

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Holly Bank Care Home on 12 January 2017 and the visit was unannounced. At the last inspection on 1 June 2016 we rated the service as 'Inadequate' and identified five regulatory breaches which related to safe care and treatment, consent, reporting and investigating allegations of abuse, staffing levels, and good governance.

As a result of the June 2016 inspection the service was placed in 'Special measures'. This meant we kept the service under review and if no further action was needed, would return to inspect again within a six month period.

On this inspection we found sufficient improvements had been made to take the service out of 'Special Measures'.

This inspection was to check improvements had been made and to review the ratings. We found a number of significant improvements had been made and plans were in place to further improve. Whilst some further improvements were needed, we did not find any regulatory breaches.

Holly Bank Care Home is situated on the outskirts of Halifax town near Manor Heath park. It is registered with the Care Quality Commission to provide personal care for a maximum of 25 people. Nursing care is not provided. The accommodation is arranged over four floors and there is a passenger lift available. Bedrooms are on all four floors, there are two doubles and 21 single rooms. Five bedrooms have en-suites toilets and 13 have en-suites showers and toilets. Car parking is available at the front of the building. On the day of the inspection there were 22 people using the service.

There is a registered manager in post. 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.

We found the service 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.

We found staff were being recruited safely although documentation was not in place to show how poor references had been followed up. Duty rotas had been improved to show which members of staff were on duty or in what capacity they were working. An analysis of peoples dependencies had been completed which included a detailed evaluation of staffing levels and details about how staff were deployed to meet the needs of people living at the home. This was an improvement since the previous inspection.

Improvements had been made to the way medicines were managed in the service. Although we found the systems to be safe, further improvements were needed.

Staff were receiving training which was relevant to their role although new staff were not included on the training matrix. Improvements had been made to the systems for supporting staff and a new system was in place to ensure each staff member received quarterly supervisions and an annual appraisal. These looked at the support staff required as well as addressing any performance issues.

People told us they felt safe at Holly Bank Care Home and we found improvements had been made in the way the service reported and managed incidents which may affect people's safety and welfare.

All of the people we spoke with said they received very good care and support. They told us staff were always available when they needed them. 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 some of the care staff took it in turns to cook meals. We saw meals were appetising and nutritious. People's nutritional needs were assessed and the dietician was involved in people's care if required.

A new 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 detailed and up to date. The new system incorporated a way for all staff to be informed of changes to people's needs and alerted them to revised care plans. This was an improvement since the last inspection.

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

Improvements had been made to make sure the service met the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). Where a DoLS was in place detail of this and any conditions was included in the care plan and we observed staff taking actions which complied with conditions. Staff understanding of the Mental Capacity Act (MCA) and DoLS was variable but this had been recognised and plans in place to provide further training and support.

People told us there was plenty to occupy their time although no activities programme was in place.

People told us they had no need to complain, but they felt able to raise minor issues with the registered manager or staff and these were always taken seriously.

The home had received recent management support from another home run by the same provider. This support had been focused around improving governance and audits systems within the home. We saw this extra support had been effective and since the previous inspection a number of improvements had been made. Some further improvements were needed to ensure the audit system was robust and effective.

Although some improvements are still required, we did not identify any regulatory breaches.

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 always safe

Improvements were needed in the way medicines were managed.

There were enough staff available to meet people's needs.

Staff knew how to make sure people were safe.

Is the service effective?

Requires Improvement ●

The service was not always effective

Systems were in place for staff to receive induction, training and support to make sure they had the skills and knowledge to meet people's needs. However training records were not up to date.

Although staff understanding of DoLS was variable the service was meeting the legal requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

People received a nutritious diet suitable to their needs and preferences.

People's healthcare needs were met.

Is the service caring?

Good ●

The service was caring

People told us staff were kind, respectful caring and attentive.

Staff were respectful of people's needs as outlined in the Equalities Act

Where appropriate people's wishes for end of life care had been included in care plans.

Is the service responsive?

Good ●

The service was responsive

Care plans were up to date and detailed and clearly reflected people's needs and preferences.

People were occupied with activities of their choice.

People were satisfied with the way the service responded to any concerns they had.

Is the service well-led?

The service was well led although further improvements are needed and the provider needs to demonstrate that improvements can be maintained.

The provider had systems in place to monitor, assess and improve the quality of the services provided but these had not been robust enough to identify issues noted during the inspection.

