

K And N Care Homes Ltd

Hollin Bank House

Inspection report

Hollin Bank
Blackburn Road, Oswaldtwistle
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

We carried out this inspection on the 5 and 6 September 2017. This was the first rated inspection for the service and was unannounced on the first day.

Hollin Bank House is registered with the Care Quality Commission to provide personal care and accommodation to 14 people. Hollin bank house is situated on the outskirts of Accrington. There were nine people using the service on the day of our inspection.

At the time of our inspection the service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to restrictions being placed on people without the correct authority in place.

Staff members had received safeguarding training and were aware of their responsibilities to report any concerns. Safeguarding policies and procedures were in place to guide staff. A whistleblowing policy was also in place to protect staff should they report poor practice.

Risk assessments had been completed on an individual basis for people who used the service, such as moving and handling, medication, bathing, dressing and accessing the community. The risk assessments were person centred and provided staff with guidance to minimise the risks. Further risk assessments needed to be put in place in relation to the environment which the registered manager commenced on the second day of our inspection.

Records showed that robust recruitment processes were followed by the service when employing new members of staff. We saw references and identity checks were carried out as well as Disclosure and Barring Service checks.

Medicines were managed safely. We saw that only those staff members trained to do so were permitted to administer medicines to people. Competency checks were regularly carried out to ensure staff members remained competent. Whilst temperature checks of the medicines cabinet were being undertaken, these were not being recorded on a daily basis. The registered manager assured us this would be actioned immediately.

Staff told us and we observed they had access to personal protective equipment (PPE) such as gloves and aprons and confirmed they had received training in infection control. There was a nominated individual responsible for infection control within the service.

Staff members we spoke with and records we looked at showed that when commencing employment at Hollin Bank House, all staff were to complete an induction. The induction covered training the provider deemed necessary for the role and shadowing more experienced members of staff.

Staff had been trained in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and policies and procedures were in place to provide guidance. However, on the first day of our inspection we found some people were being restricted without the correct authorisation in place. We discussed this with the registered manager. On the second day of our inspection the registered manager had commenced making the relevant DoLS applications.

Records we looked at showed that staff members received regular supervisions and appraisals to support them in their roles.

We saw some areas of the service required refurbishment. The service had a programme of refurbishment and we saw some areas had already been improved, such as a new wet room on the ground floor. However, we found the flooring cover in the dining room was creating a trip hazard to people who used the service. The provider was dealing with this on the second day of our inspection.

People who used the service told us staff members were kind and caring. We observed kind and caring interactions between people who used the service and staff. We saw that staff appeared to know people well and understand their needs. People who used the service appeared relaxed.

The end of life wishes of people who used the service had been considered. End of life care plans were in place for staff to follow when a person was at the end of their life.

The service had a complaints policy and procedure in place. Records we looked at showed that complaints the service had received had been dealt with in line with policies and procedures.

Activities were available for people who used the service. These were tailored to meet the diverse needs of people who used the service. We observed some activities on both days of our inspection.

All staff members we spoke with were able to describe how they supported people to remain as independent as possible whilst being supported.

There were detailed person centred care plans in place which directed staff members to ensure the individual needs of people who used the service were met. We saw care plans were regularly reviewed with the person and/or their family member to ensure they remained current.

Policies and procedures were in place to guide staff in their roles. These were accessible to all staff and we saw they had been reviewed on an annual basis to ensure they remained relevant and appropriate.

Regular meetings were held with people who used the service and staff members to ensure the service received feedback and improved the service. Regular newsletters were sent out to family members to update them on the service. Surveys were also sent out as another means of gaining feedback on the service.

All the people we spoke with who used the service, relatives and staff members told us they felt the management team were approachable and supportive.

Further information is in the detailed findings below.

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.

All the people we spoke with at Hollin Bank house told us they felt safe living in the service. Staff members had received training in safeguarding and knew their responsibilities to report any concerns.

