Country Court Care Homes 2 Limited

Holland House Nursing 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 took place on 11 May 2016 and was unannounced.

Holland House Nursing Home is registered to provider residential and nursing care for 10 older people, some of whom may be living with a dementia. It is on the same site as Rose Lodge another of the provider's homes. Both the homes share their staff and facilities.

At the time of our inspection the manager on our register was no longer working at the home and did not have any managerial oversight. There was a new manager at the home but they were not yet registered with the CQC. We discussed with them the need to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS were in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The manager had made appropriate requests for people to be assessed under the DoLS and all the care provided minimised the restriction on people.

The manager assessed people's needs and ensured that there were enough staff available to meet those needs in a calm and unhurried manner. Staff received training when they first started to ensure that they had the skills needed to provide safe effective care for people and were supported by ongoing training to maintain a high skill level. Staff had received training in how to keep people safe from harm and knew how to raise concerns and were confident to do so.

Risks to people had been identified and care was planned and equipment was in place to keep people safe. Where people had capacity and chose to not follow the advice and guidance from health care professionals this was respected and staff worked with them to achieve compromises which supported their choices and managed the ongoing risks. People's dietary needs were assessed and again care was planned to keep people safe and support their independence. People's medicines were ordered, stored and administered in a methodical way to reduce the risk of infection.

There was a warm and loving relationship between staff and people living at the home. Staff worked beyond their contracted hours to enable people to access the community and to support colleagues. Staff were really knowledgeable about people's needs and how care could be provided in a person centred way to encourage independence. Staff continually sought the consent of people when providing care to ensure people were happy with what was happening and were involved in their care.

People's care needs were assessed and reassessed at regular intervals or whenever their needs changed. People were involved in developing their care plans and they contained information on how care was personalised to meet individual needs. People were supported with a varied activity programme which supported them to access the community and to be entertained.

People and staff told us that the manager was often not visible in the home but that they felt supported as they could always raise concerns with the nurse. The provider had effective systems in place to monitor the quality of care people received and to seek the views of people using the home and their relatives.

The provider ensured the manager and staff were supported to provide good care by employing staff at head office who kept up to date with any changes in how care should be provided. This enabled the provider to disseminate the latest guidance around best practice and any changes in legislation effectively and consistently. In addition the provider's culture was that of an open organisation with a no blame culture which supported learning across their care homes as well as within each 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.

Staff received training in how to keep people safe from harm and knew how to raise any concerns.

Risks to people were identified and care was planned to keep people safe.

There were enough staff available to provide care in a calm and leisurely manner.

Medicines were safely stored and administrated.

Is the service effective?

Good

The service was effective.

Staff received training and ongoing supervision which supported them to provide safe care.

People were supported and encouraged to make decisions about their lives. Where people were not able to make decisions the provider worked in accordance with the Mental Capacity Act.

People were supported to maintain a healthy weight and were offered appropriate and regular food and drinks.

Is the service caring?

Good

The service was caring.

There was a warm and caring relationship between people living at the home and staff.

Staff worked beyond their contracted hours to ensure people were able to access the community.

People were supported to make choices in how they received their care and were always asked for their consent before any care was given.

People's privacy and independence was respected.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected the person centred care they needed. Staff also knew people's care needs well.

People were supported to live full and entertaining lives with access to the community and a variety of activities offered.

People knew how to complain and had resolved complaints satisfactorily.

Is the service well-led?

Good

The service was well led.

People and their relatives had been asked for their views on the home.

The provider had effective systems in place to monitor the quality of care provided and to drive improvements. The provider had dedicated staff at head office to ensure that best practice in care was identified and implemented with the home.

Holland House Nursing 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 11 May 2016 and was unannounced. The inspection team consisted of an 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 home.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the home, a visitor to the home and spent time observing care. We also spoke with a nurse, a care worker and the manager.

We looked at three care plans and other records which recorded the care people received. In addition we examined records relating to how the home was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel safe and secure here." While a family member said, "I'm very happy that they are kept safe." No-one had concerns about the safety of their possessions and valuables and could put things in the safe for safekeeping. One person told us, "My valuables are kept in the office safe and I can ask when I want something to wear." A family member said, "Never had any issue with [my relative's] things being lost."