New governance systems had been introduced but these had not yet been fully embedded.

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 12 January 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams.

On this occasion we did not ask the provider to complete 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.

On the day of our inspection we spoke with seven people who lived at Holly Bank Care Home, three care workers, the acting manager and two members of the provider's management team.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included; three people's care records, two staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

Overall we found safe recruitment procedures were in place. Applicants were required to complete an application form and attend an interview. Interview records were kept which demonstrated a robust selection process. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Barring Service (DBS) check, identity checks and references were undertaken. In one case we identified that a person's references from their previous employers stated that they would not employ them again. Although the interim manager gave us assurance they had investigated this, we found this should have been better documented. Contractors working alone at the home were also required to complete a DBS check to help ensure they were suitable to be working in an environment with vulnerable people.

Safeguarding procedures were in place and we saw these were followed to help keep people safe. Appropriate referral and liaison had taken place with the local authority safeguarding unit over any safeguarding concerns.

Risk assessments had been developed as part of the new care planning system. Where a risk had been identified in the initial assessment of need, plans were in place for staff to follow to mitigate any associated and potential risks to the person. For example where a person's nutritional assessment had indicated they would be at risk of developing pressure sores if they lost any weight, plans were in place to make sure they received the diet they needed to maintain their weight and to maintain their skin integrity.

We saw all people in their rooms had their call buzzers within easy reach. This meant they could call staff as and when they needed to.

People we spoke with all said there were enough staff deployed both day and night to ensure safe and prompt care. People who spent time in their rooms said staff regularly checked on them and people said call buzzers were responded to in a prompt manner. One person said "Staff are always around when you need them." Another told us "Enough staff, call buzzers are answered quickly."

When we inspected this service in June 2016 we were concerned there may not be enough staff available to meet the needs of people living at the home. Staff rotas showed the usual staffing levels were one senior care assistant and four care staff during the day and two care staff at night. We saw this was unchanged from the last inspection although we noted that the Registered Manager and administrators hours had been included in the rota to show when extra support was available in the home.

We asked a member of the management team if there had been a change in the dependency levels of people living at the home. They told us they had now introduced a tool which assessed people's dependency levels and helped to assess how many staff would be needed to safely meet people's needs. They also told us that one person who had been assessed as high dependency had left the service and two others had more appropriately been assessed as being of medium dependency. They told us that although two people needed the support of two members of staff during the night, both could be supported safely by one

member of staff should another person need assistance. The person added that a visiting fire officer had not made any recommendations about needing to increase staffing in case of emergency. We saw a dependency analysis which included a detailed evaluation for staffing levels and details about how staff were deployed to meet the needs of people living at the home.

We recommend that the provider keeps staffing levels under continuous review to make sure staffing is appropriate to the needs of people living at the home.

When we inspected this service in November 2016 we were concerned that systems for managing medicines were not safe and told the provider improvements were needed.

On this inspection we found a number of actions had been taken in response to this. The clinic room, where all medicines were stored, had been fitted with a new handle which included a digital lock. This meant that when the door was closed it automatically locked. All of the staff we spoke with said only senior care staff and management knew the code to the digital lock.

We saw the medicines policy stated only senior care staff could administer medicines. We asked the management team how this was managed at night if anybody required medicine such as pain relief when no senior carers were on duty. They told us the care staff would call the person on call who could be at the service within five minutes. They told us plans were in place to provide medication training to all 'lead' night staff. However, we saw from training records that all but one of the staff recorded as being on night duty on duty rotas between 2 and 15 January 2017 did have up to date medication training. This meant that a person with up to date training had been on duty each night.

Where people were prescribed medicines on a PRN (as required) basis, information about the medicine was available. We also noted protocols for PRN medicines were being developed. A member of the management team showed us a completed protocol during our inspection.

Medication Administration Records (MAR's) had been appropriately completed and we saw safe systems were followed in checking medicines received into the home. Most medicines were supplied in a monitored dose system with others supplied in boxes. We checked the stock balances of three boxed medicines and found they concurred with the amounts recorded as received and administered.

A notice had been put up to remind staff to make daily records of the temperatures of medicine storage including the medicine fridge. We saw some gaps in this. For example room temperatures had only been recorded on 6 of the preceding 11 days. A member of the management team told us this would have been picked up in the monthly medicines audit. However this could have meant that medicines had been stored at inappropriate temperatures for a period of time.

