

K And N Care Homes Ltd

Hollin Bank House

Inspection report

Hollin Bank
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Accrington
Lancashire
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Tel: 01254236841

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hollin Bank House is a residential care home providing personal to 9 people aged 65 and over at the time of the inspection. The service can support up to 14 people. The service accommodates people across two floors.

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

People told us they felt safe and were supported by staff who knew them and their needs well. Staff treated people with respect and maintained their dignity when supporting them.

Ongoing improvements were being made to the decoration and upgrading of facilities in the building. There had been a change of ownership since our last inspection. Some areas of fire safety had been identified through a recent visit from the fire service and the registered manager and owner were taking appropriate action to address this. There was a lack of outside space for people to access which was being addressed. Checks on the environment and equipment were taking place.

Medicines were managed safely. We identified some minor improvements were needed in relation to the recording of medicines. However, immediate action was taken by the registered manager to rectify this. Accidents and incidents were recorded and risk assessments were in place. Improvements had been made around the prevention and control of infection.

People and relatives were positive about staff and the service they received. There were enough staff employed and on duty to meet the needs of people. The owner had an effective recruitment and selection procedure and carried out relevant checks.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care plans were detailed and covered all aspects of people's care, including oral care.

The management team were approachable and had an open door policy which enabled people to share their views and raise concerns. During the inspection one relative raised an issue that was resolved effectively. The registered manager was passionate about the service and had worked hard since last inspection to make improvements. There was an activity coordinator in place and although people told us they were happy with the activities provided, we identified areas for further development.

The new owner was responsive and monitored quality and there was a continuous programme of ongoing improvements.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 January 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

Details are in our safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led below.

Hollin Bank House

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

This inspection was carried out by one 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 service.

Service and service type

Hollin Bank House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and three relatives about their experience of the care provided. We spoke with 6 members of staff including the provider, registered manager, deputy, team leader

and care workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to ensure robust recruitment systems were in place. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment processes had improved. We looked at two staff recruitment files and found all relevant pre-recruitment checks had taken place. Gaps in employment had been explored.
- Everyone we spoke with told us they felt safe. One person told us, "The staff are never sharp with us. They talk to us like we are talking now. I am happy here".
- Relatives told us there was always enough staff on duty when they visited. Our observations confirmed there were enough staff on duty to meet people's needs.
- People were protected from the risk of abuse. Staff training had improved and staff were trained in safeguarding. Staff we spoke with were knowledgeable and had access to safeguarding policies and procedures.

Using medicines safely

- There were arrangements in place to ensure people received their medicines safely.
- We identified some minor improvements were needed in relation to the recording of medicines. For example, one protocol for a variable dose of medication was missing and creams and liquids were stored in an unlocked cupboard. Immediate action was taken by the registered manager to address these during inspection.
- Staff responsible for administering medicines were trained to manage medicines safely. We observed people received their medicines safely and medicine administration records (MARs) had been completed appropriately.

Preventing and controlling infection

- Infection control was managed safely. There had been improvements since the last inspection, in relation to the laundry.
- People were protected from the risk of infection and staff understand their roles and responsibilities in relation to infection control and hygiene. They wore disposable gloves and aprons when carrying out personal care and cleaning tasks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- A representative from the fire authority had recently visited the service and had identified some areas of fire safety requiring attention. The registered manager and owner were taking appropriate action to address this.
- The service managed risk effectively around environmental risks, as well as risks in relation to falls, medication and skin integrity. Improvements had been made to the call bell system and safety gates were now in place, to minimise risks around stairs.
- Accidents and incidents were recorded and monitored enabling any safety concerns to be acted on and to identify lessons learnt.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- People's records were accurate, up to date and stored securely.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection the provider had failed to ensure they were working within the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Capacity assessments were decision-specific.
- Consent forms were in place.
- There was evidence of best interest meetings or best interest decisions being made for those people who lacked capacity.
- The provider had submitted DoLS applications and were awaiting their approval.

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

- The design and decoration of the service did not always effectively meet the needs of people using the service. At our last inspection we recommended the provider considered current best practice guidance on suitable environments for people living with dementia and the safety of external areas.
- At this inspection we found that some improvements had been made by the new owner, such as dementia friendly signage and outside lighting had been installed. However, we found some areas of the service still required re-decoration and ongoing maintenance.
- The outside area of the service still required some attention. There was no outside space for people to sit out and the area to the back of the home was very uneven and difficult to manoeuvre in darkness. This was a risk to people using the service, visitors and staff members.

- The registered manager showed us an on-going refurbishment plan. The new provider had started to address the issues, which had not been actioned by the previous provider.

Supporting people to eat and drink enough with choice in a balanced diet

At the last inspection we recommended the provider considered current best practice guidance when providing pureed meals. The provider had made improvements.

- All food items were individually pureed, so people could differentiate between each food item.
- Although some food moulds had been bought these were limited and we were reassured that further moulds had been ordered.
- There was a wide range of food available and menus were based on what people said they liked to eat. On the first day of inspection menus were not displayed, but this was actioned on the second day.
- People's nutritional health was assessed and supported to ensure they were eating and drinking enough.
- People spoke positively about the food provided. One person said, "The food is very good."