Staff had received training in keeping people safe from harm and understood this included issues like neglect and abuse as well as providing safe care which minimised the risks to people. Staff knew how to raise concerns to their manager or to people in the provider's head office. The provider had also displayed in the home the telephone number for the local authority. This supported staff, people living at the home and visitors to raise concerns outside the provider's company if needed. However, staff were confident that the manager would take appropriate action if any concerns were raised.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, one person living at the home was at high risk of falls so staff walked behind them with a walking frame which had a seat on for the person to rest on when tired. The staff reviewed people's care and equipment on a monthly basis to ensure it was still meeting people's needs. Where people had sudden changes in need care was reviewed to take account of those changes.

People told us about some of the things staff did to keep them safe. One person living at the home said, "They walk in front of me down the stairs or help me with the stair lift." A family member told us, "They've been wonderful with [my relative], very careful." We saw a number of times staff supported people to move using a standing hoist. It was done in an unhurried manner, with staff speaking to the person, telling them what was happening and reassuring them they were safe.

People were also supported to take risks when they had mental capacity and expressed a desire to do so. One person who had been assessed by health professionals as being at risk of choking had been advised to thicken drink and soft food. However, they had chosen not to do this. We saw staff worked with them to identify ways of adapting some food to reduce the risk. For example, the person had agreed to have mash potatoes instead of boiled potatoes. In addition staff ensured that when the person ate there was a member of staff in the same room to provide prompt assistance if needed.

People were supported by staff who were able to monitor their needs and provide assistance when necessary. We saw that there was always a member of staff monitoring people's needs when they were in the communal areas. People also told us that staff were usually quick to respond if they pressed the call bell in their bedroom. One person said, "The response can be immediate but may be a delay if they're busy. They always come though; they cancel the bell and come back as soon as possible." A family member told us, "They come surprisingly quickly if I've had to call for help to move [my relative]." We saw staff spent time checking on people in the lounge and bedrooms. This was unhurried time, with cheery banter or gentle conversation, ensuring that people were happy.

We found the manager monitored the needs of people living at the home to help them identify the numbers of staff needed to provide safe care for people. Records showed that the home had enough staff to meet the identified need. Staff told us that they worked as a team and how they ensured that if a team-mate was sick they pulled together to cover their shifts.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who lived at the home.

People living at the home and their relatives told us they were kept up to date about any changes in medicines. People told us that the nurse discussed their medicine with them and supported them to take it to ensure good health. One person living at the home said, "They give me my medication for constipation and I can ask to change the quantity if I need extra some days." A family member told us, "Some days [my relative] may refuse to take it from the nurse, so staff leave it for me to try later as often she'll take it then." This person's care plan had been reviewed to show what action staff needed to take if the person refused their medicines for a number of days.

The medicines in the home were managed and given to people by the nurse. Medicines were managed in a methodical way to reduce the risk of medicine errors. They were stored in accordance with the guidance on keeping medicines safe in care homes. Systems were in place to re-order routine medicines, this ensured that medicines were always available to people when needed.

Medicines were safely administered by the nurse and records contained appropriate information. Medicine administration records (MAR) were kept to show when people had taken their medicines. When medicines were administered using a skin patch, records of when and where each patch was applied and removed were kept. In the afternoon, we saw the nurse supporting a person to use their inhaler. This was done quietly and calmly, with a full explanation given even though it appeared to be a regular medication.

Good

Is the service effective?

Our findings

People told us that staff looked after them well and supported them to stay healthy. One person said, "They all seem okay to me. A lot of the staff are long standing too." Another person said, "All the girls (staff) are very good." A relative told us, "[My relative] is looked after so well, they never had a sore after all these years, thank God." They added, "It's a very good company for training and they keep it ongoing, not just when staff start. The ratio of staff to residents is very good here they're so very attentive. Even the newer ones quickly fit in due to the training they do." We saw staff appeared capable in their duties and had a good understanding of people's needs. Equipment was handled in a safe and competent manner.

When people start working at the home they had a four day induction in a classroom where they were taught about key subjects such as how to keep people safe from infection and how to ensure they were supported to move around the home safely. They then shadowed a more experienced member of staff until they felt confident that they understood people's care needs and could support them safely. They had also been given time to review people's care plans to further develop their understanding of people's needs. New staff were working towards the care certificate and existing staff had been offered the opportunity to complete it as well to refresh their knowledge in key areas. The care certificate is a nationally recognised training programme to support care staff.

