

K And N Care Homes Ltd

Hollin Bank House

Inspection report

Hollin Bank
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Accrington
Lancashire
BB5 4PE

Tel: 01254236841

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27 November 2018
28 November 2018

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Hollin Bank House is a residential care home that was providing personal care to 10 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- ☐ The service had deteriorated in some domains since our last inspection.
- ☐ The service met the characteristics of requires improvement in three out of the five key questions.
- ☐ We found two breaches of the regulations in relation to recruitment and consent.
- ☐ People were not always assisted to have maximum choice and control of their lives.
- ☐ We have made four recommendations in relation to risks, pureed meals, the environment and audits.
- ☐ We also found shortfalls in relation to the recording of controlled drugs, lessons learned, infection control and training.
- ☐ There were also good practices within the service.
- ☐ People liked living in the service. We observed a homely and friendly atmosphere.
- ☐ People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.
- ☐ Staff spoke passionately about their roles and wanting to provide quality care.
- ☐ There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics.
- ☐ Staff knew people well. They had developed good relationships with people. People clearly enjoyed the presence and attention from the staff.
- ☐ More information is in the full report.

Rating at last inspection: At our last inspection the service was rated good overall. Our last report was published on 17 October 2017.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

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 caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

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 inspection was conducted on 27 and 28 November 2018.

Inspection team: This inspection was conducted by two adult social care inspectors, one assistant adult social care inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For the purpose of this inspection, that experience was dementia. On the second day the inspection was conducted by one adult social care inspector.

Service and service type: The service was a care home without nursing.

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: The first day of the inspection was unannounced. We told the provider and registered manager we would be returning on the second day.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people using the service to ask about their experience of the care provided. Due to most people living with a diagnosis of dementia it was not always possible to get a response to our questions.

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 spoke with the registered manager, deputy manager, senior team leader, one care staff member, the cook and two students. We looked at three people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for all staff members and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

Systems and processes

- The recruitment processes in place were not always safe. The relevant pre-recruitment checks, such as disclosure and barring service (DBS) checks had not always been undertaken appropriately. Gaps in employment had not always been explored. Robust and appropriate references were not always in place. Risk assessments had not been completed when required. The registered manager took immediate action to address some of our concerns during the inspection.
- The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk. This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The training matrix we looked at showed none of the staff had undertaken training in safeguarding; however, one staff member we received feedback from could describe the action they would take if they had any concerns.
- All the people we spoke with who used the service told us they felt safe.
- Records were seen that contained information about any safeguarding investigations. Safeguarding policies and procedures were in place.

Using medicines safely

- Medicines were, in the main managed safely.
- We observed people received their medicines safely by trained members of staff. Medicine administration records (MARs) had been completed accurately and in full. Records and guidance relating to 'as required' medicines and homely remedies were in place that guided staff on the safe administration of these.
- Medicines were stored safely, and regular temperature checks were undertaken. Due to medicines being stored in the kitchen area, we discussed with the registered manager about increased temperatures checks in hot weather.
- Regular medicine audits were being completed to ensure any concerns were highlighted promptly.
- We saw a number of bedrooms contained tropical creams. We discussed this with the registered manager who told us they were old prescriptions and no longer required. These were discarded on the second day of our inspection.
- Whilst controlled drugs were stored and administered safely, the recording of these [type of book] did not meet legal requirements. We discussed this with the registered manager who told us they would take immediate action.

Assessing risk, safety monitoring and management

- Accidents and incidents had been documented and staff had taken action to support people where required. There was a follow up procedure to check on injuries. Reviews were completed after incidents. Care records, such as care plans, were updated following any accident or incidents.
- Emergency procedures for keeping people, staff and others safe, were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- Risks of choking had been identified; however, the systems for managing the risk were not robust and adequate guidance had not been provided to staff. Staff had not completed training in the management of the choking adult. The registered manager took immediate action during our inspection to ensure care records reflected the choking risk and how this was to be managed. The registered manager told us they would address the training of staff as a matter of urgency.
- Window restrictors were not in place on the first day of our inspection. However, the registered manager addressed this and confirmed shortly after our inspection that all windows had been fitted with restrictors. A variety of environmental risk assessments, environmental checks and servicing had been completed. However, we noted risks in relation to people falling downstairs and unsecured wardrobes had not been assessed.
- The call bell system installed within the service was not effectively or safely meeting the needs of people using the service. In the event of someone buzzing in an emergency, staff would have to go to a call point located in one downstairs location. If staff were working upstairs, it would take unnecessary time to go downstairs to the call point before they could get to the person, who may have been upstairs. We recommend the registered manager considers the above risks and takes action to ensure people's safety.

