The Shaw Foundation Limited

Hollybush 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

Hollybush House is registered to provide accommodation and nursing care for up to 24 people, who are mainly older people with dementia. The home also provides a respite service where people are supported through a time of rehabilitation prior to returning home. At the time of our inspection 21 people were using the service. Our inspection was unannounced and took place on 18 February 2016. The service was last inspected on the 12 June 2013 where it met all of the standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were given appropriately. People were supported to take sufficient food and drinks and their health needs were met.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were kept safe.

People told us that they were able to raise any concerns they had and felt confident they would be acted upon. People and their relatives understood the complaints procedure.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. People were encouraged to make their own decisions. Staff interacted with people in a positive manner.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. Social activities were carried out and people's preferences acknowledged. The home had a friendly and welcoming atmosphere.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision, allowing staff to understand their roles, and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly and the provider gave the registered manager support.

Notifications were sent to us as required, so that we could be aware of how any incidents had been responded to.

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.

Medicines were administered safely.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Is the service effective?

Good

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards and how these impacted upon people.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

People were encouraged to be independent.

We observed that people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People and their relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly in order to develop and improve the service.

Hollybush 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 18 February 2016 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with three people who use the service, three relatives, three staff members and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

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.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I am very safe here, they [staff] always look after me. They help me up and watch what I am doing". A second person said, "They [staff] keep me safe, they are very good. I feel safe and settled". A relative told us, "The staff in here keep her safe. She doesn't fall anymore like she did at home and they [staff] are always there for her". A second relative said, "He [relative] told us that he felt safe and secure and we know that he did, because he slept so well and never had any worries".

A staff member told us, "We are trained to a high standard and know people well enough to know what risks are posed to them, in particular on the long term unit". A second staff member said, "We keep people safe here to the best of our ability. We have risk assessments in place and always do what we think is in a person's best interests". We saw that risk assessments were in place for people who remained in the home permanently and for those on respite. We found that individual risk assessments covered any clinical risk, nutrition, skin viability, mobility and falls risk. Each person also had a moving and handling plan. We saw that there was a risk calculator in place and this helped to assist staff to understand and identify where risk was greatest and what level of support the person required. Staff were able to explain to us each person's specific needs and we saw that they understood their needs well. Pre-admission assessment documentation also formed part of how risk was assessed with previous needs and requirements noted from the point of admission.

Staff told us that they understood the importance of safeguarding with one staff member saying, "I have completed safeguarding training and I know the signs of abuse to look for, such as changes in behaviour or physical evidence such as skin marks or bruising". We saw that records showed that any safeguarding concerns were immediately referred to the local authority by the registered manager and that staff were aware to raise any issues with her.

We saw that each person had a personal emergency evacuation plan and that staff understood the correct procedure to take in case of any emergencies. One member of staff told us, "If there was a fire we would ring 999 and then immediately evacuate people, we don't take any risks and always put people first". Another staff member said, "We have regular fire drills and first aid training, so we are ready if anything happens".

One person told us, "There are always lots of staff around and they have time for people". A second person told us, "There are enough staff with a good mix of skills and knowledge". A staff member told us, "The amount of staff we have on is acceptable and doesn't put anyone at risk". We saw that numerous members of staff were on duty and that they had time to sit and speak with people. Everyone who called for staff were addressed within an acceptable time frame with no delay.

Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We looked at three recruitment files and saw that these contained all the information

required.. We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible to practice. The provider demonstrated to us that they had utilised disciplinary procedures effectively to deal with any poor practice within the service.

People told us that they received their medication as they should. One person said, "They never go wrong with my medication". A relative told us, "They gave him [relative] his medication and I think that he was happy with how they did it". We saw one instance where a person had experienced difficulty swallowing tablets, so the staff had contacted the doctor with the person's agreement to obtain the medication in liquid form and we saw that this had been helpful.

All medications were stored correctly and at the right temperature and those not used were disposed of appropriately. Medication records were clear and all medications given or refused had been signed for.

Good

Is the service effective?

Our findings

People told us that they felt that staff were knowledgeable and knew how to treat them, with one person saying, "They are very experienced staff, I am satisfied with how they care for me". A second person said, "They [staff] seem to know what they are doing, I haven't had any problems". A relative told us, "I saw them using the hoist and they did it really well, they are skilled staff". Another relative said, "Staff are excellent and very well trained". We found that staff received regular training including participating in essential and elective courses. A staff member told us, "We do lots of training and are always able to update the training we need to". Another member of staff said, "I have recently had manual handling training and it is important as you and the resident could be at risk of injury, so you need to be trained".