Risk assessments were in place to keep people who used the service safe. Environmental risk assessments were not in place, however; the registered manager dealt with this on the second day of our inspection.

Robust recruitment systems and processes were in place to ensure only people who were safe to work with vulnerable people were employed.

Is the service effective?

Requires Improvement ●

The service was effective.

Records we looked at and staff members we spoke with confirmed they were to complete an induction prior to commencing employment in the service. Staff members received regular training in topics such as nutrition, end of life and medicines.

All the staff members we spoke with confirmed they received regular supervisions and appraisals to support them in their roles.

On the first day of our inspection we found some people were being restricted without the correct authorisation in place. On the second day of our inspection the registered manager was in the process of completing the necessary DoLS application forms.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with that used the service told us that

staff members were kind and caring.

Staff members had received training in equality and diversity. The service had an equality and diversity policy and procedure in place and the registered manager and staff were able to evidence how they met the diverse needs of people who used the service.

Records we looked at showed that people's needs and wishes had been considered for when they were at the end of their life. End of life care plans were person centred.

Is the service responsive?

Good ●

The service was responsive.

The service had an activities co-ordinator. Activities had been tailored to meet the individual needs of people who used the service.

Care plans we looked at were person centred and contained detailed information to guide staff members on the level of support required to meet people's needs.

The service had a complaints policy and procedure in place and staff were able to tell us how they would deal with any complaint. Complaints the service had received had been dealt with in-line with policies and procedures.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who was registered with the Care Quality Commission (CQC).

All the staff members gave us very positive feedback about the registered manager. They told us they felt supported in their roles and were able to approach the registered manager if they had any issues or concerns.

Policies and procedures were in place and accessible to staff members. All the policies and procedures we looked at were designed to support staff in their roles.

Hollin Bank House

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.

This was a comprehensive, announced inspection which took place on the 5 and 6 September 2017. The inspection team consisted of one adult social care 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 service.

We did not request the provider to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any concerns.

During the inspection we spoke with nine people who used the service and one relative. We also spoke with two staff members and the registered manager.

We looked at the medicine records for six people who used the service and care files for three people. We also looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, rotas, complaints, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Hollin Bank House. Comments we received included, ""Yes I feel safe, no bullying. If there had been it would show on me", "I feel safe, staff are around. They work hard", "I feel safe, there is a lot of people around. Residents do not bother me", "I feel safe with all the staff" and "I feel safe here and that means a lot." One relative we spoke with told us, "Yes she is safe. We have made the best choice her being here. We picked the best home out of all those offered."

Staff members we spoke with knew how to keep people safe. They told us, "I go off their care plans, safeguarding and whistleblowing policies. I work on a person centred basis with all our residents" and "You have to communicate with them effectively and use different methods to keep them safe. If there is anything that I think is not safe I will minimise it or tell someone in charge." Staff were also able to recognise the different types of abuse and when and how to report concerns.

We saw from the training matrix and staff files that staff had received safeguarding training. The service had a safeguarding policy and procedure in place for staff to follow. This procedure provided staff with information about the types of abuse, how to report abuse and what to do to keep people safe. Staff members we spoke with confirmed they had received safeguarding training.

The service also provided a whistle blowing policy. This policy made a commitment by the service to protect staff who reported safeguarding incidents in good faith. Staff members told us they understood the whistleblowing policy and would have no hesitation in reporting any concerns. Comments we received included, "I would whistle blow because my residents are my priority and if I needed to do it for them I would." The registered manager told us, "We are so open here, you can ask any of the staff and they will tell you the same. We discuss whistleblowing in supervision reminding them they can talk openly and who they could talk to if they did not get any satisfaction from me."

Risk assessments had been completed on an individual basis for people who used the service, such as moving and handling, medication, bathing, dressing and accessing the community. The risk assessments were person centred and were completed to keep people safe and not restrict what they wanted to do. Risk assessments provided staff with guidance to minimise the risks.

