalisation. We saw these were very low because the registered manager identified any changes or concerns in people's health. They told us, "I would be speaking with the staff, see where we are not doing so well and how we can improve to manage the risks."

The registered manager displayed the local authority's safeguarding policy in the reception area. Other information included what constituted abuse and who to contact if this was suspected. This meant people and staff had information to hand to assist them to understand related principles and reporting procedures. This was underpinned by regular staff safeguarding training. A staff member said, "Yes, I have done safeguarding training. I would report any incident straight to the manager."

We observed the home was clean and tidy. Cleaning schedules were in place and domestic staff completed records to evidence when tasks were completed. We noted staff had ample personal protective equipment to maintain effective infection control procedures. Records we reviewed confirmed the registered manager checked for legionella to ensure water was delivered safely. The service's electrical and gas safety certification was up-to-date. Window restrictors were in place to reduce the risk of potential harm or injury to people who lived at Hollins Bank. We found the provider had extensively invested in the redesign and renovation of the home. For example, bedrooms, flooring, fixtures and décor were completely refurbished to benefit and improve people's wellbeing and experiences of living at the home.

We saw from records there were sufficient staff to support people to meet their needs. There were four care staff, the registered manager, an administrator, two domestics and the chef on duty during our inspection. This showed staff had their own area of responsibility and could fully focus on their assigned duties. The

registered manager also carried out monthly audits to check staffing levels were adequate to meet people's requirements. They told us they would increase the workforce if the tool identified the necessity of this. A visiting healthcare professional said more staff had been deployed and they found they were less rushed in their duties. One person who lived at the home added, "I press the buzzer and they're never more than one or two minutes."

We observed good practice at Hollins Bank in the safe recruitment of staff to protect people against the employment of unsuitable personnel. Staff files contained required documents, such as application records, references and criminal record checks from the Disclosure and Barring Service. The registered manager assessed gaps in employment history to review the potential employee's full work background. They ensured staff had induction and training following their recruitment as part of their probationary period.

The registered manager completed regular audits to check medication systems, including controlled drugs, continued to be delivered safely. We reviewed all processes, such as recordkeeping, risk assessment, stock control and administration, and found they were delivered to a good standard. Staff received medicines training and competency testing before they were permitted to carry out the procedures. We observed one staff member administered medication in an unhurried, focused way. They explained the purpose of the medicine and waited patiently to check the person had taken it. The staff member signed the medication chart afterwards to evidence the process had been completed. This showed the registered manager had suitable arrangements to protect people from the unsafe management of medication.

Is the service effective?

Our findings

People we spoke with said they enjoyed their meals and had ample to eat and drink. One person who lived at the home told us, "The food is great." Another person added, "The cook is very good, you should try the cakes and biscuits, homemade and excellent." A third person stated, "If you don't like something then you can have something else."

The provider had removed the old kitchen and we found it was completely renovated, clean and contained modern equipment. For example, new fridges and freezers with constant electronic oversight of their temperatures were in place. These were effective in the management of food safety practices, which were further enhanced by staff food hygiene training. The Food Standards Agency had awarded Hollins Bank their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Records we looked at demonstrated people were offered a wide variety and choice of meals. We observed lunch was well organised and promoted as a social occasion. People told us they enjoyed their meals and had plenty to eat and drink. One person said, "There's lots of snacks and drinks throughout the day." Another person added, "The food is great. There's good quality, quantity and choice."

Records we saw contained risk assessments to minimise the risk of malnutrition or obesity. Other details included regular checks of weights and tools to gauge and manage the potential for such risks. Staff recorded on weight charts action taken if a person started to gain or lose body mass. They implemented food journals, which measured dietary intake, pressure area assessment and care planning update. Staff referred concerns to the GP and dietician, in conjunction with discussing these with the person and their relatives. This meant the registered manager had an effective system to monitor people and took action to address identified concerns.

Staff said they had the necessary tools to undertake their duties because the provider had made training available to them. The manager told us all staff had completed nationally recognised courses in health and social care to underpin their expertise. We checked staff records and noted training provision included fire and environmental safety, infection control, movement and handling, safeguarding, dementia awareness and first aid. One person who lived at the home told us, "I have to say all the staff know what they are doing. They are all on some training course or other." A visiting healthcare professional added they found staff were experienced in their duties.

Staff told us they received regular supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member said, "We get supervision every two to three months." Staff explained they found the registered manager was supportive in their personal and professional development. Another staff member commented, "We are encouraged to improve ourselves by doing professional qualifications."

