Simply Care (UK) Ltd

Holly Bush Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 March 2017 and was unannounced.

Holly Bush Nursing Home provides care and accommodation for up to 12 people with learning disabilities, sensory impairments and physical disabilities. It is located in Stanmore. At the time of the inspection the home was fully occupied.

Some people who lived at the home had mobility difficulties, which affected manual dexterity and coordination and some had sensory impairment, which meant they could be highly sensitive to sound and touch. Others did not speak verbally, and could only speak by way of communication aids, as well as hand gestures and facial expressions. These impairments meant they could not cope living independently.

The home's vision was to 'promote people's independence and well-being' by ensuring they maintained and respected people's rights, dignity, privacy, independence and personal choice. In order to achieve this goal, the home had a set of objectives which defined steps that they needed to take. These objectives included: empowering people to make informed choices; treating people with respect at all times; upholding the human and citizenship rights of all people; and, working in partnership with support services and relatives to ensure that the best interests of people were met. At this inspection we saw that the home had exceptionally addressed these objectives. This was also confirmed by professionals and relatives we spoke with.

The service had a 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 and associated Regulations about how the service is run.

Staff understood the needs of people. We saw that they closely monitored these needs to ensure they were met. In some instances this had led to marked improvements in people's conditions since moving to the home. This was evident where people had been admitted to the home because their previous placements could no longer fully support their needs. We received some exceptional feedback from professionals who had previously worked with some of the people using the service. They were able to tell us about people's journeys and how Holly Bush Nursing Home had transformed their quality of life. For example, some people had been prone to frequent hospital admissions due to complex medical needs. However, since moving to the home, the hospital admissions had significantly reduced due to support and treatments which suited them.

Staff were resourceful in finding ways to meet people's needs. They did not give up on trying new things with people even when evidence suggested otherwise. In one example, staff had managed to support one person to go on holiday. This had been their first holiday in many years. Previous homes had not been able to do so. This is one of many good examples of personalisation that we saw.

People were treated with kindness and compassion. Staff consistently went out of their way to meet their needs. Professionals involved in people's care and people's relatives were also complimentary about the kindness and empathy displayed by staff. One person had enthusiastically given an account of how a particular member of staff had gone out of their way to support them with their preferences. Their account was consistent with another act of kindness shown by staff to another person. A relative of this person could not stop praising the kindness shown by staff.

Risks to people were minimised because the home had procedures to protect people from harm. Their risks had been assessed, identified and well managed. Staff understood how to keep people safe. They had received training on how to identify abuse and understood procedures for safeguarding people.

The home followed safe recruitment practices. Therefore people were protected from the risks associated with the recruitment of new staff. We also saw that staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times.

There were suitable arrangements in place for the safe management of medicines. Staff were trained to administer medicines and received regular checks on their competency to administer medicines.

The home had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about the requirements of the Act. Where people lacked capacity we saw staff best interests meetings were carried out.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and to maintain a balanced diet.

Relatives to us told us the management and staff were approachable. Staff told us that they felt supported by the management.

There were procedures in place to monitor the quality of the service. Remedial action was quickly taken if any issues we identified.

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.

Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people.

There were sufficient staff available to meet people's assessed care needs.

There were appropriate arrangements for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff received induction, training and supervision to support them in their roles.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Outstanding

The service was outstanding in providing caring support.

Relatives told us that people received exceptional care. They told us staff were compassionate and consistently went out of their way to meet people's needs.

Professionals involved in people's care were also exceedingly complimentary. They also noted how staff had worked above and beyond to provide exceptional care. We could see from the care records that the quality of life of people had been enhanced.

We observed a very caring relationship between staff and people. Staff were gentle and showed patience when supporting people.

Staff respected people's privacy and dignity. The home had a dignity champion whose role was to ensure staff treated every person with dignity.
We observed staff knocked and waited for a response before they entered people's rooms.

Is the service responsive?

Good

The service was responsive.

We saw that people received personalised care.

People's care needs had been fully assessed before they started receiving care.

Staff were resourceful in finding ways to support people to achieve their full potential and participate in activities they had previously found challenging.

People were supported to live full and active lives. Each person had their own individual interests and activities which had been allocated specific days and times. This also took into account of people's specific needs.

