

Mrs Valerie Jane Taylor

Hollybank Residential 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

About the service

Hollybank is a residential care home providing personal care and accommodation to 17 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

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

People were protected from the risk of harm and abuse. There were safeguarding policies and procedures in place and staff were aware of this.

Comprehensive assessments of people's needs were in place. There was evidence of improved safety of people, including reduction of falls and pressure ulcers. This showed risks were being managed properly.

Staff had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service.

Medicines were administered safely. All staff members had undergone relevant training for medicines administration.

There was an infection control policy and measures were in place for infection prevention and control. There was a system for managing accidents and incidents to reduce the risk of them reoccurring.

The service carried out comprehensive assessments of people's needs and developed person-centred care plans. People had agreed goals of care which were delivered in line with standards, guidance and the law.

People's nutritional needs were met. They had been involved in drawing up the menu plans, and choices were regularly adapted in line with their preferences.

The environment had been adapted to meet the specific needs of people with dementia. People received co-ordinated input from a range of specialist services, such as psychiatrists, allied health professionals and community pharmacists.

There was evidence of on-going and relevant staff training. Relatives confirmed that staff had skills to support people safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were supported and treated with dignity and respect. People's relatives confirmed that staff were

kind and caring. People's care records contained information about their choices and independence.

Specific needs in relation to equality and diversity issues were recorded in people's care plans and addressed. The menu plans fully catered for different cultures and cuisines.

The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

People received individualised care that met their needs, preferences and interests. People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs.

There was a complaints procedure, which people and their relatives were aware of. The procedure explained the process for reporting a complaint□

There were methods of monitoring the quality of the service in place. Regular checks and audits had been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents.

Rating at last inspection:

At our last inspection, the service was rated "Good". Our last report was published on 13 December 2016.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

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

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

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Hollybank Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hollybank Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections.

During the inspection

We spoke with relatives of six people about people's experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including, the registered manager, deputy manager, service director and care workers. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. One relative told us, "My relative is receiving amazing care. I can't fault the quality of care. Another relative said, "My relative is extremely safe at the home."
- There were safeguarding policies and procedures in place and staff were aware of these. They had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They knew how to recognise signs of abuse and what to do should they witness any poor practice. Staff were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action.

Assessing risk, safety monitoring and management

- Comprehensive assessments of people's needs were in place. The assessments included risk assessment in a range of areas, including falls, nutrition and pressure ulcers.
- Risk assessments were kept under review, which ensured that risks to people's safety and wellbeing were monitored and managed properly.
- There was evidence of improved safety of people, including reduction of falls and pressure ulcers. This showed risks were being managed properly.
- There was a system for the maintenance of the premises, however, this had been found to require minor amendments at the inspection that was carried out by the London Fire Brigade in April 2019. The service was given up to 15 October 2019 to make improvements. At this inspection we found that improvements had been made.

Staffing and recruitment

- Staff had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service, which included at least two references, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- There were enough staff deployed to keep people safe. Throughout the course of this inspection, we observed that staff were busy but there were no delays in people being attended to. Staff had time to speak and engage with people.

Using medicines safely

- Medicines were administered safely. All staff members had undergone relevant training for medicines administration. Certificates of training for medicines administration in the last year were observed. Staff had also undergone annual assessments of their competency.

- Medicines were managed safely in line with national guidance. All medicines were stored in a lockable medicine cupboard. Only authorised staff had access to the medicines.
- The medicine administration records (MAR) sheets were completed accurately and stocks we checked tallied with the balances recorded. This gave us some reassurance that medicines were given as prescribed and were available.
- Staff followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines.

Preventing and controlling infection

- The premises were clean, and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control.
- There were arrangements in place for managing waste to keep people safe. Staff wore personal protective equipment (PPE) such as gloves and aprons when they attended to people's personal care.

Learning lessons when things go wrong

- Accidents and incidents were monitored. There was a system for managing accidents and incidents to reduce the risk of them reoccurring.
- There were records to show how the service had managed incidents to make improvements to the service. A recent inspection by the London Fire Brigade had prompted improvements in relevant areas.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service carried out comprehensive assessments of people and developed person-centred care plans. These identified people's likes, dislikes, medical and mental health needs, including falls, skin integrity, nutrition and dementia care needs.
- Agreed goals of care were delivered in line with standards, guidance and the law. For example, the service followed guidance from reputable sources such as the National Institute of Health and Clinical Excellence (NICE) and provisions of the Human Rights Act 1998 and the Equality Act 2010.
- There was evidence the care plans had been developed with people and their families. A relative told us, "We are involved in decisions about care. Staff always phone if there is something they want to know. We are also invited for meetings."