Learning lessons when things go wrong

- Whilst incidents and accidents were well documented, there was no evidence to show what lessons had been learned.

Preventing and controlling infection

- Care staff members were responsible for the cleaning of the service and for the laundering of people's clothes. We saw they had completed training in infection control.
- Soiled laundry was not being managed safely. Red bags [specifically designed for soiled laundry] were not being used and staff were using inappropriate sluicing methods. However, the registered manager and provider took action during our inspection to address our concerns.
- One hot water outlet was not working in a communal bathroom. The registered manager told us this had been reported and was awaiting maintenance to fix.
- We found hazardous substances were not always kept securely. We brought this to the attention of the registered manager, who took immediate action.

Staffing levels

- People we spoke with were confident there were enough staff on duty to meet their needs.
- One staff told us, "Staffing levels are fine for the needs of the residents [people who use the service]."
- Rotas reflected the staffing levels the registered manager told us were in place.
- We observed call bells were answered in a timely manner and staff did not appear rushed. We noted one college student was on duty on the first day of our inspection and two were on duty on the second day of our inspection. Whilst they were not undertaking personal care responsibilities, they were spending time observing and interacting with people in communal areas.
- The service employed a cook on a part time basis [care staff who had undertaken the required training cooked at other times].

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Capacity assessments were generic and not decision-specific.
- There was a lack of consent forms in place.
- There was no evidence of best interest meetings or best interest decisions being made for those people who lacked capacity.
- The provider failed to ensure they were working within the principles of the MCA. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The provider had submitted DoLS applications and were awaiting their approval.

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

- People were supported to access a varied diet. A three-week rolling menu included people's individual likes as well as pureed choices.
- The service had received a five star, very good rating from the food standards agency.
- We undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. We observed good practices from staff members.
- We saw for people who required a pureed diet, this was not prepared in line with best practice guidance. All food items were pureed together, making it impossible to differentiate between each food item. We discussed this with the registered manager and was informed action would be taken. We recommend the provider considers current best practice guidance when providing pureed meals.

Staff skills, knowledge and experience

- Most people who used the service felt staff had the skills, knowledge and experience to meet their needs.
- Supervisions were being held on a regular basis to support staff in their roles.
- On commencement to their roles staff completed an induction programme. This ensured they had the

information and guidance to support them in their role.

- We found significant gaps in the training matrix. We discussed this with the registered manager who agreed the action needed to be taken. After our inspection, the registered manager confirmed a new training provider had been allocated and training concerns addressed.

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

- Some areas of the service required re-decoration, modernisation or maintenance.
- The outside area of the service required attention. There was old furniture being stored and insufficient lighting in hours of darkness. For example, part of the rear area was very uneven and difficult to manoeuvre in darkness. This was a risk to people using the service, visitors and staff members.
- The registered manager showed us an on-going refurbishment plan. This would address the issues we found once actioned.
- The design and decoration of the service did not always effectively meet the needs of people using the service. For example, people with a diagnosis of dementia had no way of recognising their own bedrooms. We recommend the provider considers current best practice guidance on suitable environments for people living with dementia and the safety of external areas.

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

- Care and support was planned, delivered and monitored in line with robust pre-admission assessments.
- Regular reviews were undertaken that ensured staff had access to current information about people and how to deliver effective care to them.
- Assessments obtained from other health and social care professionals were also used to plan effective care for people.

Staff providing consistent, effective, timely care within and across organisations

- We observed staff provided support in line with the up to date care plans in place.