Staff had received annual appraisals to discuss their career aspirations and individual meetings with the manager were planned through the coming year to support staff to raise concerns and training needs. In addition staff told us they felt supported by the manager and nurse and were able to raise concerns at any time.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had correctly identified when people were unable to agree that they wanted to live in the home. They had submitted applications to the local authority for the identified people to be assessed under the DoLS. DoLS had been authorised for some people living at the home but there were no conditions on the DoLS which needed including in the person's care plan.

Staff had training in MCA and DoLS. Where people may be unable to make decisions we saw most of the

time appropriate MCA assessments had been completed. Where people were not able to make decisions for themselves we saw decisions were made in their best interest involving family, staff and healthcare professionals. Where people had no family we saw people were appointed to look after them and represent them when making decisions. For example, one person was supported by a private social worker.

People told us they were happy with the food offered. Choices were offered for each meal. However, if people wanted something different from the menu or changed their mind then staff arranged it for them. One person told us, "It's very good. The cook is a real gem. If I'm not well, they ask me what I fancy. We get spoilt rotten. There are always other things if we want a special and we can ask for a banana or fruit any time." A relative told us, "[My relative] has a soft diet and needs feeding but they'll try her with simple soft finger foods too so she can try to eat." People were supported to personalise their food to meet their needs. For example, one person had their gravy served separately so they could help themselves to how much they wanted.

Staff were aware of which people were at risk of being unable to drink enough to stay healthy and knew that they should encourage the person to drink. Accurate records were kept so that it was clear if people needed further support and encouragement with drinking. A member of staff told us how they would ensure that they passed information on the amount people had to drink when the shift changed. They also said that they would raise any concerns with the nurse.

Cold drinks were available in people's bedrooms and in the lounge throughout the day and hot drinks were regularly offered to people and their visitors. We saw staff encouraging people to drink and assisting where necessary. One person told us, "We get lots of drinks here."

Staff we spoke with really understood people's needs and how to provide care in a person centred way. For example, one person had days where they were awake and alert and other days when they were sleepy and struggled to engage. When they were sleepy they had their food pureed as their risk of choking increased. However, when they were more awake they were able to be independent with eating solid food." In addition this person has special high calorie drinks when they were sleepy to ensure they received enough calories to remain healthy. This showed that the care was tailored to meet people's needs on a daily basis.

People were given the right adaptive equipment they needed at mealtimes in order to eat independently. For example, one person was given a plate guard to enable them to eat their lunch without pushing it off the plate. Where people needed to support to eat and drink care workers were encouraging and took their time to ensure the person had enough.

People told us that they had access to healthcare if needed and that a GP was called to visit when required. Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed. Specialist nurses such as the dementia nurse had been consulted for advice and support to ensure the care provided met the local guidelines.

Good

Is the service caring?

Our findings

The staff were caring to people who lived at the home and thought of them as friends. People told us they were happy with the staff that cared for them. A relative told us, "They are very kind and caring and long established staff too. I can say they love her. She responds well to them. It is a good bond."

Throughout our visit, we saw good relations between staff and people living at the home and a caring attitude. For example, one person living with dementia was settled by hoist into a lounge chair after lunch. A member of staff fetched a cushion to make them more comfortable and offered them a cup of tea. The member of staff then went to find the person's familiar fleece blanket and gently tucked it around them, feeling that their hands were cold. The member of staff chatted happily to the person all the time. Another person had been out for the morning and had visited the hairdresser. When they returned to the home we saw that all the staff commented to them how nice their hair looked.

Staff were committed to ensuring people has access to the community and provided support above and beyond what they were paid for to ensure people were able to access the community and enjoy activities and outings. On the day of our inspection a number of staff had volunteered unpaid to support people to go out for a drink and a piece of cake at a local garden centre. People returned from their outing at lunch time and there was a flurry of activity to get people settled. We saw that staff who had taken people did not rush off but stayed to help people remove their coats and to support their colleagues.

Lunch was a pleasant experience for people, tables were nicely set and people were offered aprons to protect their clothes. One person liked to eat alone and their privacy was respected by having a table for one. Staff were caring, checking that people were happy, offering help and encouraging them to eat and enjoy their meal without being obtrusive. One person was a slow eater but was not hurried. When they eventually finished, the carer put a hand on their back and said kindly, "Have you had enough."

