

Aegis Residential Care Homes Limited

Holly Bank Care Home

Inspection report

The Promenade
Arnside
Carnforth
Lancashire
LA5 0AA

Tel: 01524761277
Website: www.pearlcare.co.uk

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Holly Bank Care Home is a residential care home that provides accommodation and personal care for up to 31 older people, some of whom are living with dementia. At the time of this inspection there were 21 people living there. The building comprises of a pair of semi-detached Victorian villas that have been combined, adapted and extended for its current use as a care home. The home has three floors with a lift for access between floors.

People's experience of using this service:

People we spoke with told us the service had improved since our last inspection. One relative said there had been a number of changes that included some different staff being employed and improvements to the environment. A staff member told us that since the last inspection, "There's been some changes to the staff and we are still recruiting new staff."

The provider had implemented a new system to determine peoples' levels of need in relation to the level of support required from staff. This supported the registered manager in identifying the times of day where the greatest number of staff should be on shift.

The provider had an ongoing recruitment drive to attract new staff to the service, in the interim, to ensure people were fully supported they were using regular agency staff.

Since the last inspection the provider had implemented an electronic care planning and records system. This had improved the quality of records held about people. The registered manager told us this had reduced the amount of time staff had to spend completing records and allowed them more quality time to spend with people.

There were improved systems established for completing a variety of audits that demonstrated the service was monitored regularly and was a safe environment for people to live in.

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

Medicines were stored and managed safely and people received their medicines as they had been prescribed.

Since the last inspection the provider had employed an activity coordinator who supported people with a varied activity programme.

People we spoke with were very happy with the service they received and told us they felt well cared for. One person said, "You cannot fault anything here, I think it's perfect." A relative told us, "We couldn't have picked

a better home, the staff are so lovely, and I see people are happy here. The atmosphere is so welcoming and it's homely."

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 4 June 2018). The overall rating for this service has improved to good.

Why we inspected:

This was a planned inspection based on the previous rating.

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

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 had improved and was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service had improved and was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved and 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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.

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

Notice of inspection:

The inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked feedback we received from members of the public, local authorities and clinical commissioning groups.

We used a planning tool to collate all this evidence and information prior to visiting the home.

We asked the service to complete 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.

During the inspection we spoke with three relatives/visitors, two people who used the service, three staff members, the registered manager and the regional manager for the provider.

We reviewed five people's care records, eight staff personnel files, audits and other records about the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We requested additional evidence to be sent to us after our inspection. This included evidence of completed actions plans for the last fire risk assessment and infection control audits. We also requested confirmation of the training staff had completed. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection we found breaches of Regulations 18 Staffing and 19 Fit and proper persons employed of the Health and Social Care Act 2009 (Regulated Activities) 2014. This was because the provider had failed to ensure suitable numbers of staff were always deployed and did not have robust systems in place for the recruiting of staff employed.
- At this inspection we saw there were adequate numbers of staff on each shift to meet people's needs. The provider had implemented a new process to determine the numbers of staff required to meet people's needs safely and in a timely way.
- Staff told us there had been low numbers of staff while recruitment was ongoing and agency staff had been used. However, we noted the provider used regular agency staff to ensure people were familiar with them.
- The provider had, with the permission of people and their relatives, introduced the use of 'walkie talkies' to enable staff to communicate quickly with each other should they need support. Staff told us this had helped in many ways as the layout of the home was over three floors.
- People and visitors to the home told us they thought there were enough staff. Staff were visible around the home during our inspection and staff were observed to answer call bells promptly. One person told us, "When I use my call bell they come almost instantly." A relative said, "There have been some changes in the staff but when you need someone you can easily find them."
- We checked the recruitment of staff employed since the last inspection. We found the process had improved and all the checks of suitability had been completed on staff being employed to work with vulnerable people. The provider had updated the recruitment policy and procedure to ensure that the process was more robust.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. People who lived in the home and relatives/visitors told us it was a safe place to live.
- Policies and procedures were available to guide staff on how to identify and report concerns.
- Staff had received safeguarding training and where necessary appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified and managed risks relating to people's care and treatment safely. People's care records were up to date and gave guidance for staff about the actions to take to ensure the safety of the people they

were supporting.

- The registered manager reviewed all accidents and incidents to ensure appropriate actions were taken and records showed appropriate treatment had been sought.
- The registered manager and staff reassessed risks and, where lessons had been learned, these were shared throughout the staff team.
- We saw there was sufficient, suitable equipment to assist people who may have limited mobility, and this had been regularly serviced.

Using medicines safely

- Medicines were managed safely. We observed people received their medicines safely and as prescribed.
- Medicines were stored appropriately and administered by staff who had received the appropriate training to do so.
- The provider had auditing systems to monitor the management of medicines and the local pharmacy completed regular checks.

