

Hollycroft Care Limited

# Hollycroft Nursing Home

## Inspection report

8-10 Red Hill  
Stourbridge  
West Midlands  
DY8 1ND

Tel: 01384394341

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16 January 2020  
20 January 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hollycroft Nursing Home is a residential care home providing personal and nursing care for up to 37 people aged 65 and over, in one adapted building. At the time of the inspection 31 people were living at the home in this accommodation.

Of the 37 places at the home 20 of these were booked for short stay rehabilitation normally after a person's stay in hospital. The home had a physiotherapist and occupational therapist based at the home, during week days, to support these people with their recovery.

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

People did not always receive safe care. Individual risks to people had not always been assessed and mitigated and an analysis of incidents and accidents had not been consistently completed to reduce the risks of incidents being repeated. Procedures for the recruitment of staff required additional improvement, to ensure staff were always suitable to work with people at the home.

Staff understood how and when to raise any safeguarding concerns. People received their medicines safely and were protected from the risk of infection by good infection control practice.

People did not always receive effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. Whilst staff received training in people's needs, training was not planned in a co-ordinated manner and training around end of life care and the mental capacity act had not taken place. The registered manager advised us that training around the mental capacity act started taking place shortly after the inspection. People received support to eat and drink meals of their choosing and in the most part were supported to access appropriate healthcare.

People did not always feel cared for. We had one concern raised with us that described a lack of caring or empathic response. This has been investigated. People had been involved in developing care plans around their preferences. People had their independence promoted.

People did not always receive responsive care. Whilst some complaints had been investigated appropriately, we found concerns regarding the investigation of one complaint. Care records were reviewed. People had the opportunity to participate in activities of interest to them.

The service was not always well-led. Governance systems were either not in place or not robust. This meant that systems were not effective in monitoring the quality and safety of the service. There were systems in place to seek feedback from people and their relatives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 10 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hollycroft Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector, an assistant inspector and a specialist advisor who had experience in nursing care, carried out the inspection on the 16 January 2020. One inspector returned to the service on the 20 January 2020 to complete the inspection.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection-

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with fourteen staff including the nominated individual, registered manager, deputy

manager, nurses, occupational therapist, physiotherapist and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six peoples care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to validate the evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Whilst many identified risks to people had been mitigated, we found that risks were not always monitored sufficiently within the home. For example, one person had had a number of falls from bed and bed rails had been put in place. A risk assessment had not been completed to determine if it was safe to do this, or whether this was the least restrictive method to support the person.
- In another example a person had experienced coughing episodes which might cause them to choke. Some of this risk had been mitigated by the service, such as ensuring the person had thickener added to drinks. At the time of the inspection there were no records available to demonstrate that specialist teams such as speech and language had been consulted about the choking risk for this person. The registered manager made a referral to these specialist teams during our inspection. We were informed following the inspection that specialist teams had been consulted at the time of the original choking episodes but that records in place did not accurately reflect this.

### Staffing and recruitment

- We received mixed views about the staffing levels at the home. Whilst some people and staff told us there were sufficient staffing levels, one staff member told us that whilst there were sufficient staff to meet people's needs safely, they did not always have time to sit and talk to people. A healthcare professional we talked with told us that people had raised concerns with them that, at times, people had to wait for support due to the numbers of staff needed to support the person.
- The registered manager had a staffing dependency tool in place which was completed monthly. The tool determined how many staff should be allocated to each shift, to meet people's assessed needs. Staffing rotas showed the number of staff matched the dependency tool. The registered manager informed us the staffing levels were due to be increased at the home due to the dependency needs of people increasing.
- At our last inspection in January 2019 we found that the providers recruitment practice needed to become more robust. At this inspection we continued to find this to be the case and similar issues we had previously raised had not been resolved. There were no written interview records for staff and one staff member had gaps in employment which had not been explored. The registered manager had not ensured there were robust systems in place to reduce the risk of unsuitable staff supporting people.

### Using medicines safely

- Peoples medicines were managed safely. There were systems in place to ensure medicines were given appropriately and only staff who had received training in medicines were able to administer. There were checks made on medicines to ensure they had been given as prescribed.
- We found that one person's medicine required authorisation from the prescriber to alter the consistency

of the medicine. There was no written and signed authorisation that this could be done. Records showed this was in place by the second day of the inspection.

- Medication competencies had been introduced since our last inspection although these checks were largely theoretical. The registered manager agreed these would be expanded to include practical observation of medicine administration by trained staff.

#### Preventing and controlling infection

- There was a dedicated team of staff responsible for the cleanliness of the home. Staff understood their responsibilities for keeping good infection control standards. General infection control practice within the home was good.
- There were systems in place to monitor infection control practice within the home.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and who understood the signs of abuse and what action to take should they have any concerns. Staff were confident the management team would take action should safeguarding concerns be shared with them. We found one safeguarding concern had not been shared with partner agencies. The provider had submitted a safeguarding alert for this concern by the end of our inspection.

