

James and Reuben Limited

Holly Bank Care Home

Inspection report

Manor Heath Road
Halifax
West Yorkshire
HX3 0BG

Tel: 01422368555

Date of inspection visit:
18 July 2019

Date of publication:
09 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

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

Holly Bank provides residential care to a maximum of 25 people. There were 21 people living at the home at the time of our inspection. The service does not provide nursing care. Bedrooms are situated over four floors and there are three lounges and a dining room on the ground floor.

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

At our last inspection of Holly Bank Care Home in April 2018 we said there were not enough staff available at all times to meet people's needs safely. We told the provider they had to address this. On this inspection we found the provider had not taken any action and people told us there were not enough staff during the night. This meant the provider was still in breach of regulations.

Risks to people's health and welfare were assessed and managed well. Staff knew what to do if they thought someone was at risk.

Medicines were managed safely, and staff made sure the home was clean and infection control risks were managed well.

Staff were recruited safely and received appropriate training and support.

People enjoyed the food and adaptations were made to meet people's individual needs. People were asked for their input into menu planning, but their suggestions were not always included in the menus.

People were confident that staff would involve appropriate healthcare professionals as the need arose. A visiting professional was complimentary of how people's healthcare needs were managed.

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

Staff were kind, caring and friendly in their approach to people. One visitor described staff as "Brilliant".

People were supported with discretion and their privacy and dignity needs were considered and met.

Care was planned and delivered with a person-centred approach. People and, where appropriate, their families were involved in the development and review of their care plans. One person told us staff knew and

respected their chosen routines. They said this was important to them.

People told us the opportunity to engage in meaningful activities had improved since the appointment of the new manager. People enjoyed social events.

People told us the registered manager listened to and acted upon any concerns they might have. However, people did not find the provider to be responsive to concerns.

The registered manager had good systems in place to audit safety and quality in the service. However, improvements were needed at provider level to make sure issues identified during audit were addressed.

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 26 July 2018).

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified two breaches of regulation in relation to staffing and good governance at this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, administrator and care

workers. Some of the staff contacted us after the day of the inspection. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to make sure there were sufficient 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.

At this inspection no changes had been made and the provider was still in breach of regulation 18.

Staffing and recruitment

- Although there were sufficient staff to provide safe care and support during the day, evidence showed this was not the case at night. Bedrooms were situated over four floors of the home and three people required support from two members of staff for all care interventions.
- People we spoke with gave examples of how too few staff meant they often had to wait for assistance at night time. They said staff were always genuinely apologetic when this happened.
- The provider had been told in November 2018 by a corporate health and safety manager from the local authority that there were too few staff at night to safely evacuate the home. They had asked the provider to let them know by the end of the year what action they proposed to take.
- The registered manager told us the provider did not always set a budget which enabled them to staff the home as they wished. We saw evidence they had raised their concerns about staffing with the provider.

This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what to do if they thought someone was at risk. They had received training about safeguarding people and knew who to contact if they had any concerns.

Assessing risk, safety monitoring and management

- Risk assessments were included in people's care files. They gave clear examples of any risks the person might encounter and what needed to be done to minimise the risk.
- Where areas of environmental risk were identified, the registered manager told the provider about these as they had to agree any additional funds. The registered manager had identified some environmental risks such as loose fencing around the ramp at the front entrance in their audit. However, the provider had not acted to remedy this. The provider employed someone to undertake routine repairs and maintenance,

however this person had not always been made available for work at Holly Bank.

Using medicines safely

- Our checks of stocks and records showed there were good practices in place to ensure medicines were managed safely. Staff training was kept up to date, and there was regular observation of their practice to ensure they were following best practice guidelines.
- Where people had medicines for 'as and when needed' use, there were clear guidelines for staff to follow. These included information to enable staff to identify when these medicines may be needed and how to decide on a dose when this was variable. The effectiveness was also monitored, so that the registered manager could ask for those medicines used most regularly to be prescribed for daily use.

Preventing and controlling infection

- Staff followed good infection control procedures. The home was clean throughout.

Learning lessons when things go wrong

- Systems were in place to review accidents and incidents so that action could be taken to mitigate the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to regular, planned supervision meetings to discuss performance, training needs and any concerns. Some supervisions were themed to enable the management team to pass on learning.
- Staff said, and the training matrix evidenced, that they received training appropriate to their roles. Staff said they could request additional training if the need for this arose.

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

- One person told us the meals had improved recently. They said, "The food is improving. It wasn't bad, but the menu was very repetitive. There's a bit more variety now."
- People's diverse needs and preferences were met in relation to the meals they had. People's preferences and choices, for example, not to eat meat, were respected and catered for.
- People had been asked for ideas for menu choices during a meeting. However, we saw the menu in place did not include all of the choices people had made.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- We spoke with a visiting healthcare professional who told us the service was very responsive to people's healthcare needs.
- Care records showed people were supported by the appropriate healthcare professional as the need arose.
- People told us they trusted staff to call for medical intervention when they needed it.

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

- The registered manager told us about their plans to change the use of some communal rooms to enhance people's dining experience and improve space for people to engage in activities.

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

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.

