

James and Reuben Limited

Holly Bank Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly Bank Care Home is a residential care home for up to 25 people who require support with personal care needs, some of whom are living with dementia. The service does not provide nursing care. There were 24 people living at the home at the time of our inspection. Bedrooms are situated over four floors and there are three lounges and a dining room on the ground floor.

Since the last inspection the registered manager has also become the provider of the service. We refer to them as 'the provider' throughout this report.

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

There were safe systems of recruitment in place. Staffing levels had been increased to make sure people's needs could be met safely at all times. Medicines were managed safely. Staff received safeguarding training and knew what to do if they thought someone was at risk. Risks to people and the environment were identified and well managed. People's needs were assessed, and clear risk assessments were in place to guide staff.

Everybody we spoke with said they, or their relative, felt safe. One person who lived at the home when asked if they felt safe said, "Absolutely, spot on no bother." A relative said, "Yes, indeed. I know the staff well and know them by name. I know that they work to the highest standards and I trust them. I am very grateful for the care (relative) receives there."

People's relatives gave examples of how accidents and incidents were managed well and how they were kept informed, where appropriate, of what was happening with their family member.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. Risks associated with COVID-19 were well managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said the service was well led. The provider had ensured the service continued to improve since the last inspection. We found systems to assess, monitor and improve the service were established and effective. The provider and deputy manager had good oversight of the service and demonstrated passion and commitment to the continued development of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Bank Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holly Bank Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience spoke with people who use the service and their relatives by telephone.

Holly Bank Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly Bank Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager is also the provider for this service. We refer to them as 'the provider' throughout this report.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams and Healthwatch Calderdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people using the service and 6 of their relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people.

We gathered information from 5 members of staff including the provider, deputy manager and care staff.

We reviewed a range of records. This included 4 people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment, training, supervision and appraisals. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to make sure there were enough staff available, at all times, to safely meet the needs of people living at the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider told us at that time, they intended to review staffing levels

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in relation to safe staffing levels.

- A night sleep in duty had been introduced to make sure there was always an extra member of staff available at night to make sure people could be supported safely in the event of an emergency.
- Staff felt there were enough of them to meet people's needs safely. Some people mentioned staff always being busy, but one said, "The carers are very gentle and nice. There seems to be enough, as every time I buzz someone comes. They sometimes say they are short, but they always work it out." A relative said staff were always busy but made time to speak with them.
- Procedures were followed to make sure staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff were aware of their safeguarding responsibilities.
- Staff had received appropriate training in this area and, although they had confidence in the management team to deal with concerns, knew how to contact safeguarding themselves if they needed to.
- The management team had taken action to challenge professional bodies to protect people from the risk of financial abuse. A relative said they had "protected" their family member.
- Everybody we spoke with said they, or their relative, felt safe. People said, "Yes, of course I do. There are no worries at all", "Yes, indeed. I know the staff well and know them by name. I know that they work to the highest standards and I trust them", and "Yes, I do. That is evidenced by the way that (person) is looking".

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and risk assessments included information to help staff know how to manage these risks.
- Risk assessment summaries had been developed to provide an overview of people's risks. Each risk was given a rating of red, amber or green with an overall rating given. The summaries clearly detailed the risk and actions needed to minimise the risk of harm to the person.

- Environmental risks were assessed, and any required actions taken to reduce risks to people.
- The required health and safety and equipment checks were taking place.
- Members of the management team monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- Medicines were stored and managed safely.
- People received their medicines as prescribed.
- The deputy manager had introduced symbols for medication administration records (MAR's) to indicate if the person needed extra support because of such as, dementia, allergies, being hard of hearing or difficulty with swallowing.
- Staff had received training and their competence in administering medicines was checked periodically.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives and friends were able to visit people living at the home, in line with visiting guidance.

Learning lessons when things go wrong

- The provider had taken learning from previous inspections and, since taking on the role of provider, had addressed all of the issues previously identified.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems to assess and monitor the quality of the service needed further improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had ensured improvements to governance, audits and monitoring systems were embedded into practice. This had been effective in driving improvement in the service, with overall quality to a consistently high standard.
- The provider and deputy manager had oversight of the service and demonstrated a clear commitment to continued improvement. Audits and spot checks were thorough, and records showed any issues identified were addressed.
- People and relatives spoke very positively about the service, the staff, the management team and the improvements that had been made. One relative said, "It is definitely well led, much better with (provider), staff are much happier. We can speak to (provider) and (deputy manager) who is very good."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People confirmed their opinions about the service were sought. We saw results of quality surveys were collated and analysed. Actions taken as a result of surveys were completed. In a recent survey, one person's representative had rated the service as outstanding in all, but one of the 30 areas covered. The area not rated as outstanding was rated good. One person told us, "Yes, they have asked me, and I have said that I am happy here."
- Staff said they were very well supported. They said they could go to the provider or deputy manager about anything and were confident they would help.
- The provider and deputy manager were considerate of challenges staff might be facing and had put together information and contact details of organisations to help staff who may be experiencing stress or other mental health issues. They had also provided a small and discreet food bank for staff to access.
- Records confirmed the provider understood and acted on the duty of candour.

- The provider ensured CQC was notified of changes, events and incidents that affected their service or the people who used it.
- People said they would feel comfortable in raising a concern with management. Those who had said it had been managed well.

Working in partnership with others

- The provider worked effectively with health and social care professionals to make sure people who used the service were protected, accessed healthcare services as needed and to promote quality within the service.