#### Learning lessons when things go wrong

- There were systems in place to report any incidents or accidents at the home. Whilst the registered manager informed us of the process they carried out to review each incident or accident we found that action was not always taken to analyse individual incidents to mitigate risks to people.
- At our last inspection in January 2019 we identified that there were no systems in place to analyse incidents and accidents to identify themes to reduce the chance of reoccurrence. At this inspection whilst we noted that action had been taken when one person had experienced a number of falls, overall the analysis and oversight of accidents and incidents had not occurred.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

- People told us staff offered them choices in their care and sought consent. One person told us, "Staff ask if I need help."
- Staff told us how they offered people choices and we saw staff offering choices and seeking people's consent for care. However, staff had a limited understanding of the principles of the MCA or what DoLS meant for people living at the home.
- The staff team had not received any recent training on MCA and DoLS although we were informed this was due to take place. The registered manager advised us that training started taking place shortly after the inspection.
- The registered manager advised they had submitted applications for four DoLS although none had been approved yet. We saw that capacity assessments and best interest decisions had been made around these applications.

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

- The registered provider had a plan of refurbishment for the building some of which had been completed at the time of the inspection. We were informed the communal areas of the home had recently been redecorated.
- We found areas of the environment that needed some improvement. For example, we observed that wheelchairs were blocking one of the fire exits and fire exit signs were not present throughout the building. The registered manager took action to rectify these issues on the first day of the inspection.

Staff support: induction, training, skills and experience

- Staff informed us they had received an induction when they first started working at the service. Staff we spoke with were happy with the training they received and felt it was beneficial to their roles.
- The majority of staff training was done on line via e-learning. Staff had to complete a test to pass the course. There was a training system in place that indicated when staff training was due. However, there were no robust systems to plan when this training would take place. Following the inspection, the registered manager informed us of a new system they had implemented which had improved the monitoring and completion of staff training.
- Care staff informed us they received supervision and felt these supervisions were supportive.
- Nursing staff told us they received clinical supervision and were supported with revalidation as and when needed.

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

- People's needs were assessed prior to them moving into the service to ensure their needs could be met safely.
- People who were at the service for a short period of time, to aid rehabilitation, had their needs assessed and reviewed more frequently in order to determine progress and any changes in support needs.

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

- People told us they were happy with the food they were offered. One person told us, "The food is marvellous."
- The service had a chef on site who had spoken with people to find out their likes and dislikes of food and drink. The chef was aware of people's dietary requirements and those who had risks associated with eating. The chef was able to tell us how they prepared food and drinks to minimise these risks.
- There was a menu board which had pictures of the meal choices for the day.
- At our last inspection we identified that the meal time experience needed to improve as people had had to wait a long time before receiving their meals. At this inspection we observed this had improved. People were asked as they came into the dining room what meal option they would like to eat and served immediately. Staff were able to tell us those people who had risks associated with their eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us about how they worked with other healthcare professionals to ensure people received care that was based on their needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive appropriate healthcare in line with their individual needs. In all but one case we saw that healthcare professionals had been consulted as and when people's needs changed.
- Records showed that there was information available to staff about people's healthcare needs.
- The home had a physiotherapy and occupational therapy team on site. A healthcare professional who we spoke with described clear communication methods used between health professionals and staff teams which enabled consistency in approach for the persons recovery.
- Staff were able to tell us some information about how they promoted good oral healthcare. The registered manager provided us with evidence that oral healthcare had been considered in people's care plans. These care plans did not consider a full assessment of people's oral healthcare needs, nor had staff received training around this subject. The registered manager advised this training would be taking place shortly.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- We observed kind and friendly interactions between the staff and people. However, in one instance we heard staff talking in a way that was not caring and did not consider people's dignity. We raised this with the deputy manager who informed us they would investigate.
- We received information of concern following the inspection which described a lack of caring, empathic attitude by staff in relation to a sensitive situation that had occurred. We asked the registered manager to investigate these concerns. The registered manager responded in a timely way and has taken learning from this event to reduce the chance of re-occurrence. We will look at the changes made to systems at our next inspection.
- People told us they felt cared for and well supported. One person told us, "They're [staff] very good. I can't fault them." A relative we spoke with told us their relative, "Has been here a very long time and the care here has been very good."
- Staff told us they enjoyed supporting people at the home and one staff member told us the best part of their role was, "I like it when we are all having a laugh, we talk about all [old] times, forget about their illnesses and what worries they've got and having a laugh."
- Staff had got to know the residents of the home well and knew their likes and dislikes and how people liked to be supported.