Preventing and controlling infection

- Staff had received training on infection control and understood their responsibilities. We observed staff used appropriate protective wear to prevent cross infection.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within the principles of the MCA.

- We saw consent to care and treatment had been signed by people with the appropriate legal authority to do so on someone's behalf if they lacked capacity.
- Records showed best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.
- We saw people and their relatives had been involved, consulted with, and had agreed with the level of care and treatment provided. One relative told us, "We have always been told if there are any changes to [relatives] care."

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

- Staff assessed, and documented people's needs and preferences in relation to their care and planned care based on this.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks.
- People had been assessed prior to being admitted to the service to ensure their needs could be met.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to carry out their role effectively. Staff told us they felt their training needs were adequately met. One said, "I feel very supported by the registered manager and feel I can give my views and ask for training or advice."
- Staff training records showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training.

- Staff attended regular meetings that supported them in their work.

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

- The service supported people to maintain a balanced diet. Staff prepared meals that met people's preferences and dietary needs. People told us the food served was good. A relative told us, "There is always a good variety and choice of food."
- People could choose where to eat their meals and received the right level of assistance.
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating. Where necessary staff had referred people to their GP or to a dietician.

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

- The service worked effectively with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services.

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

- The home had been recently decorated and people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.
- Some areas of the home had easy read signage to help in meeting the needs of those living with memory problems.

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

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

- People were treated well. People told us staff treated them with kindness, respect, compassion and made many positive comments about them always being polite and helpful. One person said, "The staff are very helpful and polite." A relative told us, "The staff are all extremely caring and helpful."
- People told us they had been supported to maintain relationships that were important to them and in following the religions of their choice. There were regular religious services arranged and relatives told us they could visit the home at any time.

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

- At the last inspection some people had expressed their concerns about the number of staff whose first language was not English and had at times struggled with communication. During this inspection this was not found to be a problem with the people we spoke with. The registered manager told us that there had been some changes to the staff team.
- Staff supported people to express their views and make choices about the care delivered to them. Care records showed care planning was centred on people's individual views and personal preferences. One person told us they felt their experience of living at Holly Bank was "perfect".
- Where necessary, independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their skills and independence. Care records were written in a positive way and included information about tasks people could carry out themselves as well as detailing the level of support they required.
- We observed staff gave people time and encouragement to carry out tasks for themselves. We also saw, where appropriate, people were given the right level of support to complete tasks.
- Staff took appropriate actions to maintain people's privacy and dignity. We saw staff speaking to people pleasantly and respectfully with lots of appropriate laughter and hugs. We observed staff knock before entering people's rooms

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had implemented an electronic care planning and recording system. We saw that it had improved the accuracy of the information available in people's records and allowed staff more time to spend with people rather than completing records.
- The service provided care that met people's individual needs. People told us they had been asked about their care needs. One person told us, "When I came here I was asked how much help I wanted and what things did I like to do."
- Care plans recorded people's preferences and provided information about them and their family history.
- The service provided a very varied range of activities that were supported by an activities coordinator. We saw people were also supported in doing their own social activities in the local community or with visiting friends and relatives.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and we saw complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "If I have any problems I can speak to any of the staff."

End of life care and support

- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.
- We discussed with the registered and regional manager their plan for developing end of life care planning electronically and staff training by implementing a recognised model of good practice such as the national Gold Standards Framework.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- At the last inspection we found a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider did not have a robust process in place to assess, monitor and improve the quality and safety of the service.
- During this inspection we saw the provider had improved processes and resources to monitor the oversight of the quality and safety of the of the service. These included the registered manager being given the time to perform a more varied range of quality audits.
- The provider and registered manager had completed all the actions they identified they would take after the last inspection to improve the service and to ensure they would be compliant with the regulatory requirements.
- The registered manager regularly monitored and reviewed accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was evident staff knew people well and put these values into practice.
- Staff we spoke with were also happy with how the home was managed and described It as a good place to work. A staff member told us, "We work really hard, it's a team effort and people are cared for well."
- The registered manager knew their responsibilities under the duty of candour and had notified the appropriate people and authorities when incidents had occurred.

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

- We saw people and their relatives were regularly involved in consultation about the provision of the service and its quality.
- People told us they were regularly asked about the service they received. One person said, "They [staff] are always asking me if everything is okay."

Continuous learning and improving care; Working in partnership with others

- We saw that regular reviews of people's care needs were held with relevant others.
- The service regularly sought the views of people. People and staff were empowered to voice their opinions.

- The registered manager used any learning from incidents and shared with staff during regular meetings.