The support plans of people were personalised. They were written in a format that was accessible to people. They covered important information, including unique aspects of the person including how they communicated, their ability to make decisions, their preferences and likes and dislikes.

Is the service well-led?

Good

The service was well-led.

The registered manager had provided staff with appropriate leadership and support.

There was a thorough and effective quality assurance system in place. The registered manager and staff team were proactive in seeking out ways to improve.

The home invited people and their relatives to take part in annual surveys about their experiences. This provided people with an opportunity to provide feedback about the service.

Holly Bush Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 March 2017 and was unannounced.

The inspection team consisted of an adult social care inspector. Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

During our inspection we spent time observing the care and support being delivered. We spoke with a range of people about the service. They included the registered manager, the organisation's director, nurse team leaders, support workers, healthcare professionals and social workers from the local authority. We met eight other people and observed how staff interacted with them. As most people in the home had limited verbal communication we contacted and spoke with seven relatives.

Good

Is the service safe?

Our findings

Some people using the service were not able to speak with us because of complex difficulties; however they used gestures to show us they were happy at the home. Those who could speak with us told us they were happy with the care they received. One person told us, "Yes, I am happy."

Relatives of people told us they felt Holly Bush was a safe home. Asked if the home was safe, a relative told us, "Absolutely. We do not have any concerns about [our relative's] care." Another relative told us, "[My relative] had a few accidents in the previous home. At Holly Bush they have put things in place to look after his safety." A third relative said, "The home provides exceptional care. [Our relative] is safe."

Professionals were also complimentary. They told us that their respective 'clients' received safe care at the home. One healthcare professional told us, "Staff understood the need to keep [this person] safe." Another healthcare professional said "The home and staff are aware of their responsibilities in keeping people safe."

We saw risks to people were minimised because the home had procedures to protect people from harm. For example, one person was at risk of choking and we saw a referral had been made to the Speech and Language Team (SALT). There was a detailed recommendation from SALT, which gave staff guidance on how to minimise the risk. We saw that staff followed this guidance. Another person had diabetes and there was a risk assessment, which gave staff guidance on how to manage risk of high or low blood glucose.

There were safeguarding and whistle blowing policies and procedures in place. All staff had received training on how to identify abuse and understood the procedures for safeguarding people. They described the different ways that people might experience abuse and the escalation process if they were concerned that abuse had taken place. Posters throughout the home ensured staff had immediate access to safeguarding information. Staff told us they were confident that any concerns reported to managers would be treated seriously and appropriately. They were aware they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

Risk assessments were in place to reduce risks to people's safety. These covered areas such as physical and behavioural needs. For example, we looked at the nutritional risk assessments of one person, which identified the risk of choking and aspiration. There was clear guidance to minimise the risk to this person. This involved a pureed diet, a good upright position when eating and drinking and offering thickened fluids as instructed by the SALT team. Another risk assessment identified the risk of falls and there was detailed guidance for staff to support this person, including a pressure mat beside the bed. Where people displayed behaviours which challenged the service, behavioural support plans were in place to reduce the risk of people harming themselves or others. Staff were able to speak about areas of risk knowledgeably and they correctly explained strategies which had been agreed to protect people from harm. This meant staff had the guidance and support they needed to provide safe care.

The risk assessments for the environment were also in place and we saw these were regularly reviewed.

Checks were carried out on all electrical equipment to ensure the equipment was safe to use. Further checks were carried out on the home lift, gas safety, fire extinguisher equipment, fire alarm and emergency lighting. There was an up to date fire risk assessment. The home carried out regular fire drills. Regular checks of the hot water temperatures had also been carried out to protect people who were at risk of scalding.

Each person had a personal emergency evacuation plan (PEEP) in their plan of care. This gave guidance on the specific physical and communication requirements that each person required to ensure people could be safely evacuated from the home in the event of a fire or an emergency.

We looked at how the home was being staffed to ensure there were sufficient staff on duty to support people. The home used a 'Care Home Staffing Model Dependency Tool'. This tool assessed the needs of people along a number of key areas of need, including eating, transferring, toileting, dressing, risk and incontinence. The registered manager told us, "We use a dependency tool to ensure ourselves that service users' needs are met by hours." We saw from the rotas that there was a sufficient number of suitably qualified nurses and experienced staff to support people safely. Relatives told us there were sufficient staff to meet the needs of people. One relative told us, "Each time I have visited there is always enough staff. There is always a nurse to look after my [relative's] medical needs, care staff who look after other day to day support needs and a cook, who prepares some very good food."