Staff were happy that a person who had been in hospital was returning to the home that day. One member of staff who had been on the trip out that morning and who was not meant to be working offered to stay and wait for the person to arrive as other staff were busy with lunch. We saw the person looking quite pale and tired when they arrived home. All the staff told them how pleased they were to see them and the person expressed how glad they were to be home. One member of staff said to them, "It's lovely to have you home again. Great to see that smile." We saw the person later on that day, up and dressed in a co-ordinating outfit so they looked nice. Staff had arranged for a late lunch for them and they looked much better and more alert.

People told us that they felt staff would listen to them and make them feel valued. One person said, "Oh yes, I feel listened to big time." Another person told us, "They always spare time to talk to me." People also told us they were supported to make choices about their everyday lives. One person told us, "I do anything I want and can come and go from my room, decide when I go to bed or need help." We saw people were given choices throughout the day. Individuals had been given the choice of going on the morning outing and could choose their drink and bakery item in the café. A choice of drinks was offered by staff at lunchtime and

in the lounge mid-afternoon. People told us that they could choose when to get up or go to bed.

People and their families were supported to express their views about their care needs and make decisions about their care and treatment. Records showed that people living at the home, their family and other people they wanted involved in their care were invited every three months to a review to discuss their care needs. One person told us, "My daughter is in constant touch with them as she's got power of attorney. They keep me informed about any medication changes, if my inhaler is different or anything at all." A relative told us, "I'm fully involved and can fill in food and fluids on [my relative's] chart when I've been feeding them and get them to drink while I'm here. I get regular reviews with them here too."

People and their relatives told us staff always asked for their permission to provide care. One person told us, "I never have a problem with being asked." While a relative said, "[My relative] can't communicate well at all but the staff will still ask and try and get a response. They know them so well." Staff told us how they understood people's non-verbal communication and that gestures and actions would indicate that the person was making a choice. For example, if a person was not hungry they would refuse to open their mouth when offered food.

The provider had recently opened a new purpose built home on the same site. People were given the opportunity to move to the new home. However, people chose to stay at Holland House as they felt they were settled there and were friends with the other people living at the home and the staff who cared for them.

We saw care plans included a section on life aspirations which showed that the provider had acknowledged that people may still have things they wished to achieve. One person had indicated that an aspiration would be to have a party for their 90th birthday. We saw a thank you card from one person living at the home and their spouse as the home had supported them to have a 60th wedding anniversary party

People told us that their privacy was respected. One person told us, "They know I like my privacy up here so don't keep coming up, unless they have a drink for me or I need help. But if I'm unwell, they keep checking on me." Privacy was respected by staff. We were told by a family that staff closed the curtains and the door when repositioning their relative or giving personal care. People told us and we saw that staff would knock on bedroom doors and wait for a response before entering. Staff explained how they supported people's privacy when providing personal care by ensuring that the door was shut and encouraging people to be as independent as possible. One member of staff said, "The more they can do for themselves the better, as it gives them their independence."

We saw that the provider had taken time and effort to think about small things that impacted on people's dignity. For example, instead of having plastic beakers for people to drink out of the provider had found drinking glasses which were ridged with a large non-slip area on the outside. This was particularly effective in preventing slips and spills and supported people to maintain their independence. When people were offered a drink they were always asked why type of mug or cup they would prefer. We saw that staff were quick to offer drinks to visitors and this supported the people living at the home to feel that their visitors were welcomed and treated with respect.

Good

Is the service responsive?

Our findings

The manager visited people who wished to move into the home to discuss their needs to ensure that the home and staff were able to provide all the care needed. Records showed the assessments were thorough and supported the manager and staff to make appropriate decisions about people's care needs.

Care plans accurately recorded people's needs and how those needs could be met in a person centred way. They had been reviewed on a regular basis and change in care needs were identified and care planned to meet those needs. People's needs and any changes in needs were discussed at the twice daily handover meetings to ensure staff knew about any recent changes. Staff were able to describe people's needs and how they preferred their care to be delivered and this was the same as the information recorded in their care plans.

Staff managed people's pain levels and asked people to score their pain to see if it was getting any worse or any better. Where people were in pain staff raised the concerns with the GP. We saw one person had their pain medicines changed and this supported them to feel more comfortable.

People with diabetes were supported to monitor their blood sugar and there was clear information available to show when concerns needed to be raised with people's GP's. However, the nurse was not aware if an emergency hypoglycaemic kit was available in the home and care plans did not always record what normal blood sugar levels were for the person.