Staff told us that they had received an induction at the start of their employment and one staff member told us, "My induction was more than adequate, but I feel that I have learnt the most whilst I have actually being doing the job". Another staff member said, "My induction was an eye opener, but what they taught me made me feel confident to do the job".

Staff received supervision every three months, with one member of staff telling us, "We can go to the manager or a senior member of staff whenever we want to, there is always an open door". We saw that staff had annual appraisals and that this was a chance for them to review their progress. A staff member told us, "It is where we can talk about goals and how things are going". We saw that annual appraisals were recorded to show any improvements to be made or good practice to continue.

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 found that when people moved into the home for a considerable period of time their mental capacity was assessed by the use of an assessment checklist and from there a best interest decision meeting was held and the outcome recorded. This then led to the registered manager making an application to the local authority for those people deemed to lack capacity, so that they may carry out an assessment to judge whether a person could be legally deprived of their liberty in order to keep them safe. We saw that the correct procedure had been followed in these instances. Staff that we spoke with were knowledgeable on both MCA and DoLS, with one staff member telling us, "MCA is about what capacity people have and DoLS is a best interest decision made by someone else to keep the person safe".

We saw that wherever possible staff sought people's consent before carrying out actions. One person told us, "They [staff] tell you things what they are going to do and always ask if it's okay. They ask if they can stand me up when I want the toilet". We saw an example where a person was being helped from a chair. The staff member asked if they could support the person and told them that they were helping to make sure that

they didn't fall. Where people could not verbalise their feelings we saw that staff looked for gestures such as small nods or facial expressions. We saw one person pushing away a spoon whilst being assisted to eat and the staff member realised that they had eaten enough and did not continue to assist the person.

People told us that they enjoyed the food and one person said, "The food is lovely, with plenty of choice and four meals a day". Another person said, "The meals are not too bad at all, I get enough to eat". Relatives told us, "She [relative] loves the puddings and the breakfasts in particular. The food is good quality, I could happily eat it myself every day". Another relative said, "He [relative] really enjoyed the food whilst he was there, it was very nutritious".

The food was delivered ready prepared from an outside provider, as the kitchen was too small to prepare anything more than snacks and light meals. The kitchen assistants reheated the meals and there were two or three choices of a main meal and also puddings available. The food was put out on the re-heater near to the serving hatch, so that people could see it and smell it and make their choice from there, but people were also asked an hour prior to lunchtime what they would like. On the day of our visit three cooked meals were available, chicken or vegetable casserole or lamb steak, all were served with seasonal vegetables and were good sized portions. We saw that people walked to the table at their own pace and were assisted to sit, where one person wasn't able to reach sufficiently staff noticed and placed a cushion behind them, placing them closer to their food. A person who preferred to eat in the lounge was given their food at the same time as everyone else and staff regularly checked that they were happy.

In the long stay section of the home we saw that people with greater needs and who required assistance to eat were helped. Everyone ate together and each person had one to one assistance, with some family members coming in to assist loved ones. We saw staff talking to people whilst assisting them. Staff also told people what was on the plate before serving it to them. We found a very positive atmosphere with family members and staff chatting and including people in their conversations.

We observed that people were given drinks regularly, one person told us, "If you ask for drinks you always get them". A second person said, "You can have as many drinks as you want". A relative told us, "They [staff] make sure she [relative] has enough drinks I have been here two hours and she has had two drinks in that time". At lunchtime three flavours of squash were offered.

Staff told us that they used a malnutrition screening tool in order to carry out dietary assessments. This took into account issues such as, allergies, likes, dietary needs and any risks. The assessments then allowed staff to see if anyone required specific menus related to issues such as, medical issues such as diabetes, fortified meals where weight loss was a concern, or religious or cultural requirements. We found that all outcomes were recorded on people's care plans.

People told us that their health needs were a priority for staff and one person told us, "They would get the GP for me if I needed it". A relative told us, "They get the doctor right away if people need one and they get people to their appointments". We saw that detailed records were kept regarding what medical appointments people had attended and that health professionals were welcomed into the home.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring, with one person saying, "They are very kind staff, I cannot fault them at all". A second person said, "They [staff] are very kind to me, they have time for people. They always ask how I am feeling". A relative told us, "[Person's name] was very happy there, he liked the company". We saw staff taking time to sit with people to chat and we witnessed one staff member approaching a person sitting alone and saying. "Can I keep you company".