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service. This helped to ensure people employed were of good character and had been assessed as suitable to work with people.

All staff had been trained in the management of medicines. The home had a medicines policy which provided guidance to staff. Medicines were ordered, stored, given as prescribed and disposed correctly. We took time to observe the afternoon medicines being administered to people. Medicines were given safely and recorded after each person received their medicines.

Good

Is the service effective?

Our findings

Relatives and healthcare professionals told us staff had the skills and knowledge to meet the needs of people effectively. One relative told us, "Staff have given good support to [my relative]." Another relative said, "I have been satisfied with the care that has been given." A third relative said, "[My relative] is supported to attend their medical appointments."

Professionals were also complimentary about the standard of care at Holly Bush. We spoke with a range of professionals, including GP, specialist doctors, nurses, speech and language therapists and local authority social workers. They reported that the home had made referrals in a timely manner.

People were cared for by staff who received appropriate training and support. The staff, including qualified nurses took part in a comprehensive induction which involved training and shadowing experienced staff. This ensured they were competent and confident before they proceeded to support people. The induction was based on the Care Certificate induction standards. The home also provided regular classroom based training for all mandatory training, which included infection prevention and control, health and safety, manual and people handling, and safeguarding adults. Specialist training was also provided in relevant subjects, including epilepsy awareness and oxygen monitoring. Staff commented positively on the value of training to their practice. We saw evidence of training certificates in their files. We saw evidence nurses were kept up to date with safe practice by attending training sessions at a local hospital throughout the year. A relative of one person told us, "Staff are fantastic. They are well trained. They are very attentive to [my relative's] needs." A healthcare professional told us, "I have attended a couple of meetings at the home and I have been quite impressed with staff and the way they have supported [a particular person]."

Staff told us they were well supported by the registered manager. One staff told us, "We are rewarded for doing good work". Another staff said, "The managers are approachable and they respect our views." We saw from their records that staff had received regular supervisions and an appraisal. Supervision covered many aspects, including workplace discussions, any concerns and worries, and personal developments. Where appropriate, we found that action was taken in supervisions to address performance related issues. Appraisals were also carried out annually. These identified and addressed developmental needs of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent was sought prior to care being given. Relatives confirmed that staff asked for people's consent before they carried out tasks. One relative told us, "I have been involved together with health professional to plan the care of my [loved one]."

Throughout this inspection we saw staff seeking people's permission before they proceeded with care. Staff explained to us how they made decisions in line with the MCA 2005. We saw examples of where people's capacity had been assessed and found that appropriate documentation was in place. For example, we saw evidence that staff had ensured best interests decisions were carried out in relation to a medical procedure of one person. This person's mental capacity had been assessed in line with MCA 2005. The subsequent best interests meeting was attended by all relevant parties in order to protect the rights of this person.

The provider had made applications under DoLS for each person as needed. We saw completed documentation regarding this. A DoLS tracker was also in place. This showed the dates the restrictions were granted, when they were due to expire, and the date a renewal was applied for. This was important to ensure people did not remain restricted unnecessarily even when their needs changed. A relative told us, "Staff chose the least restrictive way of managing accidental falls from bed by putting a sensor mat besides my [relative's] bed."

There were arrangements for monitoring the healthcare needs of people. We saw Health Action Plans (HAP) for people had been completed. A HAP is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to keep healthy, such as what services and support people need to live a healthy life; this includes healthy eating and when to go for a check-up. We saw evidence the healthcare needs of people were closely monitored. People attended their annual health checks. There was evidence of recent appointments with healthcare professionals such as the dentist, SALT, palliative care team, dietitian, chiropodist and GP. Healthcare professionals gave us positive feedback about the ability of staff to implement guidelines.

People were supported to maintain a balanced diet. Each person's dietary requirements, likes and dislikes were documented in their support plans. Where relevant, SALT or dietitian assessments were carried out for required support with swallowing or dietary difficulties, recommendations were incorporated into people's plan of care.