The service had also risk assessed each person's bedroom to ensure their safety when in their personal space. These were detailed and ensured all risks were minimised. There were no other environmental risk assessments in place. However, we discussed this with the registered manager and they commenced putting these in place on the second day of our inspection.

We saw moving and handling equipment throughout the service, such as mobile hoists. Records we looked at showed these had been serviced regularly. We observed staff using moving and handling equipment; we heard staff members directing the person on what they were doing to encourage and support the person.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates

available to show that all necessary work had been undertaken, for example, gas safety and portable appliance testing (PAT). We checked the hot water in all of the bedrooms and found this was above recommended limits. We spoke with the registered manager regarding this on the first day of our inspection, on the second day of our inspection we were informed that a contractor had been arranged to undertake the necessary work to address the issue.

Care records we looked at contained personal emergency evacuation plans (PEEPs). These were a record showing the person's ability to make decisions and choices in the event of an emergency situation such as fire and the level of support they required. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

A fire risk assessment was in place to ensure all fire risks were minimised. All staff members we spoke with told us they had received fire safety training, including fire role play during staff meetings. Other records we looked at showed that regular fire drills were completed, the fire alarm was tested monthly to ensure it remained in good working order and external contractors tested emergency lighting, fire extinguishers and the fire alarm system on an annual basis.

We saw accidents and incidents were recorded and retained in both an accident book and on an accident form, a copy of which was retained in their care records. The registered manager told us all accidents and incidents were reviewed regularly to assist in spotting any trends and to mitigate further risks.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the registered manager on safe recruitment processes. We reviewed three staff personnel files. We saw that all of the files contained an application form, two references, and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We asked people who used the service if there was enough staff on duty to meet their needs. One person told us, "Yes there is enough staff. They come when they can to your buzzer. It doesn't take long."

Staff members we spoke with told us, "I think staffing levels are fine. I think we do good, we always have staff on standby" and "Yes there is enough staff. There is always someone to cover shifts. I have not come across a shift where someone could not cover." Records we looked at confirmed what staff had told us.

We asked people who used the service if they received their medicines on time. Comments we received included, "Yes, I am on a lot of medicines. They bring it to me" and "I do not need to worry about medicines at all, carers come in and sort it. I don't worry."

We reviewed the systems in place to ensure the safe administration of medicines. Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the registered manager to ensure that staff remained competent to administer medicines.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.

We looked at six medicines administration records (MARs) and found they had been completed accurately. There was a photographic record of each person to help prevent errors. There were no unexplained gaps or omissions.

Medicines were stored in a locked cabinet attached to the wall in the kitchen area. A thermometer was in place inside the cabinet to monitor the temperature of medicines; however this was not being recorded on a daily basis. This meant the registered manager could not evidence that medicines were being stored as per manufacturer's guidance. We spoke with the registered manager regarding this and were reassured that a daily record would be taken and maintained.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

The service retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects. There was a signature list of all staff who gave medicines for management to help audit any errors.

Inspection of the MARs showed that some people were prescribed medicines such as painkillers, to be taken only 'when required' (PRN). We found there were PRN protocols in place for care staff to follow. PRN protocols ensure that medicines are given correctly and consistently with regard to the individual needs and preferences of each person.

We asked people who used the service if they felt the home was clean. Comments we received included, "Yes, spotless, my bedroom is tidy" and "As far as I can see. My bedroom is kept nice and I can always tell when they have been round, there is a nice smell." One relative we spoke with told us, "From what I have seen the home is clean yes."

All the staff we spoke with told us they had received training on infection control. One staff member told us, "It is our responsibility to wear our personal protective equipment (PPE), keep things locked away in the cupboard and use red sacks for soiled laundry. If there was a contagious illness we would then follow policies and procedures."

During the tour of the building we noted everywhere was clean and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training.