Although some records of application of creams and ointments were in place, this was not consistent and there were some gaps. This had been highlighted at the previous inspection. When we returned to the service to complete our inspection we found immediate action had been taken to address these issues.

We looked around the premises and found it to be clean, safe and suitable for its intended purposes. There were several communal areas where people could spend time including lounges and dining rooms. Bedrooms were very spacious, tastefully decorating with people's personal possessions on display. Rooms had enough space and furniture to allow people to spend time comfortable in their rooms both day and night. Radiators were guarded to protect from the risk of burns and window openings restricted to reduce the risk of falls. Checks on the premises were undertaken to help ensure it was safe. This included checks to

the environment, fire, gas and water systems.

Staff were able to tell us what they would do if the fire alarm sounded. They were knowledgeable about how horizontal evacuation would work and the efficacy of fire doors in keeping people safe. People had personal emergency evacuation plans (PEEPS) within their care files. One of the senior care staff we spoke to about these said they thought a copy of these should also be kept with the fire information for ease of access in case of a fire. They said they would suggest that to the registered manager. A member of the management team also told us about plans to improve the PEEPS which would include a map for staff to follow to ensure effective evacuation.

Is the service effective?

Our findings

Overall, staff had the right skills and knowledge to care for people. People told us that staff were appropriately skilled and knowledgeable about them and their needs. New staff did not complete the care certificate. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. We saw alternative arrangements were in place as was a plan to further improve the induction training offered to staff.

New staff were required to complete an induction to the service which included becoming familiar with the service's ways of working as well as going through induction training including areas such as moving and handling and safeguarding. However we identified two new staff were not on the training matrix and there was no record of any training within their files. There was no record a third new staff member had received any moving and handling training. Although a member of the management team confirmed to us all new staff were in the process of completing mandatory training including moving and handling, medication (where appropriate) and DoLS and Mental Capacity Act (MCA) training records were not sufficiently up to date to reflect this..

Staff received a range of training which including safeguarding, moving and handling, fire, infection control dementia, nutrition and Mental Capacity Act (MCA). Most of this was computer based training, although moving and handling and medicine management training (for seniors) was face to face. This was largely kept up-to-date. One person told us "Staff know what they are doing"

Staff we spoke with told us they received regular supervision and we saw a supervision plan was in place for 2017 to ensure each staff member received quarterly supervisions and an annual appraisal. These looked at the support staff required as well as addressing any performance issues

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.

Two members the management team told us they had recently undertaken training in MCA and DoLS and human rights. They had taken on the role of 'human rights champions' in the home. They told us this training had been very informative and had resulted in them changing some of their ways of working. For example they told us about how they had applied the training to assessing if people who were interested in moving into the home really needed residential care.

We saw that where one person had a DoLS authorisation in place, the conditions attached had been included in the care plan. We observed staff working in line with the care plan. Where DoLS authorisations were in place, care plans included instruction to keep the authorisation under review to make sure it remained appropriate and to re-apply for another authorisation if needed.

Staff understanding of MCA and DoLS was variable. However, this had been recognised by the human rights champions and plans were in place for further training to be given.

We saw an example of staff's understanding of DoLS when a senior medical practitioner had written instruction on a MAR for staff to administer the person's medicines covertly. Although staff had not challenged this person directly, they had sought the advice of the GP and had not administered the medicines covertly.

We saw where a person had a 'Do Not Attempt Cardio- Pulmonary Resuscitation' (DNACPR) in place, this was recorded within their care plan with details relating to their end of life wishes.

The newly introduced electronic care planning system included facility for nutritional assessments and produced graphical information relating to the person's weight and body mass index (BMI). These automatically showed if the person was at risk nutritionally. We saw where people had lost weight; referral had been made to the dietician and GP. We also noted that where a person's weight had increased to a level indicated by the nutritional assessment as unhealthy, referral had been made to the dietician for advice. Advice from the dietician was included in care plans and where required, intake charts were in place which were completed appropriately and monitored.

People told us they enjoyed the food and said they had plenty of choice. One person said "Food is really good which is one of the main things." They also said "Plenty of vegetables which I like. It's really well cooked."

A cook was not employed at the time of our inspection with the role covered on a rota basis by dedicated care staff. We saw the food was home cooked and looked appetising and nutritious. Staff were also baking cakes for people to enjoy with their afternoon tea.