Staff support: induction, training, skills and experience

- There was evidence of on-going and relevant staff training. Staff had completed essential training, which covered a range of areas, including, medicines management, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safeguarding, health and safety, equality and diversity and infection control.
- New staff had completed an induction programme based on the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff shadowed experienced members of staff until they felt confident to provide care on their own.
- Staff spoke positively about their line management. They described management in complementary terms such as, approachable, supportive and kind. We evidenced they received regular supervision and yearly appraisal of their performance.

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

- People's nutritional needs were met. They had been involved in drawing up menu plans, and choices were regularly adapted in line with their preferences.
- Each person had a nutritional assessment and those at risk of malnutrition were referred to relevant healthcare professionals, including, GP, speech language therapists (SALT) and dieticians.
- People's dietary requirements were known to staff. There was evidence staff had taken steps to manage people's diets to make sure people had enough to eat and drink to meet their nutrition and hydration needs. Some people were on soft or pureed and we saw this was highlighted for staff to follow. During the inspection we saw that this was followed.

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

- There were 13 people living with dementia receiving care. They all had a dementia care plan outlining what the condition meant to them and how it affected them. They were offered ongoing opportunities to be involved in their care. For example, most people had made arrangements granting lasting power of attorney to their loved ones.
- The environment had been adapted to meet the specific needs of people living with dementia. Items of familiarity were in place to support people with reminiscence and understanding their environment. For example, there was a sensory wing decorated with objects of reference, which people would recognise from their past, such as clips of old adverts, old films, and telephones. This was in keeping with current evidence, which suggests the benefits of reminiscence.
- A relative told us, "My relative has dementia and is unable to recognise family. However, it is comforting to know she is very well looked after. It is a huge weight off my shoulder."

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

- People received co-ordinated input from a range of specialist services, such as psychiatrists, allied health professionals and community pharmacists.
- There was evidence of regular scheduled visits by GP, occupational therapist (OT), speech and language therapist (SALT), and important others to review people's care.
- Care records included information about appointments with health and social care professionals. A relative told us, "I am not able to see my relative as often I would like to. However, the home is doing an amazing job. They accompany my relative to hospital or GP appointments."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decision forms had been completed for specific decisions.
- People's relatives confirmed people were always asked for their consent before staff could proceed with support, which we also observed. Where possible, people, or their next of kin, had signed the care records to show that they had consented to planned care.
- Early and ongoing opportunities for advance planning were offered to people living with dementia so that they were fully involved in their care. For example, 'Looking ahead' document was in place to inform best interest decisions about end of life for people who may lack capacity to engage in their future healthcare.
- There were 14 people who were subject to a DoLS for their safety. Conditions on authorisations to deprive people of their liberty were being met. This was monitored monthly to ensure people did not remain restricted unnecessarily even when their needs changed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service promoted equality and respected diversity. People received care that was holistic, which meant, all factors about the person were considered, including the physical, emotional, social, cultural and religious aspects of who they were.
- Staff understood and addressed people's religious and cultural needs by ensuring people maintained their cultural and religious observances. This included opportunities and support to attend their place of worship and to make choices around diets. Representatives of local churches visited the care home regularly for prayers with people.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been considered in relevant cases. For example, people's sexual needs were incorporated into their care plans.

Supporting people to express their views and be involved in making decisions about their care

- There were systems and processes to support people to make decisions. As stated, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care.
- The service regularly held meetings to gain people's feedback, which were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these.
- The menu plans provided a varied selection of meals based on people's likes and on individual nutritional needs. People's choices for meals and drinks were regularly adapted in line with their preferences. Those people who did not choose from the menu were offered alternatives.
- People's communication needs were also addressed as part of creating a supportive environment to delivering real choice and control.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us that staff respected people's privacy and dignity. They told us that staff knocked on doors and asked for permission before entering people's rooms. A relative told us, "My relative's privacy and dignity are respected. If staff needed to do anything discretely, they support my relative to her room."
- Staff maintained people's independence by supporting them to manage as many aspects of their care as they could. For example, during lunch, several people were supported to maintain their independence to eat

their meals at their own pace without being rushed. We observed that staff spoke with people in a respectful way, giving people time to understand and respond.