- Assessments of people's mental capacity were completed, and the registered manager had effective systems in place to make sure DoLS applications were made as needed.
- Risk assessments were in place in relation to people's vulnerability and the risks identified which led to the need for a DoLS authorisation.
- The registered manager made sure a record was made of how any conditions included in people's DoLS authorisations were met.
- CCTV was in operation in communal areas of the home, however we did not see evidence people had been asked about this or given consent to 24 hour surveillance. One relative told us, "We were not asked about the CCTV, but we don't have a problem with it."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received good feedback about staff from people and their relatives, and saw people were relaxed in the presence of staff throughout inspection.
- One relative said, "[Person] did not want to come into a home but came for respite then wanted to stay. They always say they like it here and have a real laugh with the staff." Another relative told us "I would have no hesitation in recommending this place". One visitor said of the person they were visiting, "(Name) is safe, happy and healthy." They told us staff had been, "brilliant" when the person had been ill.

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

- A relative told us, "[Person] is not interested, but we can read the care plans at any time. In fact, they ask us to check them. [Person] knows and lets us make sure everything is right."

Respecting and promoting people's privacy, dignity and independence

- Our observations in communal areas showed people and staff had good relationships and knew each other well. Staff interacted with people using appropriate humour.
- Interactions between staff and people about their personal care needs was discreet. A visiting health care professional commented on various ways staff demonstrated respect for people and how they maintained people's privacy and dignity. They said, "I think it's amazing."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People were involved in the development and review of their care plans. Care plans were person-centred and contained direct quotes from the person. The administrator said where people are not able to have input and family act as their representative, care plans are shared with them and they give feedback. A recent example of this was a relative who had not agreed with the way a care plan was worded and asked for it to be re-written.
- One person told staff knew and respected their preferred routines. They said this was very important to them.
- Care plans clearly detailed the actions staff needed to take to make sure people's dignity needs were met. They included preferences in relation to such as hair care, jewellery and preferred toiletries.

Meeting people's communication needs

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

- The registered manager and administrator told us they would be able to provide any forms of documentation in a format suitable which would meet people's particular needs.
- Where people experienced confusion or were living with dementia, care plans were in place to direct staff how they should support the person with communication and understanding.

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

- All of the people we spoke with told us there had been real improvements in relation to provision of activities and encouraging people to socialise. A member of staff said "We try to stimulate their minds by chatting, doing games, singing and reminiscing.
- Everybody we spoke with told us about the 'Holly Bank family tree' people had been involved in making. The tree showed photographs of people living at Holly Bank and staff. Visitors told us they very much liked this initiative.
- On the day of our inspection a member of staff had organised, and personally funded, an afternoon tea event to raise money for a dementia charity. The event was well attended, and people told us how much they enjoyed it.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints and concerns effectively within the home.
- One person told us the registered manager always listened to any concerns they had and would act on them.
- A visitor told us the registered manager had "done everything they could" to support them with an issue they were dealing with. However, they said the provider, who was the person they needed to support them, was not responsive.

End of life care and support

- Care files included details of people's wishes as they approached the end of their lives. One person's 'Thinking ahead' document detailed where they would like to end their days, who they would like to support them and that they would like the minister from a named church to attend to do a blessing.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- Systems operated by the registered manager were detailed and showed how they measured and monitored the quality of various aspects of the service, and these were very closely aligned to the requirements of the Health and Social Care Act 2008 (regulated activities) regulations 2014.
- However, the overall governance processes lacked rigour because the provider's oversight was inconsistent and did not provide clear direction and empowerment. For example, monthly visits were scheduled but records showed these did not always happen, and action was not always taken when required improvements were identified.
- The provider had failed to meet with the requirement made at the last inspection in relation to staffing.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People we spoke with told us they found it easy to share feedback with the registered manager. One person said, "[Name of registered manager] is very good, he listens to what you tell him." However, they said the provider was not as responsive.

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

- People, visitors and staff all commented on the open and inclusive atmosphere cultivated by the registered manager and administrator.
- A relative said, "It's much better since (name of registered manager) took over, staff are much more relaxed". However, they told us staff were clearly, "on edge" when the provider was present in the home.

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

- The registered manager fully understood their responsibilities in relation to duty of candour. They had previously contacted CQC to inform us of issues.
- Relatives told us they appreciated the open and honest way the registered manager communicated with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- The registered manager had strong systems in place to manage the service safely. Staff told us the culture at the service had improved as a result of the registered manager's appointment.

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

- The registered manager had strong processes in place to engage with people who used the service and assess their overall satisfaction with the quality of care and support they received. People's feedback had been reviewed and used to identify some actions which needed to be taken. The registered manager told people what they had done as a result of this feedback.
- Staff were also asked to share their feedback, both formally and informally. Surveys were carried out to help staff raise issues. We saw staff said they felt appreciated and supported by the registered manager, however this was not the case for the provider.
- During supervision meetings staff were asked what they thought was done well at the home, and what improvements they thought could be made.
- People who used the service supported the management team by proof reading documentation and sharing their feedback. This included policies and procedures written in the home, and meant they were able to challenge some decisions before they were adopted into practice.

Working in partnership with others

- A health care professional told us staff worked well with them to maintain and improve outcomes for people.
- The registered manager sought feedback from health and social care professionals about their observations and experiences at Holly Bank.

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 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust because of lack of provider oversight. Provider had failed to act on previous breach of regulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff available, at all times, to safely meet people's needs.