The registered manager had recorded people's consent to care in their care files. This included decision-

specific agreements related to, for example, taking photographs, bedrails, care and treatment, access to records and care planning. Throughout our inspection, we found staff checked people's consent before assisting them. For example, staff checked where people wished to eat their meals and where they wanted to sit. One person who lived at the home confirmed, "No problem with having breakfast where I want."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. These included mental capacity assessments the registered manager completed to check each person's ability to make decisions. These were updated monthly to ensure adequate and effective support was in place and staff took the least restrictive practice when they supported people. Throughout our inspection, we observed staff did not limit people in any way and they were able to move about Hollins Bank freely. When we discussed the principles of the MCA and DoLS with staff, they demonstrated a good understanding, underpinned by relevant training.

Staff and the manager worked with other healthcare services in helping people with their changing health needs. We saw evidence of each person being supported to access GPs, social workers, community and hospital services, dentists and opticians. Records evidenced staff updated support planning and risk assessment to any outcomes in order to maintain the continuity of people's care. One person said, "All the staff take care when attending to me. They check my health."

Is the service caring?

Our findings

We observed staff were caring towards people who lived at the home and consistently upheld their privacy. One person confirmed, "Lovely staff, so caring." Another person told us, "They always knock and tell me who they are before they come in." A third person commented, "They are kind, respectful and patient." A visiting professional said they recognised the provider had funded large-scale refurbishments of Hollins Bank. They noted this had improved people's wellbeing. Another visiting professional told us Hollins Bank was a good home with lots of attentive staff.

Each person had a keyworker, whose photograph and name was placed in their bedrooms. This helped people to identify an individual with whom they could build a stronger relationship. The registered manager explained they tried to match the keyworker to the person in relation to similar interests and personalities. For example, they stated, "We have a staff member who has a Polish background and we matched her up to a resident who is Polish. I felt they could better discuss things that were more complicated and they also had more things in common." Staff were encouraged to develop and discuss their keywork role in their supervision. Additionally, staff placed a photograph of each person when they were young on their bedroom wall. This assisted people who lived with long-term memory problems.

We observed staff had a caring and respectful manner when they engaged with people and their relatives. They demonstrated a calm, kind and soft touch when they engaged with those who lived at Hollins Bank. One person said, "Patience is the word because they all show that to me." It was evident staff had a detailed knowledge about each person who accessed the service and approached them in an appropriate way.

In conversation with staff, we found they saw each person as unique individuals with distinct needs, wishes and perspectives. We observed staff made every effort to recognise the uniqueness and diversity of gender, race and opinions. Information was made available to people about local religious centres if they wished to attend and staff recorded their spiritual requirements.

We saw a memory file was available in the entrance hall. This contained details about people who had died, such as their photograph and funeral service cards. This was utilised to help relatives and those who lived at the home to celebrate and commemorate their lives. Training records we looked at evidenced staff received guidance in end of life care to strengthen their related skills. They fully documented the funeral arrangements of those who lived at home.

We checked how staff and the registered manager developed partnership working with people and their representatives. Care records were developed with each person and their relatives. For instance, documentation of things that were important to them and how best to provide their support. Other details, such as personal care support planning, guided staff to maintain each person's self-esteem and independence when they assisted them. We noted people were assisted to personalise their rooms and décor. This included photographs, pictures, furniture, soft toys and ornaments. The registered manager told us, "The residents can bring what they want. It's their home after all." One person who lived at Hollins Bank said, "Yes, I have privacy to my own things, my own room." Information was displayed in the reception area

about advocacy services. This included contact details and reference to their purpose. Consequently, people could access advocacy if they required support for their voice to be heard.

We saw people's records included information about family members and friends who were important to them. This also covered support to maintain those relationships and their contact details. We observed relatives and friends were welcomed by friendly, caring staff when they visited. They gave a brief outline of the person's current health and wellbeing and provided the visitor with a hot drink.

Is the service responsive?

Our findings

We saw evidence the registered manager provided a wide range of activities. People told us they had plenty to do during the day and were well occupied. One person said, "Good entertainment and it happens a lot, which is good." The registered manager self-funded a sports trainer to attend Hollins Bank once a week to provide fun, physical exercise. We observed people enjoyed this activity during our inspection. Another person stated, "I do enjoy the sports man, it's a good laugh and he comes regularly."