There was a laundry sited away from any food preparation areas. There was one washing machine and one dryer to keep linen clean and other equipment such as irons to keep laundry presentable. The washing machines had a sluicing facility to wash soiled clothes. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection, including the laundry.

Care records we looked at showed that each person had an infection control monitoring form in place. These showed what personal protective equipment (PPE) to use for specific tasks such as applying creams, assisting with using the toilet and cleaning the person's bed. We observed staff used the PPE when they needed to.

Is the service effective?

Our findings

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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked people who used the service if they were being restricted in any way. Comments we received included, "I can make choices, I am not restricted in any way" and "They ask you. You can do what you want."

We asked the registered manager if they had submitted any applications to restrict anyone in the service. They told us they had not made any applications; however, they were restricting some people who used the service. We discussed this with the registered manager and on the second day of our inspection DoLS application forms were being completed by the registered manager.

The service provider was restricting people at the service but had not applied the correct procedures to do this in a lawful manner. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records we looked at showed consideration had been made to people's capacity. One person's care records we looked at showed their capacity had been assessed; they were deemed as having capacity to make decisions. Consent forms were in place for those people with capacity to consent to have their photograph taken. We also observed staff seeking consent from people prior to undertaking any support.

All of the people we spoke with who used the service felt staff members had the appropriate skills and knowledge to care for them. One relative we spoke with told us, "Yes, they seem very clued up in general care and also in relation to what my relative needs. They know what she likes. All staff are the same."

We asked staff members if they received an induction when commencing employment at Hollin Bank House. They told us, "Yes. I was introduced to the residents, fire safety such as how to use evacuation chairs, how to use alarm bells and care bells. I had to read through all policies and procedures and care files and had to sign to say I had read them. I also did three full days shadowing and when I was put on shift I was an extra staff so I could be shadowed in my work" and "I had shadow shifts when I started and on-going monitoring. The team leader guides me and prompts me. I have got a lot of support."

Induction records we looked at confirmed that staff were to complete an induction when commencing employment within the service. All staff members new to the care industry had to complete the care certificate when commencing employment at Hollin Bank House. The care certificate is considered best practice for staff members new to the care industry.

We asked staff members what training they had completed in the last 12 months. One staff member told us, "I am currently doing end of life through a distant learning book. I have done infection control, first aid, moving and handling, level two food safety, fire safety, medicines and health and safety." We looked at the training matrix and saw other courses available to staff members included safeguarding, equality and diversity, challenging behaviour and aggression, malnutrition in the elderly and falls.

We asked staff members if they received supervisions and appraisals. Comments we received included, "We have monthly supervisions and they are always positive. If there is a negative you are not made to feel bad about it, she [registered manager] will say how she is going to help you get better" and "Yes I have had supervision and the feedback was I have mixed in well and I am confident." Records we looked at confirmed what staff members had told us. We saw supervisions consisted of a review of work performance, future work targets, training and any support the staff member may have required.

Records we looked at also showed that all staff members had received an appraisal. We saw appraisals discussed how the staff member felt in their role, any support they needed, what they had done well and what they had not done so well.

Records we looked at showed people had access to a range of healthcare professionals in order for their health care needs to be met. Records we looked at showed that visiting professionals included GP's, dentists and opticians.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People who used the service told us, "The meals are alright", "It was corned beef hash today, it was alright. We get drinks all the time", "We can get drinks when want. I am not a fan of a cup of tea but I like water" and "Meals are very good. We can choose the meals we have and we get nibbles during the day and drinks."

People could take their meal in their room or in the lounge if they wished. We saw some people were able to take their own meal and some people needed assistance to have their meal. We saw that where required people were assisted to take their diet in an individual and dignified way. The service had screens they could use to maintain people's privacy and dignity when being supported to eat their meal.

At the lunchtime meal service on the first day of our inspection, 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 observed staff supporting people to cut their food up, offering more if people had finished and offering seasoning, such as salt and pepper to people. We saw everyone who was in the dining room finished all their meal. There was a very relaxed atmosphere throughout the lunchtime period.

