The Shaw Foundation Limited

Hollybush House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Hollybush House 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. Hollybush House Nursing Home is a care home with nursing, which can accommodate up to 24 older people, some who live with dementia. At the time of our inspection 15 people were using the service.

At our last inspection in February 2016 we rated the service as good. At this inspection we found evidence that led the key question of Effective to be rated as Requires Improvement. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection visit took place on 12 December 2018 and was unannounced.

There was an acting manager in post who had submitted an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The acting manager was not available on the day of inspection.

Training around mental health needs and deprivation of liberty was lacking for all staff, and staff did not have a high level of knowledge in these areas, although this did not affect the general care of people and they were supported by staff in the least restrictive way possible. People were supported to have choice and control of their lives. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to support people. People received medicines as required.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. People's diverse needs were recognised and staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs, choices and cultural needs. Care staff knew people's needs and respected them. People were able to speak openly with staff and understood how to make a complaint.

The service continued to be well-led, including making detailed checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the acting manager. We were provided with information about the service where required.

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 remains Good.	**Good**
Is the service effective? The service was now Requires Improvement.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hollybush House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection was completed by one inspector and an expert by experience on 12 December 2018. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We received a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report.

We spoke with four people who used the service, two relatives, four members of care staff, the assistant/deputy manager and a representative of the provider. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Good

Is the service safe?

Our findings

One person told us, "I am safe the carers have been very good, they help me to the toilet when I need to go and I have a frame to help me walk and stop me from falling over". A relative said, "I am pleased that [Person] is here, they are kept safe. A staff member told us, "People are kept safe here, we monitor them closely and know to look for signs and symptoms that all might not be well". We saw positive examples of staff supporting people in a safe way, an example being; people were supported to mobilise in an appropriate manner and were reassured during the process.

Staff told us they understood safeguarding procedures and were able to discuss signs and symptoms of possible abuse. We saw that a process was in place to address safeguarding concerns with the relevant external agencies. Staff spoke to us about how they would react in the event of an emergency. One staff member said, "I would call 999 and stay with the person to make sure they were safe". Accidents and incidents were dealt with accordingly and recorded as appropriate.

We found that any risks were managed well and that risk assessments were in place. Risk assessments included, but were not limited to, personal care, moving and handling and mobility, diet and nutrition, medicines and health, including skin integrity. Risk assessments were updated as required. Dietary assessments were undertaken to identify nutritional needs and weights were monitored where required and action taken if needed. We saw that there was an individual personal evacuation plan in place which gave staff directions on how best to evacuate the person in the event of an emergency.

People felt that there were enough staff. One person said, "There are enough staff". A relative told us, "There seem to be plenty of carers and staff and they are all regular, so that gives [person] peace of mind". A staff member told us, "There are enough staff, we have a new system to request cover through the provider if any staff are sick. They always try to use familiar agency staff". We saw staff had time to spend with people and we observed some positive interactions. The staff rota reflected the amount of staff available to people during the inspection.

We found that recruitment checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

People were happy with how staff supported them with their medicines. One person told us, "I have my medicine". A staff member told us, "I have been trained to give medication and have my competency checked". We found that people received their medicines as required and that records tallied with medications available. Medicines were stored and disposed of safely.

One person told us, "The home is very clean and tidy and any spills are cleaned up immediately". A staff member said, "It is a very clean and tidy place the domestic staff come in every day and do a good job". We found the environment was clear from hazards and people were protected by the systems in place for the prevention and control of infection. Checks to evidence the environment was safe were completed. We saw

only approved cleaning products were used. Kitchens were kept in a hygienic condition and there were no odours within the home.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in February 2016 the key question of Safe was rated Good. At this inspection the rating has changed to Requires Improvement.

We looked at the training matrix and found some gaps where some staff members had not completed recent training, examples being moving and handling and health and safety training. There had been no recent specific training on the Mental Capacity Act [MCA] or the Deprivation of Liberty Safeguards [DoLS]. When we spoke with staff members a number had a lack of knowledge on how this legislation could impact on people using the service. Despite staff members lack of training and knowledge in these areas we found they supported people in the least restrictive way possible, such as encouraging mobility throughout the home for those able to with or without support. We spoke with the deputy manager and representative of the provider who told us that relevant training would be put in place.

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 so that they can 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 were being met. Capacity assessments were completed where required and applications for DoLS had been submitted to the appropriate authorities as required. Three out of four staff spoken with were unable to tell us who the DoLS applications were for and why. We saw that staff gained consent before assisting people and people also told us about this. Where best interest's meetings had been needed, for example where specific equipment was being used, these were in place and completed appropriately, including agreements by family and professionals.

Pre-admission assessment information was in place, and this provided information on the person's needs such as health needs, personal care, medical care and diagnosis and wellbeing. It gave a past medical history and information on what care the person required.

Staff were able to speak with us about people's needs and their knowledge reflected the information held within care plans. One staff member told us, "We know what people need and we can always look at the care plans for information, they are useful.

We found staff had completed inductions and where they were new to the care sector they completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us that they felt well prepared prior to completing their first shift. A staff member told us, "My induction prepared me gradually, I was not put on the spot. I shadowed others and learnt at my pace".

A staff member told us, "I have regular supervision, every three months and it helps me". A second staff member said, "I have supervision, but can go to the acting manager at any time, it is an open door". We saw supervisions were recorded and included discussions around care provided to people and the staff members wellbeing.

People told us that they were happy with the meals provided, with one person saying, "I have found the food very good". A relative told us, "There is a menu for people to choose their meals from and I have seen people being shown pictures so they can pick what they want, my [relative] is mildly diabetic and they [staff] go to great lengths to accommodate that". We saw that staff were aware if people had particular dietary needs, such as a soft diet or they were diabetic. People were supported by staff where they required assistance to eat. We saw that people had access to drinks and snacks throughout the day.