Records showed that one person was identified as having poor posture and being uncomfortable sitting in one of the chairs in the lounge. Staff had recognised this as a concern and had changed chairs for the person and saw that they were more relaxed in the different chair.

The home shared the activities organisers with the provider's sister home on the same site. On the morning of our visit seven of the people living at the home had gone out in the provider's minibus. They were going to look at flower fields but due to the wet weather went out for coffee instead. A member of staff told us how they had encouraged one person who was reluctant to go out just to get a change of scenery. When they returned we saw everyone had enjoyed the trip.

Other activities were offered to entertain people, for example, arts and crafts. In addition people were encouraged to visit the provider's other home on the site for a change of scene. For example, the week before our visit people had celebrated the Queen's birthday at the other home. Staff at the home also supported people when they had time for example; they would sit and read the paper to people or would play a game with them.

People told us they were happy with the entertainment and activities offered to them. One person said, "I only go to a few things as I like my television. They have good entertainers who come in and sing. At Christmas they really go to town and we help make decorations. I enjoy the outings; we go out for coffee, to a garden centre, visiting other care homes for tea. The company minibus is good and it's very safely done by

the driver and staff." Another person told us, "I like television and music. I do some of the things the girls arrange. I went to the garden centre today."

We saw there was a notice in the entrance hall advising people how they could make a formal complaint. People told us they were happy to raise complaints with the manager or other staff. Relatives we spoke with said they knew who to go to if they had any worries or complaints. Two people we spoke with had felt the need to make a complaint to senior staff. Both felt that the management had acted on their complaint and resolved it to their satisfaction.

Good

Is the service well-led?

Our findings

The home is required to have a registered manager and there was a manager on our register for this home. However, they were no longer working at the home and a new manager had been employed. The new manager confirmed their intention to register with the CQC and that they would discuss with the registered manager the need to be removed from our register for this home.

Staff told us and we saw that they worked together to support people to receive good care and looked to the nurse to provide leadership and support. They told us that the manager was not always visible or available as they were based in the sister home on the same site. This was echoed by people living at the home and their relatives. One person told us they were not sure who the manager was and a relative said, "It's a shared manager so I don't see much of them. I've had to go and find her if I want to discuss some things but she's easy to talk to. But I just talk to the nurse mainly."

However, the manager met with the nurse on a daily basis to ensure that they were informed of anything that could affect the running of the home. The nurse told us, "The manager has a morning meeting. We discuss any concerns, if the GP is coming out or if there are any maintenance issues. I feel supported by the manager and can ring straight through to the office. I can speak to them at any time." Staff were also supported with staff meetings and records showed the last meeting was in March 2016, where they discussed supervisions and teamwork.

People living at the home and their relatives were supported to give their opinions on the care they received through surveys and meetings and talking to staff. One person living at the home told us, "They always ask me if things are okay." A relative said, "They often slip us a form to fill in – and it's different each time so not just a standard survey." We saw that the results were displayed on the notice board for people living at the home, relatives and visitors to see. The manager told us they were working on an action plan for the latest survey results.

We saw details of a residents' meeting held the day before our visit. This was held in the provider's other home on the site. People told us they were encouraged to go. A family member regularly attends the meetings and felt they were worthwhile. They told us, "I've been to most of them. The discussions that take place are always worthwhile."

There were systems in place to monitor the quality and safety of the care people received. We saw that audits were in place and where any concerns were identified an action plan was developed. Audits were then redone to ensure all the actions identified had been undertaken. The provider had also completed the local authority infection control audit.

The managers for the provider's homes met on a regular basis. Complaints, accidents and incidents were discussed to ensure that learning was shared across all the provider's homes. In addition the provider was committed to having a transparent organisation so on a weekly basis information about all homes was shared with the managers.

The nurses had been given lead roles, for example, one nurse was lead for infection control. They gathered information about the condition and how it should be managed and they were a point of contact for colleagues who had concerns.

The provider had also made a commitment to improving the lives of people living with a dementia with a clear plan on how to improve the experience of living in a care home for people living with a dementia. They had employed a head of dementia who was in the process of visiting all the provider's homes to review the care provided. They were also meeting with people living at the home and their relatives to help them understand more about living with a dementia and that people could continue to lead active and fulfilling lives.

The head of dementia was working with staff to review how they interacted with people living with a dementia and how this could be tailored to improve their quality of lives. They were also looking at the activities offered to people and to provide meaningful activities to promote a healthy mental and physical lifestyle.