One person told us, "If I want them it only takes one call and they are there, no waiting no messing about". A relative told us, "They are extremely caring and accommodating staff, they spend time with people and interact with them properly, we saw that when we visited". A staff member told us, "When people need us we try to get to them straight away, we are always close by, so can get to them easily". We saw that staff were available to people and that they showed compassion when assisting them. When a person called to be assisted from the dining table to the lounge we saw a staff member assist and then ask them where they would like to sit, seating them opposite a window as staff knew the person liked to look out.

People felt that they were listened to and one person shared with us, "They [staff] listen to your opinions and they still matter, it makes me feel like I still matter". A staff member told us, "We try to involve people as much as possible whether they stay for a few days or longer and we love to hear their opinions". We saw an example where a person had discussed with staff their difficulty in swallowing, staff had listened to this and arrangements were put in place to address the problem.

We were told that people could make their own choices and decisions where possible, with one person saying, "I make my own choices like what I want to wear and what I want to eat. I can bring in here what I want to from home. They show me what clothes I've got before they help me dress". Another person said, "I have chosen what I am wearing today, it is up to me". We saw that people could sit at the table for as long as they liked following lunch and that some people chose to have a lie in until late morning and that staff checked them regularly to make sure they were well.

We saw that independence was encouraged by staff. One person told us, "I am independent and I haven't fallen over once since being here, so I can do things for myself". A staff member told us, "We encourage people to be independent and to do their own self-care when they can. We give help where it is needed but prompt when we know someone can do something". We saw that when people wanted to move around they were assisted to get up appropriately, but where they could walk this was encouraged with gentle guidance.

We did not see information displayed for people regarding advocacy and how they could access an advocate. However staff understood the need for advocacy and were able to tell us how they could signpost people to services. One staff member told us, "Lots of people here already have social services involved with them and they arrange advocates if people need them, but we would call one in if we felt people were in need".

One person told us, "They [staff] show us dignity and respect, they address us in the right way". We saw that people were addressed in the way they wished to be, for example, Mr or Mrs or a first name. A relative told us, "I am really pleased with the care. They [staff] look after people and respect them. A staff member told us, "I dress people in their bedroom and they always have a dressing gown and slippers on once they are ready for bed". A second staff member said, "We maintain dignity and respect, people didn't ask to be ill and deserve us to care for them. Where couples have been parted in hospital, when they have come here we have done our best to keep them together in the same rooms".

One person shared with us, "I can have visitors and they are treated nicely". We saw that lots of visitors came to see loved ones and that they were welcomed and knew the staff. A staff member told us, "We encourage families to come in and don't want anybody to be lonely".

Good

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care, with one person telling us, "I was part of the care plan they asked me questions". A second person told us, "I have been here before and was part of the care plan when I first came in, it was checked with me this time to see if anything had changed". A relative told us, "We were part of the care plan, as [person's name] wasn't able to say much". We saw a letter in files, which requested family to look through the new format of care plan and to sign if in agreement. Staff informed us that relatives were asked to view any changes implemented.

People told us that their preferences were acknowledged and one person told us, "I like to read the paper, so they get the daily ones in". Another person told us, "I like singing, we have a singer come in and I like to watch the TV". A staff member told us, "We try to reflect people's hobbies and interests and find out what they like. It makes their stay more enjoyable". We saw people sat together reminiscing about past times, telling stories in a bright sun filled room. Staff were aware of where friendships had been formed and encouraged people to sit by people they enjoyed talking to. Relationships were also maintained with extended family and friends and a relative told us of how staff had set aside a room to entertain people for a person's birthday, which was greatly appreciated.

A relative told us, "Staff are chatty and they always got [person's name] included with activities". Although the activities co-ordinator was not on duty, we saw activities taking place. Staff put music on and danced with people and a sing-a-long commenced. Lots of activities were available for people to access independently such as jigsaws, percussion instruments and puzzles and we saw people enjoyed a film from an older era. There was also a quiet room containing old fashioned household items. Staff members highlighted to us that they were unable to access some activities as they didn't have a key to the storage cupboard. The registered manager told us that this would be remedied immediately and staff would be given a key.
We observed visitors arrive with a dog and they were made very welcome. Initially staff asked people if they liked dogs and if they were happy for him to come into lounge. People were very happy with this, so they were encouraged to come and see him and he was taken around the lounge, with many people showing interest. We observed that the atmosphere in the respite unit was busy with lots of chatter, singing and laughter, however the long stay side of the building where people had higher end needs was more subdued and quiet, due to the level of illness or disability people experienced.
People told us that their religious beliefs were catered for with one person saying, "We have Church services and I enjoy them, it is something to look forward to". A staff member told us that should a person of any religion request a specific service, this would be encouraged and that they would work to invite in representatives of that religion.

