Care Quality Commission

Simply Care (UK) Ltd

Holly Bush 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

Overall summary

We undertook this unannounced inspection of Holly Bush Nursing Home on 23 February 2015. At our last inspection in February 2014 the service was meeting all the regulations we looked at.

Holly Bush Nursing Home provides accommodation and nursing for 12 people with learning disabilities.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The service worked closely with funding local authorities and other healthcare providers, including the local hospitals and general practitioners. People had access to healthcare professionals when required.

People were supported to make choices about their care. Care plans included information about people's likes and dislikes and a description of daily routines and personal preferences. Care plans explained how people would like staff to help them meet their needs, encourage their independence, respect their lifestyle and help them meet their goals.

Summary of findings

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home.

There were enough staff employed to meet people's needs and recruitment procedures were robust, ensuring that only people who were deemed suitable worked in the home. Staff were provided with support and training to help them carry out their roles.

Staff understood the needs of people and we observed care was provided with kindness and compassion. People's relatives told us they were happy with the care people were receiving.

The registered manager assessed and monitored the quality of care consistently. The provider encouraged feedback from people, their relatives, staff and professionals involved in care. There was evidence feedback was used to make improvements.

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This helped to ensure that people's rights in relation to this were properly recognised, respected and promoted.

Summary of findings

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 were competent and had skills to keep people safe. They could identify signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The provider had effective systems to manage risks to people. Risk assessments were in place and there was evidence they fed into care plans. Monitoring forms were in place for indicated risks, and we saw these were completed regularly.

The provider had robust recruitment procedures. There were enough staff to care for people. Staffing levels and skill mix was sufficient and flexible to meet people's changing needs.

Is the service effective?

Good

The service was effective. Relatives who gave us feedback described the service as effective. They were involved in the care and were asked about people's preferences and choice.

Links with health services were excellent. Where people had health needs, the provider sought to improve their care, treatment and support through implementation of best practice in conjunction with other health care professionals.

The provider ensured proper steps were taken so that decisions were made in people's best interests, where people could not consent to their care.

Is the service caring?

Good

The service was caring. Relatives were very positive about the care and support their family members received. Staff were kind and compassionate.

They treated people with dignity and respect. We noted that staff spoke with people and supported them in a respectful and friendly manner.

Is the service responsive?

Good

The service was responsive. People and their representatives were involved in planning, reviewing and updating care plans. Care was provided to meet people's individual needs.

The provider held regular meetings with people and their relatives in order to get their views on the service provided.

Is the service well-led?

Good

The service was well-led. There was a positive and transparent culture where people, staff and people's relatives felt included and consulted.

Staff felt supported by management and could share any concerns about care provided at the home.

The provider implemented robust quality assurance processes to ensure the quality of the service was under constant review. We saw from associated action plans that findings were used to drive improvement.

Holly Bush 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 checked 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.

During the inspection we spoke with five staff members, two senior staff of the company and a healthcare professional. We were not able to speak with people using the service because they had complex needs and were not able to share their experiences of using the service with us. We gathered evidence of people's experiences of the service by reviewing their care records, observing care and talking to their relatives. We looked at six care records of people receiving care and seven staff records which included recruitment information.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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 service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home.

Good

Is the service safe?

Our findings

Relatives told us people were safe and secure. Their comments included, "My [relative] is safe and well looked after.", "We are happy overall. We do not have any complaints" and "My [relative] is safe. I am not worried about abuse. All staff have been trained and do a good job". Professionals told us people were safe and secure.

The home had policies and procedures in place to protect people in order to ensure risks of abuse were minimised. All staff undertook training about how to safeguard adults during their induction period and there was regular refresher training. Staff understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They told us they could report allegations of abuse to the local authority safeguarding team and the CQC if management staff had taken no action in response to relevant information.

The recruitment procedures were rigorous and thorough. We looked at six staff personnel records and saw that each contained a list of checks, including at least two references, criminal record checks, proof of identity and address, along with documents confirming the right of staff to work in the UK.