People were supported to access the health care they needed. A person said, "They have the dentist visiting today, I will be seeing them". A relative told us, "The podiatrist has been in to see [person] and I know their feet are looking very good indeed. [Person] has had hospital appointments and has had to stay in hospital. The home has been very good, they sent a carer with them [to the hospital] and the carer stayed with [person] for the twenty-four hours they were there. It helped to keep [person] settled, as they struggle around strangers, I was very thankful to the staff". Care files noted ongoing support that some people required for medical conditions and we saw how people attended medical appointments as required.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. Homely decorations were displayed in the lounge with photographs of birthday parties at the home displayed. We saw that people kept their own belongings in their bedrooms.

Good

Is the service caring?

Our findings

People told us they thought the staff were friendly and caring towards them. One person said, "
The carers have been great. They all seem to like me and I like them". A second person said, "The carers are a nice bunch and not a bit of bother". A relative told us, "I have no problems with the carers or the care my relative receives, they seem very happy and settled". We saw examples of positive interactions between people using the service and staff, including a person distressed and asking for a relative being reassured and staff giving them their time.

People shared with us that they were able to make their own choices and decisions and one person told us, "I have the same breakfast every morning but it's what I like. There are choices, but they [staff] know what I have". A staff member told us, "People are encouraged to make decisions if they can, we don't just do it for them". We saw that people kept their own belongings in their rooms.

A relative told us, "Staff encourage [person] to be independent, they can feed themselves and staff encourage them to, so that they don't lose the ability". Care plans gave information on how able people could be.

We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. One person said, "They [staff] give me my privacy". A relative told us, "I do feel that they treat [person] with respect and the other people here, I haven't seen anything to make me feel different and I do feel people are treated in a dignified manner from what I have seen". We saw an example of staff maintaining a person's dignity when they raised their clothing exposing their legs, staff noticed immediately and ensured the person was covered.

A relative told us, "The staff are lovely, they always offer me a cup of tea". Staff told us that they had good relationships with people's relatives and we saw positive interactions between staff and visitors.

The manager told us that should a person require the services of an advocate this would be arranged for them. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

Good

Is the service responsive?

Our findings

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; support people may need, communication, mental health and general health and medicines and diagnosis. Any medicines taken were listed. There was an 'about my life' section which included; life history, likes and dislikes and interests and hobbies. We saw that reviews were carried out in a timely manner. People and staff told us how they had worked together to compile the care plans.

People were supported to fulfil their religious and cultural needs. These were recorded and information was provided on how staff could assist people to pursue their needs. We saw that people had been supported to observe their own religion. Some people told us that they wanted to celebrate the upcoming Christmas festival and we saw that decorations were up and plans had been made.

One person said, "I like to go for a walk, just to the woods and back, just for a bit of fresh air". A second person told us, "The gardens are nice, someone comes in and keeps it lovely. I do go out there when the weather is better". A relative told us, "They do have events here, they celebrated Remembrance Day and they are having a Christmas party, I feel they [staff] go to a lot of trouble and expense trying to occupy and entertain people. There was a florist here yesterday and some of the residents did some flower arranging. Tomorrow children are coming in to sing carols and there are carol singers next week". We saw that activities took place and we observed a baking activity taking place in a specific kitchen for activities. The carer and person baking were chatting about their families and television whilst baking. There was an interactive screen in the lounge that was user friendly and staff assisted people to access it to participate in reminiscence activities and general quizzes. We saw that staff distributed a variety of daily newspapers to people and they stopped to have a chat about the topical stories appearing. A staff member told one person, "It's all about the Prime Minister today".

There was a complaints procedure in place and this gave information on how to make a complaint and was in an easily understandable format. We saw that any complaints had been dealt with effectively with the outcome recorded and copies of any correspondence with the complaint kept for reference.

Information covering end of life arrangements were noted where appropriate and gave details of requirements. Where a do not resuscitate order [DNAR] was in place this was recorded and staff were aware of it.

Good

Is the service well-led?

Our findings

There was an acting manager in place who had made an application to become registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us that they were getting to know the new acting manager and deputy manager, but that contact with them had been positive. One staff member told us, "[Acting managers name] is open and approachable. They are finding their feet and things are much better than when we had nobody in the role for a while".

People spoke to us about their experience of the service. One person told us, "I would recommend staying here to other people and if I need to go into respite again I would come here. I did find it hard at first when I came in as I didn't know anyone, but everyone has been so friendly and kind, I have made some friends too". A second person said, "You would have a job to find better than this home". A relative told us, "It's a nice place and it suits [person]. A second relative told us, "I like that [person] is here, it is a relief that staff will look after them".

Feedback was taken from people using the service and their relatives and included comments such as, 'I am very pleased with [person's] progress while they have been here'. We saw that overall feedback was positive and people told us that staff had communicated the outcomes of feedback to them.

Staff meetings took place and discussed issues such as staffing and updates on the service. A 'policy of the month' was discussed and staff were able to share views and opinions. There had been no recent meetings for people using the service and the deputy manager told us that these had ceased following the previous manager leaving and the acting manager had plans in place to hold such meetings, with dates in the calendar.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they felt the need to. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Regular audits were carried out and these provided a clear overview of any patterns or trends within the service. Audits covered, but were not limited to; infection control and the environment, medicines, staffing, care plans and recording. We saw that audits had not discovered the shortfall in required training, but the representative of the provider told us that additional training on MCA and DoLS would now be put in place, to ensure staff were knowledgeable. The provider's representative told us training had only been overlooked due to the changes in management.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.