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

- At our last inspection it was not evident how people had been involved in developing their care plans. At this inspection we saw improvements had been made and people and their relatives had been involved in developing their plans of care. This had enabled people to state how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- Many interactions between people and staff showed us that people had their privacy and dignity respected. One relative we spoke with told us how staff showed dignity to their relative and told us, "Staff are with dignity and respectful."
- We observed staff encouraging people's independence particularly with their mobility needs. Many of the people at the home were staying for short periods to aid their recovery following a hospital stay. For some people the home was providing support to enable their mobility to improve. We observed staff encouraging people to stand using aids.
- Staff encouraged people's independence but where people were struggling with a task we observed staff providing support in a respectful and quiet manner.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There were systems in place for people to raise concerns or complaints. One relative we spoke with told us they felt able to raise concerns if they had any and said, "I can go to the main office and speak to the nurses. They are ever so good."
- The home had received three complaints since the last inspection. Whilst records showed that the registered manager had taken action to investigate two of these complaints, we found concerns with the third complaint received, as a safeguarding referral had not been made as required. This was made following the inspection. We sought further information from the registered provider who has confirmed an investigation had taken place into all of the issues raised within the third complaint.

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

- People and their relatives had been involved in developing their plan of care to ensure individualised care could be provided.
- Care records were reviewed by staff to ensure accurate records of people's care were maintained. These reviews took place more often for those people who were at the home for a short stay for rehabilitation in collaboration with the healthcare professionals who worked at the service. Whilst in the most part people's records had been maintained we found instances where the reviews had not always been effective in identifying when people's records were not up to date.

Meeting people's communication needs

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

- Whilst the registered manager was not aware of the AIS we saw some consideration of people's communication needs were recorded in their care plans. Further work was needed to ensure all elements of the AIS were considered in people's care plans in order to fully meet people's individual communication needs. Staff were able to tell us some ways that they tailored their communication to support people's needs. This included using visual references or writing things down for people.

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

- We observed that visitors were welcomed into the home and people maintained contact with family wherever possible.

- At our last inspection we identified that activities provided were not always in line with people's interests. At this inspection we found some improvement. The home had employed an activities coordinator who had planned activities for the week based on people's interests. They had also sought feedback from people about activities they would like to do and purchased resources to support this. The registered manager informed us of a celebration they had planned for a person's upcoming birthday which included inviting the Salvation Army into the home to play for the person.

End of life care and support.

- The home had over previous months supported people with end of life care. Some people had an advanced decision in their care plan regarding whether they wished to be resuscitated or not. We were provided with evidence following the inspection that people receiving end of life care had care plans in place that stated their wishes for care at this time. Staff had not received training around best practice regarding end of life care. At our last inspection the registered manager advised us that they would be sourcing this training for staff. At this inspection staff still had not received training in this area.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care.

- Whilst we noted some improvements had been made since the last inspection there continued to be further improvements required in the quality monitoring of the service.
- Systems had not identified that robust recruitment methods were not carried out.
- The systems in place were not effective in monitoring people's daily experience of the service. For example, in one instance we observed people did not have access to call bells to summon support and the inspector had to seek staff assistance. In another example we observed staff using the same sling for two different people which did not promote good infection control standards. The ineffective systems in these areas meant that at times people had been subject to a poor care experience.
- There continued to be a lack of effective systems in place to consistently monitor and analyse the incidents and accidents that people experienced which meant that risks to people's care had not always been mitigated.
- There were no effective systems in place to identify training needs or monitor the training that staff had received.
- The provider had not had full regard to their legal responsibilities by not updating their statement of purpose.
- Systems had not identified that one safeguarding referral had not been made.
- Systems to monitor the safety of the environment had not been effective in identifying areas of improvement within the home.
- The service has been rated requires improvement under well-led for the last three inspections. Sufficient improvements had not been made to improve the governance of the service.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has been open and honest through the inspection process and was keen to make improvements within the service. The provider informed us of some planned improvements to the monitoring of the quality of the service. This included employing an area manager who had completed their first audit two weeks before our inspection. An improvement plan had been developed following this audit.

- The registered manager had met regulatory requirements regarding ensuring the latest inspection report was on display and ensuring most relevant notifications were submitted to the Commission.

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

- The service worked with people, relatives and health professionals to ensure the service people received in the most part was person centred. Further work was needed to ensure people had information that was accessible to them.

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

- Records showed that a survey had been sent out to people to seek their views of care. We observed that positive responses had been received from this survey.
- Records showed that there had been one residents meeting recorded in the last year to enable people to have a say in how the service was developed. Carrying out meetings more regularly would give people the opportunity to feedback about the service on a more frequent basis.
- Staff felt supported in their role and one staff member told us, "You got support of your work colleagues and management."

Working in partnership with others

- The service worked alongside professionals such as commissioners, social workers and healthcare professionals to ensure people received the care they needed. More consistent partnership working was carried out between the provider and the occupational therapists and physiotherapists who worked at the service. This partnership working enabled people's progress in their rehabilitation to be monitored more closely.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure effective and robust governance systems were in place. Regulation 17 (1)(2)(a)(b)(c)(f).

### **The enforcement action we took:**

We issued a warning notice requiring the provider to become compliant with this regulation by a set date.