Staff had a good awareness of the importance of assisting people to occupy themselves and develop their social skills. The activity programme was displayed in pictorial format to help those who lived with dementia to understand what was planned. This included film and popcorn afternoons, hairdresser and beauty therapy sessions, arts and crafts and balloon exercises. Furthermore, the registered manager implemented 'Wacky Wednesdays,' which were trips out to the local pub and entertainment. This assisted individuals to feel a part of the local community. We observed the designated activities co-ordinator constantly engaged with people during our inspection. They discussed topics of interest and fostered an atmosphere conducive to the community spirit at the home. The activities co-ordinator played music quietly in the background and initiated balloon exercises to improve people's physical health. One person told us, "There are plenty of activities to keep us going."

We found care planning and associated records were comprehensive. Staff were required to sign a sheet to indicate they understood people's care, their backgrounds and to identify who had completed record entries. Assessments and care records were developed with the person and relatives at the forefront of their support. For example, staff completed personalised assessments of mental, emotional, physical and social requirements. Records we looked at evidenced staff signed, dated and reviewed them on a regular basis. This ensured information was up-to-date in order to meet people's ongoing requirements.

People's continuity of care was managed well by the registered manager. For example, they carried out regular audits of each person's support and wellbeing. Where risks or concerns developed, the registered manager worked with staff to be more responsive to the individual's welfare. For instance, they completed frequent dependency assessments of each area of support and updated care plans accordingly.

Care records we looked at contained personalised information about people's wishes in relation to their preferences and choices. This covered, for instance, funeral arrangements, where to eat meals, activities, television programmes, hobbies, 'spiritual comfort needs,' preferred sleeping patterns and night checks. We overheard a staff member checked if one person who lived at the home wanted a drink. They also offered a range of options and immediately followed the choice the individual had made. Other documented evidence covered people's life histories to give staff a better awareness of their backgrounds and lifestyles. A staff member said the information they got, "Works well because we get to know the residents better and spot any problems straight away."

The registered manager provided information in the reception area to inform people about how to make a complaint if they chose to. This included details about the various timescales and steps to take, as well as

contact details for the Local Government Ombudsman and CQC. One person told us, "I know what the complaints system is about and wouldn't hesitate to talk with [the registered manager]."

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (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 registered manager had suitable arrangements to provide a good, quality service to individuals who lived at Hollins Bank. One person said, "What I like about [the registered manager] is you can have a laugh and she joins in. She doesn't sit in the office all the time." A relative commented, "Senior managers are always around if we have any questions." A visiting healthcare professional told us they found the home was run well.

We found the service had a calm atmosphere and people came and went as they pleased. The manager had a relaxed approach and demonstrated a good understanding of each person, such as their backgrounds, needs and interests. A staff member commented, "We have great support from [the registered manager]. She's always available and helps out when we are busy." The management team nurtured an open transparent service. For instance, customer surveys were made available in the reception area to enable them to complete anonymous feedback if they wished. The registered manager had undertaken and analysis of the outcome from the survey and displayed this in the entrance.

We reviewed how the registered manager checked people's views about Hollins Bank and involved them in ongoing improvements and development. 'Resident' meetings were held regularly, which assisted them to comment about the home's refurbishment, colour schemes, activities and staff training/recruitment. The most recent satisfaction survey covered infection control, staff attitude, personalisation of bedrooms, staff attitude, privacy and dignity, meals, communication and activities. The registered manager said, "Any negative comments I would speak with the resident or relative to see how we can improve." Thank you cards we saw contained comments such as, 'Thank you so much for making my parents' anniversary so very special. It was fabulous.' Others included, 'The staff were happy and very helpful,' and, 'Thank you all for a very special day at the Tower Ballroom and for bringing back some wonderful memories.'

Team meetings were held up to every three months and we reviewed the minutes from the last meeting. This showed the areas discussed included staff attitude, team cohesion, equipment, training, infection control, personal care and home security. Staff and the management team worked closely together in support of individuals and regularly discussed personal care. One staff member confirmed, "We have staff meetings, which are useful. We can talk about things and make changes for the better." Another staff member added, "It's so good. [The registered manager] is so supportive and we all get along and work well together."

We found the registered manager had a range of audits in place to check the quality of the service and people's safety. These covered, for example, environmental and fire safety, care files, infection control, staffing levels, catering, laundry and medication. The registered manager additionally completed an

'analysis of care' document to check changes in people's support and how this could be improved. All audits included dates of when completed, any identified issues, actions to be undertaken, due date for completion and signed off when achieved. This demonstrated the registered manager had good systems to maintain everyone's welfare.