There was a system to make sure the staffing numbers and skill mix were sufficient to keep people safe. The provider ensured there was a qualified nurse on each shift. There was an on-call system which, ensured there was always a senior manager at hand to provide advice for any matters of concern. All staff confirmed there were sufficient numbers of staff. A relative told us, "The home has sufficient number of staff to look after my [relative]. I have visited without warning and have found my [relative's] needs to have been met." This echoed the feedback we received from the other relatives.

The provider had arrangements in place to cover for staff absences. The provider had a contract with three agencies. These agencies were contacted to supply staff whenever there was need. For example, arrangements were in place to cover the absence of the registered manager, who was due to take four weeks annual leave, a few days after this inspection. A stand in manager had been booked from one of the agencies to commence work a week before the registered manager was due to leave. The director explained the week would involve shadowing the registered manager and allow for a smooth handover.

Assessments were undertaken to identify risks to people who used the service. Each of the care records we saw had an up-to-date risk assessment. These assessments were different for each person, reflecting their specific risks. Management plans were in place for each identified risk. For example, we saw guidance from Speech and Language Specialist (SALT) for people at risk of choking. Staff demonstrated they knew the details of these management plans and how to keep people safe.

Staff involved people, their families and other professionals in the risk assessment process. We saw evidence staff contacted healthcare professionals to share information about people's risks. In one example, we saw that information of concern about a person with diabetes and at risk of hypo-glycaemia (low-blood sugar) or hyper-glycaemia (high-blood sugar) had been shared with GP, pharmacist, and a diabetes specialist nurse. This had led to the development of a management plan, which we saw was implemented effectively.

Records showed that staff recorded incidents that happened at the home. This information was used by the registered manager to investigate incidents and take the appropriate action to reduce the risk of them happening again. We saw from staff meeting minutes that information about incidents were discussed, including sharing of any changes that had been implemented in response to these incidents. For example, there was an incident recorded, which had resulted in the termination of employment of a member of staff. The learning from this incident was shared in a staff meeting where staff were reminded of the organisation's values and behaviour that were expected of them.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. The provider kept records of the quantity of medicines supplied, disposed, given to people and the remaining balance. The room and storage temperature where medicines were stored had been monitored and was within the recommended ranges. The home did not have controlled drugs (CD) but had a CD cabinet for any future use.

Good

Is the service safe?

There was a system for auditing medicines, which was undertaken by qualified nurses. There were no gaps in the medication administration charts examined. Regular audits were taking place to make sure staff administered medicines correctly. Medicines were administered by qualified nurses who had received training and were assessed as competent in handling medicines safely on behalf of the people who lived in the home.

The provider demonstrated they understood their roles and responsibilities in relation to infection control and hygiene. The home had an infection control lead and audits were undertaken regularly, including any corrective action where required. In a recent audit by the local authority, the home had achieved high standards in decontamination, hand hygiene, clinical practices, waste disposal, and linen handling. The provider had put in place an action plan to address areas needing improvement.

Good

Is the service effective?

Our findings

People's relatives confirmed they were involved in the assessment and care planning process. This enabled staff to identify the needs, care preferences and likes and dislikes of people who used the service. A relative of one person told us, "Staff listen to us and they are flexible on suggestions."

People using the service and their families were provided with information before they begun using the service. This information was provided in a format that met people's communication needs. The information included the provider's statement of purpose and service user guide, which included the complaints policy. This was presented in an easy to read format, with pictures as a way to illustrate relevant processes.

People were supported by skilled staff who received appropriate training to enable them to provide an effective service that met their needs. Staff had completed an induction programme on commencing employment and had received further essential training, to ensure they were competent to meet the needs of people. Most of the training was delivered internally with the staff attending some external courses as required. Staff told us that the training was comprehensive and provided them with the knowledge, information and skills they needed to look after people who used the service.

Staff received support from the management team both in relation to day to day guidance and individual supervision. Individual supervision involved one to one meetings with their line manager to discuss work practice and any issues affecting people who used the service. They could bring up any issues, give and receive feedback and discuss their training and developmental needs. The provider employed eight qualified nurses, and there was an arrangement for them to receive clinical supervision from relevant healthcare professional at a local NHS hospital.