Menus we looked at showed that two options were available at lunchtime and evening meal. There was also an extensive list of other alternatives available. We saw halal meals were also provided to meet people's cultural needs.

We saw some areas of the service required refurbishment. The service had a programme of refurbishment and we saw some areas had already been improved, such as a new wet room on the ground floor. However,

we found the flooring cover in the dining room was creating a trip hazard to people who used the service. We discussed this with the registered manager on the first day of our inspection and on the second day of our inspection a contractor was in the service measuring the floor in order to replace the flooring cover.

The communal areas had sufficient seating for people accommodated at the home; again these were in need of re-decoration and modernisation. The communal areas were homely in character and televisions were available for people to watch if they wished. Some people preferred to remain in their rooms. We saw that pictorial signs were in place to identify toilets, bathrooms, dining room and the lounge; this should support people to remain independent when mobilising around the service.

Bedrooms we visited had been personalised to people's tastes. We saw some of these had been redecorated and modernised with new furniture. Again we were informed by the registered manager that all remaining bedrooms were on the list of improvements to be made.

Is the service caring?

Our findings

We asked people who used the service if staff members were kind and caring. They told us, "She [care staff in the room] is nice. I like her and she likes me", "They will do anything for you", "Staff do anything for you", "Very kind" and "I like coming here on respite they look after me." One relative we spoke with told us, "Yes, no problems whatsoever. They make us a brew and biscuits when we are visiting. We meet in the dining room or one of the two lounges. It's the same staff all the time; there is not a high turnover."

We observed that staff members' approach was calm, sensitive, respectful and valued people. They explained options and offered choices using appropriate communication skills. People appeared comfortable and confident around the staff. We saw people laughing and smiling with staff members.

We saw that visiting was open and unrestricted. We observed that any visitors were welcomed into the home and were told people could have their visits in private if they wished. People were encouraged to maintain relationships with their family and friends.

People who used the service told us staff members respected their privacy and dignity. One person told us, "I am never worried about privacy and dignity."

We observed that staff respected people's privacy and dignity; staff knocked on people's door before entering and doors were closed when people were being supported with their personal care needs. We observed that two people who used the service shared a bedroom. One of the people was unable to verbally communicate with us about the arrangements, however the other person told us, "It is no trouble at all, it was a bit funny at first but I don't mind now, I am quite happy with it." They also told us a privacy screen was used in the bedroom so both people had their privacy and that if they wanted to change the arrangement they could do by talking to the registered manager.

People who used the service told us they were treated with respect by the staff members. They told us, "Staff don't intrude, they just leave me to find my own way, which I like", "I have a male carer when I have a shower, he is respectful" and ""Whenever I want a shower I just ask. The carer comes in and is respectful. It is always female carers."

All the staff we spoke with and records we looked at confirmed staff had received training in equality and diversity. Records we looked at for people who used the service contained an equality and diversity action plan; this gave details such as what the person liked to be called, personal boundaries and space, privacy and confidentiality and privacy and dignity.

The service had a confidentiality policy in place which was accessible to staff members. We observed that all personal and confidential information was appropriately stored and only those people who were permitted to access it could.

All the people we spoke with who used the service told us that staff supported them to remain independent.

One relative we spoke with felt their family member was supported to remain independent and was encouraged to be involved in activities within the service.

We asked staff members how they supported people who used the service to remain independent. One staff member told us, "When I do my activities role. I took a lady out for tea and cake. She chose what she wanted from the café and chose her own clothes to buy."

All the staff we spoke with told us they had either undertaken or were in the process of undertaking end of life training. At the time of our inspection there was no one receiving end of life care. However, records we looked at showed that peoples' needs and wishes had been considered for when they were at the end of their life. Advanced care plans were in place which detailed what was important to the person at the end of their life, if they wished family and friends to be involved, wishes in regards to medicines, any spiritual needs the person had, if they wanted to be in hospital and if they wanted a burial or cremation. These should ensure that people's wishes would be met at the end of their life.