Mealtimes were flexible and based on people's needs. People were supported to choose their meals. Staff used pictures of food to support people in choosing their preferred meals. Their choices were always re-visited to check whether people had changed their mind. We looked at the menu, which offered alternative choices. During lunch we saw staff supporting people with eating and drinking. In some instances some people experienced difficulties in eating but staff patiently encouraged them to eat.

Outstanding ☆

Is the service caring?

Our findings

People who were able to speak with us told us that they received "very good care." One person told us, "[This staff member] is very kind." Some people could not speak with us because of their complex needs. However, we observed them interacting with staff in a positive manner. We could tell from their gestures and smiles that they were happy. For example, we observed people participating in board games. We could see that they were happy, which they confirmed to us by nodding their head and giving a thumbs up gesture during their interaction with staff.

Relatives of people receiving care were extremely pleased with the care that people were receiving at Holly Bush. One relative told us, "The care is outstanding." Another relative said, "Staff have done a brilliant job for my [relative]."

Professionals were also complimentary. They told us staff were kind and caring. One healthcare professional told us, "Staff at Holly Bush have done a brilliant job with this [person]." Another health care professional said, "The service is highly attentive to [people's] needs."

We observed people in the communal areas and it was obvious staff had developed kind and compassionate relationships with them. People were comfortable and relaxed around staff. Their interactions were spontaneous and people could freely chat with staff and on occasions having a laugh at jokes they shared with staff throughout the day. In one example, a staff member asked one person, "Do you want a cup of coffee?" and the person replied. "A beer" and they all burst into laughter. In another instance, one person could not contain their excitement when speaking with us. This person told us how happy they were with a particular member of staff. She then proceeded to tell the member of staff, "Thank you for what you did the other day." We enquired why this staff member had been singled out and the registered manager explained that the person had been supported to choose a photograph to display in their room. This had involved this member of staff capturing different photographs of this person in different poses until the person had chosen a picture they thought was the most appropriate. The registered manager explained that this member of staff could have taken an easy option of just taking one photograph and placing it in the person's room. Instead, they took their time, giving this person all the attention they required.

The registered manager and the service director told us they had always successfully dealt with any obstacles to meeting people's needs. This was confirmed by a relative who described an event when staff went out of their way to support their relative's needs. The person in question had complex medical needs that required frequent hospital admissions. At some point it became evident that the person would benefit from having specialist equipment on site to continue to receive care at the home. The home organised a 'best interests' meeting, which was attended by the family and relevant healthcare professionals. They agreed that the person's needs would be better served at home. A relative of this person told us of the difficulties they encountered in having the equipment at the home. Initially the hospital was not agreeable to the proposal. In addition there were some added costs. Eventually an agreement was reached for the equipment to be transferred to Holly Bush Nursing Home and the home agreed to cover any added costs. The director of the home told us, "If it meant that [this person's] care was better at our setting, I was

prepared to do whatever it took to achieve that." The relative commented on how the service had gone over and above expectations, stating; "Now [my relative] is stable and receiving care in an environment of [their] choice."

Relatives told us staff promoted and always found ways to maximise people's independence. People were encouraged to participate in daily routines of the home. In some written feedback we reviewed a relative had commented, 'words cannot express how I feel right now about all of you guys there. You do such an amazing job for [my relative]. Thank you all so much.' We enquired what had prompted this feedback and we were told that the relative had been impressed with the care that their relative was receiving. The person receiving care had been having difficulties washing their hair, which had become an ordeal because of their complex needs. The home in conjunction with the person had decided that a shower chair would make using the shower comfortable and also improve the independence of this person. Eventually, the shower chair, which had been ordered, arrived and the person was supported to have their hair washed, which they were so happy about. This had been shared with the relative, who was very pleased. We saw other examples where people were encouraged to exercise their independence, including in making choices, and participation in community activities.

The staff constantly tried their utmost to improve the well-being of people. For example, a social worker from a local authority described how the home had gone the extra mile to provide support for someone with a sensory impairment. This person used to display behaviours which challenged the service, including banging their hand on hard surfaces. The home sought professional input to offer sensory sessions to this person, which reduced the incidences of the behaviours that challenged the service. We saw that staff used sensory equipment and other approaches such as aromatherapy and massage, to provide an appropriate sensory environment for this person. The social worker told us, "The home has been impressive at making timely referrals for [this person]. Staff went a long way to get professional advice in order to improve the well-being of [this person]."