People were supported to maintain good health and enabled to access healthcare services when needed. People were supported by a number of healthcare professionals, including GP, chiropodist, community specialist nurses, opticians and podiatrist. Staff ensured people accessed health and medical support in timely manner when they were concerned. We noted an example of good practice. A person who visited Accident and Emergence Department (A & E) frequently because of a medical problem no longer needed to attend A & E since they moved to this home due to the effective care provided by staff. For example, the provider ensured the person received timely coordinated care between different healthcare professionals.

The registered manager and staff were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. The DoLS safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Staff had received MCA training and had knowledge of DoLS and were aware of people's rights to make decisions about their lives. Staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. For example, staff were aware of action to take in the event of a medical emergency for a person who refused to attend medical appointments. The provider had followed the MCA Code of Practice to arrive at this arrangement. The registered manager was aware of how to obtain best interest decisions and when to refer to obtain a DoLS authorisation. We saw evidence the service had sought standard authorisation from respective authorities for relevant people.

People had a choice of suitable and nutritious food and drink. A Malnutrition Universal Screening Assessment (MUST) assessment was completed when people moved to the home. A MUST assessment is used to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. People's weight was monitored regularly, and specialist support was obtained to investigate weight loss when this was a concern. Some people had been prescribed supplements to support them with nutrition. Staff, including the cook, understood how to support people to eat healthily.

Good

Is the service effective?

At lunchtime we saw that staff supported people who required assistance to eat and drink appropriately, taking time and encouraging them to finish their meal. They offered alternative meals if people changed their mind about what they wanted to eat.

Some people were at risk of choking and they had received specialist input and had care plans in place in relation to this. Staff followed these care plans. For example, staff mashed or pureed people's food as necessary to reduce the risk of choking.

Good

Is the service caring?

Our findings

Relatives spoke positively about the attitude of staff whom they described as 'caring'. One relative told us "We are pleased as a family and we have peace of mind knowing that [our relative] is receiving great care. We have never needed to complain" and another said, "My [relative] is very cared for. I would have asked for my [relative] to be moved if I was not happy with the care."

People receiving care were dressed appropriately and appeared well cared for. We saw the interactions between staff and people were caring and respectful. People who could walk freely did so without hindrance. Staff understood people's preferences and needs. Staff had relevant knowledge regarding people's routines, and their likes and dislikes.

People's assessments and care records considered their need for privacy and dignity. Staff were always courteous to people. They sat next to people during conversations or when assisting with meals. The home had dignity champions, who coordinated with the registered manager to improve people's experience of care. Staff always closed doors when supporting people with personal care.

During lunch we observed staff acting in a kind and caring manner towards people. For example, we saw that one person was visibly unsettled and refusing to get ready for lunch. A staff member leaned towards this person, talking in a calm and soothing manner. Eventually the person appeared to be content, and proceeded to have their lunch. People were seen to be relaxed and at ease in the company of staff.

Staff ensured people continued to make choices about all aspects of their lives. The provider had explored a range of methods in order to meet people's communication needs so that individuals could be involved in their care. For example if a person could not communicate verbally, other communication methods were used. These included communication cards, object of reference, and in other cases, gestures or sign language were used. There were a lot of posters and images around the home to help people to communicate with staff.

The provider sought to meet people's needs with regard to equality and diversity. For example, people were provided food, which reflected their culture. People showed us their bedrooms and we saw they were decorated with items of cultural and religious significance. Staff told us they supported people to attend places of worship and one staff said they were organising for a person to join a community centre for people of his ethnicity.

The provider ensured people's end of life wishes were documented in their care plans. At this inspection no one was reported to be receiving end of life care.

Good

Is the service responsive?

Our findings

People's care plans were comprehensive and contained details of their likes and dislikes. They contained sufficient information to enable staff to provide care and support in line with people's wishes. People's relatives told us they were involved in discussions about people's care plans and were satisfied with the care provided. One relative told us, "A carer has been in touch each time [my relative's] care needs have changed. Sometimes I cannot attend meetings but staff do communicate changes and seek my opinion."