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

- Care records we looked at showed people were referred to the relevant professionals when there was a health need.
- We saw people had access to external health care professionals such as GPs, dentists, opticians and speech and language therapists.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We asked people who used the service if they felt staff were kind and caring. One person told us, "I have worked in care homes in the past and I think you can tell what they are like as soon as you walk through the front door. I am not sure how long I have been here but I have no worries so far. I can ask for anything I want and they always do their best. I have [relatives] who visit me as often as they can so I really have nothing to complain about. I am sat here a happy person." Another person told us, "I have been here about four years and everyone is very good to me here."
- We observed positive interactions with staff during our inspection. Staff presented as sensitive, kind and caring.
- There were no restrictions for visitors to the service. People could have their family members visit them whenever they wished.
- Staff understood how best to communicate with people, for example, speaking slowly and clearly. Care records did not always fully reflect how best to support someone with a sensory impairment. However, we mentioned this to the registered manager who took immediate action to address this.

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

- Observations throughout our inspection, showed staff supported people who used the service to make decisions about their care and support, including what activities they engaged in.
- The amount of information contained in care records demonstrated the views of people using the service and their family members had been sought. Information about people's background, history, favourite past times and life experiences had been captured in care records.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- People who used the service were treated with dignity and respect. We saw staff knocked on doors before entering bedrooms and bathrooms.
- Staff promoted people's independence and encouraged them to do things for themselves.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- We asked staff what person centred care meant to them. One staff member told us, "That is treating the person as the individual, ensuring their dignity is maintained. They are treated equally and with respect. We promote and maintain their independence as much as possible for their day to day living."
- Care plans set out how to meet people's needs in a personalised way. These were reviewed on a regular basis and updated when needs changed.
- Care plans reflected people's choices, wishes and preferences and things that were important to them. They also contained in-depth information about health issues which supported staff to care for people effectively.
- People's needs, including those related to protected characteristics, were identified. We saw a detailed equality and diversity care plan was in place for each person.
- People were supported to engage in activities of their choosing. One person we spoke with told us, "I enjoyed my meal today and now I have just been doing a bit of reminiscing with staff." One person had accessed the local community for lunch during our inspection and we observed students completing jigsaws with people.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, detailed end of life care plans was in place for all people using the service. These contained information on people's wishes at the end of their life to support staff.
- End of life policies and procedures were in place, which were accessible to staff.
- Only two staff had completed training in end of life. As mentioned in the effective section of this report, we discussed training requirements with the registered manager. The service was registering with a new training company. Both staff we spoke with told us they would follow directions from end of life care plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- Most people we spoke with told us they were able to raise any concerns if they needed to.
- We looked at the complaints the registered manager had received. We saw these had been managed effectively and in line with policies and procedures.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was not consistently well-led. We identified two breaches of the regulations in relation to recruitment and consent during this inspection. We have made recommendations in relation to assessing risks, prepared meals and dementia friendly environments. We also found shortfalls in medicines, infection control lessons learned and training. The registered manager did take immediate action to address some concerns during our inspection.
- Staff we spoke with felt the service was well managed and they were supported in their roles by the registered manager. One staff member told us, "It is well managed by the [registered] manager, with the vast experience she's had and implemented it in the company. She has put her heart and soul in the home." Staff we spoke with demonstrated a desire to provide quality care for people using the service.

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place. Whilst findings were recorded and included the actions taken to improve the service, they failed to identify some of the issues we raised during our inspection.
- We did not see evidence to demonstrate the provider conducted formal audits to ensure the quality of the service. We requested the provider was present for the feedback at the end of the inspection, so that they were aware of the shortfalls we found and improvements required. The provider was present for feedback. We recommend the provider and registered manager review the auditing and quality monitoring systems to ensure this is robust, to drive improvements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager promoted openness and transparency throughout the staff team.
- Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.

Engaging and involving people using the service, the public and staff

- Records we looked at showed staff meetings were being held.
- Meetings for people who used the service were conducted. Minutes of these were available.
- Surveys were given to people who used the service and their family members. The results of these surveys were analysed and action plans developed.
- The service had a compliments file in place which contained numerous positive comments from people

who used the service and their family members about the service and staff members.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, mental health teams, social workers and commissioners of people's care.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they were working within the principles of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure robust recruitment systems and processes were in place, placing people who used the service at risk.