We observed a very caring relationship between staff and people. Staff were gentle and showed patience when supporting people. This was particularly evident when supporting people who could not communicate other than by gestures or using communication aids. For example, we observed a member of staff who was explaining the sequence of events for that day to a person who could not express their needs verbally. We noted that this person was having difficulties understanding but the staff took their time to go over the planned schedule of the day. The staff member also brought pictures and symbols to help the person understand what was being communicated. The staff member did not leave the person until they were satisfied the person knew what was going on.

Staff had built positive relationships with people and their relatives. Each person had a key worker who had special responsibilities for working with the person. The role of the key worker involved supporting their key person to ensure they were listened to as well as forming relationships with their families. The keyworkers met with their key person on a weekly basis. We read minutes of the meetings and we saw they covered a range of topics, including activities, feedback from people's families, and people's interests. This helped them develop meaningful relationships with people and increase their knowledge of people's likes and preferences. For example, as a result of a keyworker meeting, staff learnt that one person preferred to listen to a particular radio station on a particular day. We saw that this had been supported.

Staff respected people's privacy and dignity. The home had a dignity champion whose role was to ensure staff treated every person with dignity. We observed staff knocked and waited for a response before they entered people's rooms. People were well groomed and wore clean clothes. People and their relatives were given space to meet in private. Families were appreciative of the privacy they were given with their loved

ones. Their comments included, 'when we visit we know we can use the conservatory so that we can spend some time alone with our [loved ones]' and 'I like that I can have my own space with [our relative]'.

Staff were compassionate and people were supported to pass away in a comfortable, dignified and pain free manner. Staff had received training from St Luke's Hospice and there was more training booked with a local hospital. We found them to be knowledgeable about how to deliver end of life care. The home was working with the community palliative care team, who visited the home to support staff as required. There were two 'end of life care champions' at the home. Their role was to ensure people had a dignified death. We spoke to a relative of one person receiving end of life care and they told us that staff were empathetic and very caring.

In one example, a person receiving end of life care became unwell and an 'out of hours' doctor had recommended that the person should go to hospital. However, given the preferences and wishes of the person to be cared for at Holly Bush in the company of staff and people that were familiar to them, staff did not immediately follow this recommendation. Instead, they sought a second opinion from a doctor who was more familiar with the needs of this person. The doctor recommended for care to be provided at home. As part of our inspection, we spoke with the second doctor and she told us, "Staff were very keen to do what was right by the [person]." The doctor went on to say, "In my perspective, I think the home is outstanding. I was impressed with the level of care. Staff had not known this person for a long time, yet they took time to know [this person] and understood their care needs."

People had Advanced Plans in place which were well documented. One person had Do Not Attempt Resuscitation (DNAR) forms in place, and where we saw these they were correctly completed and regularly reviewed.

We spoke with staff about diversity and human rights. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. The home celebrated the Chinese New Year with families this year.

Good

Is the service responsive?

Our findings

The relatives of people and involved health care professionals told us Holly Bush was outstanding in the way it responded to people's needs. It was evident from the discussions we had with them that people were placed at the very centre of their care. They told us people received consistently person centred care that met their needs. One relative told us, "This is a fantastic home. I speak for members of my family. Staff go above and beyond their call of duty." Another relative said, "I am more than happy with the home. [Our relative] is receiving the best care that is available." A third relative said, "[Our relative] is looked after on an individual basis. The staff have done an amazing job in adapting the environment to improve [our relative's] access to other areas of the home."

Professionals also shared with us some positive feedback about how the service responded to people's needs, wishes and preferences. One healthcare professional told us, "Staff have been brilliant in making sure the needs of [this person] are met". Another healthcare professional said, "I have been impressed with the way staff have gone over and above to meet the needs of [this person]." A third healthcare professional told us, "The home was set for people who are less able. I would say that the organisation has done an impressive job in ensuring the needs of [this person] were met.