People were assessed before they moved to the home. Care plans were provided in two formats; a one page profile and a more detailed format. The one page profile provided immediate access to important information about people, such as likes and dislikes, and also their immediate needs. Both plans were person centred, and contained sufficient information to guide staff on how to meet people's needs.

Care plans were routinely reviewed with the involvement of people who used the service and their relatives, where possible. A relative told us, "I am invited to attend reviews and sometimes staff send feedback or phone me to discuss my [relative's] needs." The provider routinely sought feedback from people who used the service and their relatives, and we saw that this was acted upon.

There were regular meetings with people who used the service in order to get their views on the service provided. In addition, the service collected formal feedback from relatives through annual satisfaction surveys. Results of surveys from relatives, people, and healthcare professionals were displayed in prominent areas of the home.

Arrangements were in place to meet people's social and recreational needs. People were involved in various activities in the home. An activities timetable was displayed on a noticeboard and we saw staff supporting people with activities. People participated in activities at home, which included yoga, massage, music and manicure. The home had an adapted minibus which helped keep people involved with their local community. For example, people went out on day trips to museums and parks.

Relatives informed us that they could talk to the manager or care staff about any concerns or complaints they had. They stated that the manager and staff were responsive and pleasant. The home had a complaints policy and procedure, which was on display. The policy was available in many formats so that it was accessible to people. Staff were aware of action to take when a complaint was received. They stated that they would report it to the manager and record in the complaints book.

Good

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in post, who was described by staff in complimentary terms. Staff told us the registered manager and service director were approachable and accessible. Staff were comfortable raising concerns and were confident issues would be addressed appropriately. At this inspection we saw the registered manager and the service director interacting with people and ensuring they received the care they needed.

There was a clear management structure at the home and staff were aware of the roles of the management team. We spoke with the registered manager and the service director, who both had a regular presence in the home. Both were readily available to staff and people who used the service to answer any queries and provide support and guidance. They demonstrated they were knowledgeable about the details of care. On occasions we observed them providing one to one care to people, which showed they had regular contact with people who used the service.

The provider promoted a positive culture that was open, inclusive and empowering. The provider sought feedback from relatives and people who used the service by means of an annual quality assurance questionnaire. Responses from these were analysed and an action plan put in place to respond to any issues that had arisen. We saw evidence from people's care plans that there was regular communication with people's relatives. Some comments from relatives included, "I would like to thank staff for all their hard work with [my relative]. He has improved significantly", and "I am very impressed with the care [my relative] is receiving. [My relative] has made amazing progress since my last visit."

Staff were supported to question practice, or to raise any concerns they may have about the service. We saw evidence of regular staff meetings. Staff were encouraged to complete an agenda form to indicate issues they would want discussed in meetings. Staff were able raise issues about the service with the management team, knowing this would be dealt with appropriately.

The provider implemented robust quality assurance processes to ensure the quality of the service was under constant review. We saw from associated action plans that findings were used to drive improvement. At this inspection, the provider had undertaken audits on infection control, health and safety, medicines and care records. The provider also regularly involved an independent company to undertake quality assurance reviews as part of their continuous improvement programme. Each audit led to an action plan which we evidenced as being implemented to drive improvement. For example, in November 2014 the provider received a quality assurance review from an external private company. This recommended some areas for improvement including medicines management. We saw the provider had evaluated the review and created action plans for all the recommendations made. At this inspection, we saw the provider had implemented the recommendations.

Recently, the provider received 'Expect the Best' certificate of participation form a national learning disability charity. This was a quality checking exercise that was undertaken at the behest of the local authority to check the quality of the service provided by selected providers.

The provider participated in a number of schemes aimed at improving the quality of service and staff development. The service contributed to Skills for Care, where the registered manager and the service director attended workshops. The registered manager explained they benefited from training, care update and other workforce development initiatives. The registered manager also attended the local Care Managers Forum, which is held monthly to share practice.

People were given 'service user guides', which included the complaints procedure. Also advocacy information was displayed in people's rooms and other areas of the home; all written in an easy to read format. People's relatives felt listened to; their opinions were sought, listened to and acted on to improve and develop the service.