Staff skills, knowledge and experience

- Staff told us since the last inspection training a new training provider had been sourced. Staff received effective training which gave them the skills and knowledge to carry out their duties safely.
- Staff were competent and knowledgeable. Staff received appropriate inductions and they told us they felt confident in supporting people.
- Staff had opportunities for supervision and appraisal. They told us they felt well supported by the registered manager and other senior staff. One staff member told us, "She {registered manager} is fantastic, so supportive."

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

- People had access to appropriate health and social care professionals and staff worked with other agencies to make sure people's needs were met.
- We saw evidence in care files to show professionals had been involved in people's care, such as GPs, dentists, opticians and speech and language therapists.

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

- Staff ensured people's needs were assessed effectively. Senior staff carried out assessments of people's physical, mental health and social needs prior to receiving a service.
- Staff ensured people's personal histories were being recorded and information in relation to their health had been obtained. One relative told us, "my mum has been in 4 or 5 other homes and not settled. She is happy here, the staff are fabulous and know how to support her in a really caring way. They treat her as an individual and don't judge her when she may be less than nice."
- Staff regularly reviewed care plans and evaluated them. Staff were aware of good practice guidelines and used them to support the delivery of care.

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

- People were treated with kindness. One person described staff as, "Staff are good with me, if they weren't, I would tell them to take their hook. They are smashing".
- We saw examples of caring interactions between people and staff. Staff knew people well and it was evident from our observations that positive relationships had been formed.
- A thorough equality and diversity action plan relating to staff actions, communication, language, food and diet and religious beliefs was in place.
- Policies and training were also in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. This promoted a person-centred approach and ensured people's preferences, wishes and choices were respected.

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

- People were given choices about their care. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences.
- Staff were committed to valuing people as individuals. Staff asked people's permission before carrying out any support, such as personal care.
- People's preferences were valued and staff knew the people they cared for very well.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. People were encouraged to remain as independent as possible and do as much as they could for themselves.
- Staff engaged with people in a dignified way and we observed them knocking on people's door before entering.

Is the service responsive?

Our findings

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

- People received personalised care and support based on their assessed preferences and needs. Care plans showed people and their relatives were involved in planning their care.
- Staff had a good understanding of people's lifestyle, preferences and needs. Care plans were in depth and reviewed on a regular basis.
- People's needs, including those related to protected characteristics, were identified. We saw a detailed equality and diversity care plan was in place for each person.

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

- Information could be provided in ways which people could understand, including large print.
- Staff knew people well and understood how they communicated. They knew how people expressed themselves, so recognised if people were in pain.
- Staff utilised technology to translate for one person for whom English was not their first language.

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

- Although we didn't see any activities taking place, people told us they played games, listened to music and chatted. There was a dedicated activities coordinator at the service and we saw evidence of recording of activities. However, these activities were quite limited and there was no activity plan in place. We discussed this with the registered manager who had already identified the need for more stimulating activities to take place and agreed to put a plan in place.

End of life care and support

- At the time of the inspection there was no one in receipt of end of life care. However, advanced care plans was in place for people which contained information on people's wishes at the end of their life to support staff.
- End of life policies and procedures were in place and were accessible to staff. Since the last inspection, staff told us they had access to improved training programmes, which included end of life training.

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People and relatives knew how to make

a complaint and told us they would be listened to by the management team. One person said, "I have never seen anything that wasn't nice here."

- Complaints and concerns were managed effectively and in line with policies and procedures. During the inspection, one relative raised an issue with us. The issue had not been previously raised with the registered manager so a meeting took place which resulted in a positive resolution.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. People felt the new owner was supportive and could see that improvements had taken place, such as the outdoor lighting. The registered manager was passionate about the service and had worked extremely hard making improvements at the service.
- The registered manager was visible within the service and was responsive to the needs of people, relatives and staff. It was clear that she was well respected and had a strong value base.
- Staff spoke positively about their roles. They felt well supported by the registered manager and supervisions were taking place. Staff told us morale was good and they worked well together.
- Notifications of significant events such as incidents and accidents were submitted in a timely manner.
- The owner had quality assurance system in place, such as audits and quality monitoring. These were used to identify areas for improvement.

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

- The registered manager and the culture they created supported the delivery of person-centred care.
- Policies and procedures were available and accessible to support staff.
- The registered manager promoted an open and transparent culture, which helped ensure good outcomes for people.

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 principles of the duty of candour were evident in the registered managers practice. They were open and honest in response to any complaints and worked in partnership to make improvements.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People were consulted about their experiences of the service. Regular staff meetings were held, and staff told us said they could make suggestions for improvement.
- People were invited to regular residents meetings to discuss the quality of the service and care delivered. Surveys were given to people who used the service and their family members and results were analysed to improve the service.
- We saw numerous compliments about the service from residents, family members and professionals. We saw one from a professional stating, "Just a note to praise the professionalism, organisation and friendliness

of the care home staff I have met today. The staff clearly have in-depth knowledge, of their residents and the level of care shown is obvious with their interactions."

- The registered manager worked with health and social care professionals to ensure people received effective support to meet their needs. Records showed they worked in partnership with social care teams to support safe care provision. Advice was sought and referrals were made in a timely manner.