- Privacy and confidentiality were maintained in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found the content of the care plans to be detailed and person centred. Staff were familiar with the plans and were following them.
- The service used an individualised approach that was tailored to people's needs, taking into account their complex needs, including personal preferences.
- Care plans were developed with people and their relatives. A range of information gathering approaches were used to gain people's views and preferences, including meetings, regular reviews and surveys.
- Relatives confirmed that care and support was based around people's needs and preferences. A relative told us, "My relative's needs are met. The service is exceptionally good."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported, if needed, to express their views and preferences in relation to their care and support. The service identified and recorded how people wished to communicate and their communication needs.
- People's care plans contained details of the best way to communicate with them and during the inspection we saw that staff were following these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained personal relationships with family and friends. A relative told us, "The staff have my relative's best interest at heart. They always phone me if they wanted to know about something."
- People's assessments had taken account of their choices. Activity preferences had been recorded, including how best to support people in their chosen activities. During the inspection we saw people participating in a range of activities, both in groups and as individuals including, reading newspapers, books, magazines, watching television and sing along entertainment.

Improving care quality in response to complaints or concerns

- There was a complaints procedure, which people and their relatives were aware of. The procedure explained the process for reporting a complaint. Relatives told us they could discuss any concerns they had

with the registered manager and were confident any issues raised would be dealt with. A relative told us, "We know who to approach if ever we needed to complain."

- One complaint had been raised in the last 12 months, which had been investigated and concluded satisfactorily.

End of life care and support

- There was documented evidence that the service had considered advance wishes and care preferences. End of life care plans were in place and included diagnosis and prognosis, next of kin contact arrangements, directives, wishes and concerns.
- An end of life policy in place. Staff knew how to manage, respect and support people's choices and wishes for their end of life care as their needs change.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People received care and support that was tailored to their needs and goals. We found that things that mattered to people were discussed with people and their family and formed the basis for their support and care. We saw evidence that staff had regular meetings with people, which gave people an opportunity to discuss aspects of their care. The service also sought feedback from people and their relatives which it acted on.
- People experienced good care, which we saw resulted in good health outcomes such as reduction of pressure ulcers, falls and minimisation of predictable events such as urinary infections. People and their relatives were involved in decisions about care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events. A relative told us, "I would recommend the home to anyone. The registered manager is approachable. She rings me if there is any problem."

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

- The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as sexuality, communication, equality and diversity, person centred care, and end of life.
- There were clear management structures in place. The registered manager was supported by two deputy managers. Staff were aware of their responsibilities and the reporting structures in place.
- We found the registered manager to be passionate and dedicated to providing quality care. She was knowledgeable about issues and priorities relating to the quality and future of the service. People's relatives described the registered manager and the service in complementary terms. One relative told us, "The registered manager is incredibly good. She tells me the truth. She is efficient. I can count on her as someone I can rely on in any situation."

- The registered manager was up-to-date about people's needs. She could tell us knowledgeably about the support each person was receiving. Likewise, she was familiar with important operational aspects of the home. A relative told us, "The registered manager always knows exactly what is happening with my relative."

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

- People receiving care, their relatives, staff, health and social care professionals were involved in the way the service was run. Assessments and care reviews were carried out in partnership.
- There was evidence of regular visits by GP or other health care professionals to carry out routine reviews or reviewing particular people with new needs.
- The service used data gathering systems such as regular surveys, meetings, and the complaints system, which enhanced the involvement of people, their relatives and staff.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. For example, we saw that people's religious observances were respected.

Continuous learning and improving care

- Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in areas related to maintenance of the premises, health and safety, medicines management, infection control and management of accidents and incidents. We found improvements were always made where shortfalls were identified.

Working in partnership with others

- People receiving care required co-ordinated input from a range of healthcare professionals and we saw that there was reliable communication across all the disciplines. Three GPs visited the home. There was also input from dentists, chiropodist, optician, DN, SAL, OT and the local pharmacy.
- Telemedicine scheme was also in place. This is an online GP support services, which provided effective out of hours telephone consultation. This was used by people when needed.
- The service had a Red Bag Pathway. This is an integrated pathway designed to support transition of people receiving care between hospital setting and care homes. The pathway enables a significant reduction in the amount of time taken for ambulance transfer times and reduces avoidable hospital admissions.