The support plans for people were up to date. They were drawn up in collaboration with people and where necessary those who mattered to them. They covered important information, including unique aspects of the person including how they communicated, their ability to make decisions, their preferences and likes and dislikes. They were reviewed on a regular basis or as necessary in line with any changing needs. This ensured the care that people received remained relevant. Support plans, including other documents such as Health Action Plans, communication passports and activity plans were written in a format that was accessible to people.

The support plans included detailed strategies for staff to follow if people displayed behaviour that challenged the service. Holly Bush employed a Positive Behaviour Support approach (PBS). PBS is a person centred approach, which aims to understand the functions of people's behaviours and address the issues that trigger behaviours that challenged the service. For example, one person had moved to Holly Bush following a breakdown of their previous placement. This person had complex medical and behavioural needs, which meant the previous home was unable to meet their needs. We saw from records that at their previous home there had been difficulties in managing their medicines, which they repeatedly refused to take. This had resulted in numerous accident and emergency admissions. There was evidence that since they moved to Holly Bush, they had made significant improvements. The health care professional who had been involved in the care of this person before they moved to the home told us, "Whereas their blood glucose was uncontrollable at the previous placement because of [interventions they used], since moving to Holly Bush this was stopped. Instead, staff at Holly Bush were flexible with [the person]; waiting until they were in a good mood before medicines could be offered."

In another example of person centred care, one person moved to Holly Bush from another home. This person had complex medical needs. At their previous home, they had been admitted into hospital more

than 30 times in two years. Since being at Holly Bush we saw documented evidence that hospital admissions had drastically reduced to four in the last two years. The home attributed this improvement to the person centred care that this person was receiving since moving in. We saw evidence that this person received personalised input from Speech and Language Therapist (SALT). This ensured this person received their food and drink in the safest way possible to reduce risk of aspiration. This had dramatically reduced hospital admissions.

Staff were resourceful in finding ways to support people to achieve their full potential and participate in activities they had previously found challenging. For example, one person had moved to the home from a previous placement. This person had never been on holiday due to their complex behavioural needs. Though the previous home had experienced difficulties in engaging this person, Holly Bush undertook their own assessments and introduced a number of strategies to try and get the person engaged. In the end, the home found a way of supporting this person to take interest in planning for a holiday. This involved preparing the person's emotional needs to get ready for the trip by supporting the person to be involved in each stage of preparation, including visiting the car hire shop and choosing a suitable car to be used on holiday. A professional told us, "The home did an amazing job with [the person]. He has a better quality of life now. They took [the person] on holiday, which he had never been for 15 years."

The home was also complimented by relatives for always finding innovative solutions to problems. For example, the home established that the local sensory rooms did not cater for the specific needs of some people they supported. Following discussions, with families and other people who mattered to people, the management decided to invest in a sensory room onsite. This was paid for by Holly Bush Nursing Home. Staff and families shared with us some examples on how this had enriched the lives of people. Some people who had previously refused to access this activity externally had welcomed the sensory room and felt comfortable and safe to use it. We saw evidence that a number of people who displayed behaviours that challenged the service were being supported to access this room and there was a marked improvement in their behaviours. Relatives have joined people in the sensory room and spent quality time participating in activities together. A social care professional from the local authority spoke of the positive impact that this facility had had on the quality of life of one person.

People were supported to live full and active lives. Each person had their own individual interests and activities which had been allocated specific days and times. This also took into account of people's specific needs. We noted that activities were used as part of an overall strategy in keeping with the PBS approach. The home believed in meaningful participation from the people using the service. For example, one person preferred to know the sequence of their daily activities, including the staff that would be supporting them. We saw evidence of a pictorial plan that detailed the specific activities of this person for each day of the week, including the staff they would be working with. In another example, we observed a conversation between one person using the service and a staff member. There was a planned activity for a bus ride on that day. However, staff still wanted to be sure that this person had not changed their mind about this planned activity. In the conversation that ensued, this person chose a different activity to the planned one, which we saw was fully supported by staff. We observed that staff genuinely valued what the person had to say.

A healthcare professional told us that the transition for the person they were involved with was handled well by staff at Holly Bush. The healthcare professional told us, "This person had complex needs. There were concerns regarding whether the home would manage the needs of [this person]. The home reassured us they were able to meet this person's needs. In the end we were impressed with the care the person received." This was backed up by families of people receiving care as well as other involved professionals.