We saw that the walls of the home displayed pictures of old television programmes, ration books and old fashioned recipes. We observed these to be a talking point and that people would stop and have conversations based around them. A board in reception also displayed 'Happy times at Hollybush' with photographs of people having good times.

People told us that they would know the procedure to follow should they encounter any concerns. One person told us, "I would know who to go to if I had a problem, I would go to senior staff and discuss it with them. I really feel that they would listen". Where people were unable to communicate verbally relatives told us that they felt that they would realise if a loved one were unhappy and they would follow the written complaints procedure they had been given. We saw examples of complaints that had been dealt with and observed that a letter was sent to the complaint followed by an investigation with the complainant receiving details of the outcome by letter. Any learning from complaints was recorded and cascaded down to staff to enable them to make positive changes. The majority of complaints we reviewed were down to specific areas of care and these issues were alleviated by changes in practice when staff were supporting individual people.

People we spoke to had not received any questionnaires requesting their feedback on the service provided, but most felt that this was down to the short time that they had spent in the respite unit. People in the long stay section were unable to speak with us regarding feedback. Relatives told us that they had been provided with a questionnaire for them to complete with their feedback and that they had discussed any findings with senior staff. People told us that their feedback had been positive.

Good

Is the service well-led?

Our findings

People told us that they thought that the home was well-led. One person told us, "You couldn't ask for a better place, it is run very well". A relative told us, "This place deserves recognition and a pat on the back for what it has done for [person's name]. A staff member said, "I love my job it is a good job. It can be challenging, but I love working with people and it's a good team and it is well-led". A second staff member told us, "It is a wonderful place to work, the whole team support each other".

Staff members told us that they felt that the home was run in an open and inclusive manner. One staff member said, "We get all the information we need on any changes to the home and also to the people we care for. We have good staff meetings and good handovers". Another staff member told us, "I could go to the manager with anything and she would listen and try to help".

Staff spoke about whistle-blowing and were well informed on the subject. One member of staff said, "We all know how to whistle-blow and it is our duty to do so, should we be concerned about colleagues practice". A second staff member said, "We have all been given the whistle-blowing policy and would use it".

We saw that links had been forged between the home and the local community, with a local Vicar being invited in once a week to chat with people and to perform a service monthly. People we spoke with said that they enjoyed the visits and that they were not just related to religion, but that they also discussed topical issues and things occurring in the community.

Staff spoke of a "pro-active" registered manager, who was happy to help out and cover shifts when needed and who also valued training and staff learning. One staff member told us, "We have a policy of the month that we focus on and we have to sign to say that we have read it, the manager likes us to be knowledgeable".

People were able to tell us who the registered manager was and one person said, "The manager came to visit me before I came in, I recognise her when I see her now". Another person told us, "I know who the manager is, I see her around, but I don't know her very well, but I haven't been here long. It would be nice to see more of her". A relative told us, "The manager came out to assess [person's name] at home, she was very informative about the care they would receive. The place seemed well run and organised". A second relative shared, "The first time we met the manager she knew everything about [person's name] and her past history, which told me that she took a real interest in the people there. The place is outstanding, the best that we have ever encountered".

We observed that detailed quality assurance checks were carried out, with a specific area each month receiving particular scrutiny. The registered manager carried out checks in areas such as care plans, staffing, medication, health and safety, catering, risk assessments and the environment. We saw that any concerns were highlighted and dealt with as soon as possible and that the provider also carried out checks and supervision of the registered manager on a regular basis.

We found that records were well kept and concise. Notifications were sent to us as required, so that we

could see how staff had dealt with any incidents. We also saw, as part of the on-going quality assurance checks carried out, incidents and accidents were monitored by the registered manager for patterns and trends that could assist staff in supporting people more effectively.
We saw that the atmosphere within the home was positive and friendly and staff appeared happy and worked well together. The registered manager told us that she was very proud of how well the staff team supported each other and people living in the home.