We asked staff members if they would be happy for a family member to use the service. They told us, "Yes. Without a shadow of a doubt. I would live here" and "Yes I would because I am working here and know how it is."

Is the service responsive?

Our findings

We spoke to people who used the service to ask them about activities within the service. One person told us, "I like having walks in the garden with staff", "I like to go outside, I like going for walks, music and dancing", "We are all going to Blackpool on a trip. We went last year it was grand. Anybody can go that wants to. A couple came in to sing. There are big windows that you can look through; grand for that, it does you good" and "I like to walk around the garden with a carer." One person we spoke with told us that a care staff sang Punjabi songs with him and the activity co-ordinator sang Shirley Bassey and Tom Jones songs with him. He expressed his pleasure at singing with staff members.

During our inspection we observed the activities co-ordinator supported one person to access the local community to undertake personal shopping. When they returned they were in the main lounge hitting a balloon back and forth with one person who used the service and spent time chatting to people. We observed a different staff member encouraging people to play a tambourine and maracas in the afternoon.

We spoke with the activities co-ordinator to ask them how they supported people to be involved in activities which stimulate them and prevent them from being bored. They told us, "The big thing is equality, diversity and inclusion. [Name of person who used the service] has advanced dementia, I know she likes to sing and hold your hand, so I take a section of time to sit with her on a one to one basis. There is another man who likes balloons and bubbles. We do group sensory activities such as touch, taste, sounds to see if people can recognise them. We go out shopping, go for meals and we have been to Blackpool for two nights. People that went had an amazing time. I never say no, I always find an activity that suits the person's needs." We found that staff supported people with activities which reflected people's cultural needs and interests.

Records we looked at showed that prior to moving into Hollin Bank House a pre-admission assessment was undertaken. This provided the registered manager and staff with the information required to assess if Hollin Bank House could meet the needs of people being referred to the service prior to them moving in.

We saw background information about the person, social and leisure activities, interests and hobbies, religious needs, medical history and medicines were all discussed prior to moving to Hollin Bank House.

We looked at the care records for three people who used the service. Care records contained detailed assessments for sleeping, mental health, physical health, personal care, moving and handling, pressure ulcers, nutrition and falls. The assessments enabled the service to assess the level of support the person required to meet their needs and develop care plans to direct staff. We saw very detailed information was included in care plans, such as how many pillows the person liked, if they liked a warm drink prior to sleeping, level of mobility, if they required any specialist equipment such as a pressure relieving mattress and if they displayed any behaviours that may challenge others. All care plans we looked at were person centred and were reviewed on a monthly basis to ensure they met people's changing needs.

We asked people who used the service if they were involved in the development of their care plans and reviews. We received mixed views; people told us, "I am not involved in my care plan, they write it down",

"No I have not been involved in my care plan" and "Yes, they ask me what goes in." Most people could not remember being involved. Care records we reviewed had been signed by people and included any comments they had made during the assessment/review.

We asked staff members how they supported people to make their own choices and decisions. One staff member told us, "With their personal care they choose what they want to wear on a daily basis, they choose what meals they want throughout the day. Everything is person centred to suit their needs."

We asked people who used the service if they had ever felt it necessary to make a complaint. One person told us, "I have no complaints about the place." No other person could recall ever needing to make a complaint. One relative we spoke with confirmed they had not needed to raise any concerns or make a complaint.

The service had a complaints policy in place. This provided guidance for staff members on verbal complaints, written complaints, investigating and following up actions. We looked at complaints that the service had received and found these had been dealt with in line with their policies and procedures and showed a clear process that had been followed.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC).

All the people we spoke with knew the registered manager and were able to tell us their name. They told us the registered manager was approachable and that they listened to them.