We saw that prior to people moving to the home, they visited Holly Bush as part of the initial assessment to determine if their needs could be met. This assessment considered each person's past medical history, their preferences, likes and dislikes and any other unique qualities. Apart from checking the suitability of new people, the assessment also took into account the needs of the people already at the home. Therefore if a decision was made for the person to move into the home, staff were ready to support the person, with minimal disruptions to the routines of other people, already at the home. Therefore, the needs of all people involved were taken into account.

The home supported people with diverse needs and their needs were met. Staff were knowledgeable about equality and diversity issues. They respected people's individual beliefs, culture and background. We saw that they had received relevant training.

People or their relatives had no complaints about the service. The registered manager told us that they had not received any complaints about the home in the last 12 months. However, previously when complaints had been received, these were dealt with immediately. We saw that action had been taken to address issues raised and lessons learnt. People and relatives were aware of how to make a complaint. There was a complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

There was a clear leadership structure in place. There was a registered manager in post who had responsibility for the day to day running of the service. The registered manager had the qualifications, experience and capability to run the service. We received positive feedback from relatives of people living at the home. One relative told us, "The home is well-managed." Another relative said, "The managers do their work to the best of their abilities." A third relative told us, "The manager is a pleasant person to speak to." The registered manager received support from team leaders and the home director. Staff at the home had relevant qualifications, including professional qualifications as with nurses. They felt supported by the management.

Comments from professionals involved in the home were also positive. They commented on the leadership's ability to take on board suggestions. A social care professional from a local authority told us, "We feel that the home do respond well and have worked well with us to improve care. We have no concerns about the home."

We found the service was willing to make improvements in order to provide a high quality service. For example, we found the service had made improvements following a local authority monitoring visit in January 2016. The service also carried out improvements following quality audits and surveys.

The home had a clear vision, which was understood by all staff. Staff told us they maintained and respected people's rights, dignity, privacy, independence and personal choice. In order to achieve this goal, the home had a set of objectives which defined steps that they needed to take. These objectives included: empowering people to make informed choices; treating people with respect at all times; upholding the human and citizenship rights of all people; and, working in partnership with support services and relatives to ensure that the best interests of people were met. At this inspection we saw that the home had addressed these objectives. Throughout this inspection we saw that people received support that was consistent with these principles. Relatives told us that people's privacy, dignity, rights, independence and personal choice were respected.

There were detailed records of regular checks and audits of a number of key areas of service delivery. This covered people's care records for their completeness and relevance to the person concerned. Other checks were carried out on the effectiveness of systems relating to medicines management, health and safety, environmental maintenance, and infection control. We saw evidence where systems were changed in light of shortfalls identified through audits.

The home promoted an open culture by encouraging staff and people to raise any issues of concern. We saw a record of regular monthly staff and keyworker meetings. The meetings were a two-way process and staff and people's relatives felt confident to raise issues and we saw they were supported when they did. Staff also participated in a regular annual survey. Their feedback was valued and acted upon so that the service could work to improve. Staff were also offered exit interviews if they decided to leave the organisation. The registered manager told us, "It is important that we complete exit interviews as they allow us to analyse

reasons why staff leave so that we make necessary changes."

The provider invited people and their relatives to take part in annual surveys about their experiences. Some of the feedback that the home received included, "Everyone is safely looked after", "We can arrive any day, any time, and the staff are always caring and watching to make sure everyone is safe", "Managers and staff are always helpful and approachable" and "The service is very effective. The level of care is second to none." Overall, the home had received positive feedback from the last survey that was conducted in December 2016.

The home monitored accidents and incidents and learning from these was used to improve the service. Accidents and incidents were appropriately documented and investigated by the registered manager and escalated to service directors. The investigations led to a monthly analysis of all accidents and incidents to identify any areas of increased risk. The results of this analysis were used to make improvements. We saw examples were outcomes of incident investigations were shared with staff to raise awareness. In some instances there were records of training such as 'challenging behaviour training' to improve the skills of staff in order to reduce certain incidences.

The home worked in partnership with other learning disabilities related organisations such as BILD. This ensured they were kept up to date with the most current best practice in relation to the care of people with learning disabilities. The home also received newsletters from Skills for Care and Care Quality Commission (CQC). This ensured they were kept well-informed of relevant legislations in relation to their business.