At lunchtime we observed an attentive atmosphere with staff available to assist people where required. Tables were nicely set with condiments and sauces available on each table. People were given a choice of food and drinks including fresh fruit juice.

Records showed people had access to healthcare professionals as they needed. This included GP, optician and the district nursing service who staff told us supported them with such as pressure area care and visited the home on a regular basis.

We saw analysis of falls had taken place with detail of actions taken as a result of the person falling. This included referral to the falls team where appropriate.

Is the service caring?

Our findings

People told us they felt cared for. These are some of things they said: "Staff are very nice it's a difficult job and they are so patient," "They help me maintain independence and let me wash myself where I can," "Staff are wonderful anything at all let them know and they will get it for me" and "Staff know how to care for me, no messing around. If want anything doing, just tell them and they do it."

We observed care and support and saw staff were kind, warm and friendly. Staff greeted people warmly with smiles and used a mixture of verbal and non-verbal communication techniques to provide comfort to people and suitable interaction. For example, we saw one person who was living with dementia; go to the kitchen to ask if their lunch was ready. The care assistant working in the kitchen came out to speak to the person telling them gently that it was 9am and not lunchtime yet. They asked the person if they felt hungry or thirsty and asked what they could get for them.

Another example was when one person was becoming anxious because they wanted to go outside. Staff explained it was a very cold day and said they would need to put boots and a coat on. They supported the person to do this and escorted them on a walk.

It was clear from our observations that staff knew people well, their individual likes, dislikes and interests. Staff had developed good rapport with people; we heard staff sharing jokes with people, providing companionship and social interaction.

We observed staff listened to people, and respected their choices with regards to what they wanted to eat, drink, and where they wanted to spend time. People told us that they had choice over their lives and daily regimes and were able to get up when they wanted and do as they pleased.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race.

We spoke with one person who told us they used to attend church every day. They had a number of religious artefacts in their room. When we asked if they would like to go to church, they told us no, but did like to attend the monthly service in the home. They told us staff made sure they had their Rosary beads to hand as they liked to say the Rosary.

We saw a married couple were living at the service. They had two rooms, one of which they shared as a bedroom and one as a lounge. We saw them sharing a table together at mealtimes. Staff told us they were respectful of their need for privacy.

Care plans included people's wishes and arrangements for their end of life care. This included what staff would need to do to make sure the person was comfortable and pain free.

Is the service responsive?

Our findings

A new electronic care planning system was in place. The management team told us this was very new to the service but that each person now had an electronic care plan, risk assessments, assessments of need and that daily records were made electronically by staff. Although held and managed electronically, each person had a care file which held paper copies of their care records.

The management team told us that an initial assessment had been completed of each person as a starting point for the new system. The assessment covered all areas of daily living. Where a care need was identified, a comment was put on the assessment and a care plan developed to direct staff of the actions they needed to take to make sure the person received the care they needed in the way they preferred.

An example of this was where a Waterlow (skin integrity) assessment had identified the person had particular needs to maintain healthy skin. The related care plan included details of the person's pressure relieving equipment including how it should be used and the correct setting for the pressure relieving mattress.

We saw each care need had been given a rating of red for high, amber for medium and green for low (RAG rating). The same rating system was automatically generated for such as nutritional assessments so staff could see, at a glance, where people were at the greatest risk.

Any important changes to a person's health or care needs, for example a fall, was inputted on to the system and an alert sent to all staff via the tablets they used for making daily care records. The alert would show for each staff member logging on to the system. This meant all staff would be aware of any changes as they happened. The change in care need was also RAG rated.

The management team told us the system also supported printed handover sheets to show daily interventions for each person including weight changes and care plan updates. Whilst this was not in place at the time of our visit, work was being undertaken to introduce it.

Care plans were person centred and detailed, a minor omission spotted during the inspection was immediately rectified.

The management team told us that following any review or change to the care plan, a new paper copy was printed off and placed in the person's file. If a review was held but no changes were needed to the care plan, the system recorded a review had taken place. We saw that where changes had been made the new paper copies had been replaced the old within the person's care file

People we spoke with told us they had no need to complain, but they felt able to raise minor issues with the registered manager or staff and these were always taken seriously. A system was in place to log, investigate and respond to complaints. We saw one complaint had been received in 2016. This had been responded to in a timely manner and action taken to help prevent a reoccurrence, although it had not been fully resolved to the person's satisfaction. One person who lives at the home and their relative told us if they had any

problems they would raise them immediately with the registered manager. They said they had discussed minor issues previously which had been responded to immediately.