We asked staff members if the registered manager was approachable. They told us, "She is so understanding. I can tell her anything. It sounds really corny but we are like a little family and [name of registered manager] is the chain that holds us all together. I know if I needed support I could go to her and I would get it" and "[Name of registered manager] is very approachable. If I ever had a question I would not have a problem going to her and asking." During our inspection we found the registered manager to be very open and transparent.

The registered manager conducted regular audits to ensure the smooth running of the service. We saw the auditing was complicated in that to the reader it was unclear what was being audited. However; the registered manager was able to explain the system to us but also stated they would address the system to make it easier for other professionals to understand.

There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, complaints, supervisions and appraisals, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act and privacy and dignity. These were accessible for staff and provided them with guidance to undertake their role and duties.

We spoke with people who used the service to ask them if resident meetings were held in the service. One person told us, "Many a time we get together to have a chat." Records confirmed that resident meetings were held on a regular basis. Minutes of the last meeting showed five people had attended. Discussions had taken place around food, care and support, staff members, activities and if they felt any improvements were needed. This showed the service actively sought the views of people using the service.

We asked the registered manager if meetings were held for relatives. They told us they had tried in the past but there was a poor attendance at them. The registered manager told us and records we looked at confirmed that regular newsletters were sent out to family members to keep them updated on the service.

All the staff we spoke with confirmed they felt supported in their roles and were given the opportunity to discuss any concerns with the registered manager. We asked staff members if they had regular staff meetings. They told us, "Yes we have them once a month" and "Yes." Records we looked at confirmed what staff members had told us. Minutes of staff meetings showed topics of discussions included training, keyworker duties, people who used the service and employee of the month. We saw one staff meeting was a themed talk on medicines to refresh staff on the importance of medicine administration.

We saw the service had received a number of thank you cards from family members and people who had used the service. Some of the comments we saw included, "To all the staff at Hollin Bank House, thank you so much for your help and care", "Thank you very much for your care during our stay", "Thank you for your kindness and attention", "It was a comfort to know that my mum received exceptional care throughout her stay with you. Thank you for everything you did for her", "Thank you for all the care you have given my mum whilst at Hollin Bank House", "Thank you for looking after [name of person who used the service]. For the past 17 years she has lived with you at Hollin Bank and relied on you all so much. Once again thank you", "Thank you for all the hard work and support. We are more than grateful for all you have done for [name of person who used the service] and ourselves over the years" and "Thank you for making [name of person who used the service] last few months so comfortable. He felt safe in your care and we know he liked you all and enjoyed your chats."

Records we looked at also showed the service had asked relatives and external professionals to complete feedback forms. We saw some comments included, "[names of staff members] were all extremely helpful and approachable. They are great with residents and it was a pleasure to look after our patients with their help", "My mother is being treated well by all the staff at Hollin Bank. They seem to be aware of her needs and have her best interests at heart. I am satisfied with the way in which she is being cared for" and "I would like to place on record my complete satisfaction at the care and dedication of the staff and services provided during the care of my sister."

The registered manager sent out surveys to people who used the service, their family members, staff members and professionals on an annual basis. Surveys we looked at showed that people who used the service, their relatives and staff members were all satisfied with the service and no negative issues had been raised. We saw that professionals felt the care plans were effective and one staff member had added a comment on their survey; they stated, "I would like to say thank you to my manager who makes me comfortable and safe at work and makes you want to be here every day."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We spoke with the registered manager to ask them what they felt had been the key achievements of the service. They told us, "Ensuring that our residents are well looked after, that they are happy and content in their surroundings. I have lovely staff members who treat people as extended family." In contrast we asked what they felt had been key challenges for the service. The registered manager told us they felt keeping the occupancy levels at capacity was a challenge as they had a number of vacancies.

The service worked in partnership with other organisations. The registered manager told us, "We are all on good relationship terms with district nurses and other professionals. I think we are popular with external professionals as we achieve whatever they ask us to."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The service provider was restricting people at the service but had not applied the correct procedures to do this in a lawful manner.</p>