The service did not employ an activities co-ordinator and did not have an activities timetable. However, all of the people we spoke with said they were happy to follow their own routines such as reading, doing crosswords, listening to music or watching television. The acting manager told us the home received a number of daily newspapers for people to read and we saw this was the case during our observations of care and support. We saw people actively involved in their choice of pastime.

One person told us "No activities I get involved in but prefer to read and do crosswords. They have a music player and television and I can go upstairs." Another person told us they preferred to spend time in their room. We observed one person had the acting manager's dog in their room. They told us they really appreciated, the dog being "cuddled up" on their lap whilst they watched TV.

Staff told us they had recently acquired a set of indoor bowls which people would enjoy occasionally.

Is the service well-led?

Our findings

A registered manager was in place but was on annual leave at the time of our inspection. The home had received recent management support from another home run by the same provider. This support had been focused around improving governance and audits systems within the home. We saw this extra support had been effective and since the previous inspection a number of improvements had been made. This included improvements to care planning and audit processes. However some of these systems, particularly the governance system needed fully embedding. For example although a range of audits were being undertaken, these had only just been implemented and an audit schedule to set out the frequency of audits with assigned responsibilities had not yet been fully agreed. A new senior post below the registered manager was being created to help provide support with these audits.

Maintenance audits were undertaken. We saw these were effective in identifying environmental shortfalls and we saw evidence was taken to rectify shortfalls. Care plan audits had recently been implemented and although only a small number of care plans had been audited so far, we saw these were effective in identifying issues and taking action to resolve.

Medicine management audits were undertaken, although these were identifying issues, they had not been sufficiently robust to identify and rectifying some of the shortfalls we identified for example with regards to a lack of consistent recording of fridge temperatures, inappropriately stored medicines and poor topical cream recording. In addition to a monthly medicines audit, a two weekly spot check of medicines was also taking place, although these had not been consistently completed in recent months.

On the first day of the inspection the registered manager who is also the provider was not present and some documentation could not be found. For example although the acting manager told us provider audits were undertaken, no evidence of this was in place. As part of a robust system of governance senior staff within the organisation should have sight of the findings of provider audits to ensure appropriate improvement. When we returned to the service to complete our inspection, the management team had been in contact with the registered manager and we were able to see these documents.

We saw copies of audits for the previous three months. Audits were comprehensive covering areas including health and safety, maintenance, care plans, room audits, care plans and staff files. Within the audits the provider had identified areas in need of attention and had noted which member of staff was responsible for addressing the identified issues in a section titled 'Problems resolved by whom, how and when.' However the section had not been completed to show what action had been taken and when it had been completed.

Incidents and accidents were recorded, investigated and clear actions were recorded to reduce the risk of a re-occurrence. This included updating risk assessments and referring to external health professionals. A member of the management team told us that the number, type and time of incidents was analysed to look for any trends. We did see an up to date analysis which looked at the times falls had happened, whether they had resulted in injury and what actions had been taken as a result of the fall. However, this document only covered falls rather than all incidents.

Records relating to staff training were in place but were not up to date.

Quality questionnaires were sent to health professionals, residents and relatives on an annual basis to aid monitoring the quality of the service. We looked at the most recent result from the 2016 survey which showed all stakeholders were very happy with the quality of care provided by the home. Comments included "I am very pleased with the care Mum and Dad receive from all staff at Holly Bank", "The place feels like a hotel rather than an institution like other places," "We are very pleased with everything, we would recommend to anyone." Where negative comments had been made we saw evidence action had been taken to address these and an action plan produced to further improve the service.

Periodic resident meetings were held. We saw these were a forum for residents and relatives to raise concerns and to be kept informed about events occurring within the home

We saw quarterly staff meetings took place. We saw actions and concerns from resident meetings were fed into staff meetings so that action could be taken to address any quality issues identified. For example at the last resident meeting some concerns were raised with staff etiquette and these were discussed at the November 2016 staff meeting.

At the last inspection this outcome area was assessed at 'Inadequate.' Although improvements were noted the provider needs to demonstrate these can be maintained over a period of time.