Mrs Ann Mallinson

Holly Bank Nursing Home

Inspection report

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Southport
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Tel: 01704530748

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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

The inspection took place on 27 June 2017 and was unannounced.

We last completed a comprehensive inspection of Holly Bank in May 2016. We found that the provider was in breach of regulations with regard to safe care and treatment and good governance. The service was rated as 'requires improvement.'

During this inspection we found that care files we viewed contained care plans for PRN (as required) medication and antibiotics and medication administration records were completed correctly. The service now had robust audit processes which included a number of checks to ensure that people received safe and effective care. The home's policies and procedures were now regularly reviewed.

Holly Bank Nursing Home is a privately owned care home providing nursing care for 16 older people. Accommodation at the home is made up of ten single rooms and three double rooms. The home is situated in a quiet, residential area of Southport, close to the town centre and all amenities.

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

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable people.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs and their individual needs and preferences were respected by staff.

Care plans provided information to inform staff about people's support needs, routines and preferences.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported. Staff appeared to be very caring in their manner towards people and their relatives.

A programme of activities were available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Feedback we received from people, relatives and staff was positive.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

The registered manager and administration manager met with other home managers in the locality, to share their ideas and information.

The manager was aware of their responsibility to notify the Care Quality Commission (CQC) of any notifiable incidents in the home. The ratings from the last inspection were prominently displayed, as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

Is the service caring?

Good

The service was caring.

People's individual needs and preferences were respected by staff.

People told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

Is the service responsive?

Good

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a registered manager. Feedback from people, relatives and staff was positive regarding the management of the home.

The registered manager met with other home managers to share ideas.

Staff told us there was an open and transparent culture in the home.

People and their relatives told us they were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

Holly Bank Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 June 2017 and was unannounced.

The inspection team consisted of an adult social care 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.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the Contracts and Commissioning team and Infection Prevention and Control team at the local authority to see if they had any updates about the home.

During the inspection we spoke with six people who were living at the home and four relatives. We spoke with a total of five staff, including the registered manager and the administration manager.

We looked at the care records for three people living at the home, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms and lounge. We observed people and staff during lunch.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Holly Bank. A relative told us, "[Name] is definitely safe. I've never had cause to worry".

There were 12 people living in the home at the time of our inspection. There was the registered manager who was a registered nurse. There was always a registered nurse on duty along with two care staff each day. Additional care staff worked additional hours when needed to escort people to hospital appointments. A registered nurse and one carer worked each night. An administration manager supported the registered manager and worked full time. There were ancillary staff such as, a cook, maintenance person and domestic cover. The registered manager and the administration manager worked one day each at the weekend to cover kitchen and domestic duties. The registered manager told us they did not use agency staff. They said there was very little absence from staff and any additional cover was provided from the existing staff team.

We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend. The administration manager showed us the assessment tool the home used to ensure there were enough staff to meet people's needs. We saw that a reassessment was completed each week. Staff we spoke with felt there was enough staff working in the home on each shift to support people safely. No concerns were raised from people living in the home or relatives about staffing levels either during the day, in the evening or during the night.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable people.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw.

We reviewed the storage and handling of medicines as well as many of the Medication Administration Records (MARs), stock checks and other medicine records for people living in the home. People said they got their medication on time. One person told us they received pain relief if they needed it.

Medicines were stored in a locked cabinet. We found it was locked and secured to the wall when it was not in use. Records of temperature monitoring were kept and were within safe range.

The medicine fridge was kept in the office and the temperature of the fridge was checked daily and recorded. The temperature of the fridge was within safe range; if medicines are not stored at the correct

temperature, it can affect how they work.

Some people were prescribed controlled medication. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. A record was kept as required.

We checked a sample of medicines, including eye drops and ear drops stored in the fridge and medicines cupboard. We found they were all were in date and within the manufacturers expiry date. The date medicines were opened was recorded on the bottle or box to help ensure they were only used for the recommended time.

MAR charts we viewed contained photographs of people to assist with identification, as well as information regarding any allergies that people had and the charts had been completed fully. A list of sample signatures for staff who administered medicines was held in the office.

We looked at a number of MARs and saw that staff had signed the MAR charts to say they had administered the medicines. We saw that medicines were given safely as prescribed.

Quantities of medicines received into the home must be checked to provide an accurate stock check. The registered manager told us a named person had responsibility for doing this.

The provider (owner) had completed care plans for PRN (as required) medication and antibiotics. There was a medicines policy in place. We found it was in date and regularly reviewed.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as pressure area care, continence, mobility, falls and nutrition. These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support. Any referrals were made to the relevant health care professionals, such as dietician and district nurse. Risk assessments were reviewed each month and updated when necessary.

Accidents and incidents records were completed and an analysis was completed each month and any action that may be required, such as referrals to the necessary professionals. The analysis included a logging of the accidents on a floor map of the building to identify any potential environmental hazards.

On the day of our inspection we found the home was clean, with no unpleasant odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. We found the bedrooms to be tidy and clean. Domestic staff worked Monday to Friday; cleaning was carried out by other staff at weekends. Domestic staff completed cleaning checklists which showed the work they had carried out.

Disposable aprons and gloves plus hand sanitisers were available for staff to use, and were used throughout the day. An external infection control audit (check) had been carried out by the Infection Prevention Control team in January 2016. Holly Bank was awarded a score of 95%. The kitchen in the home had been inspected in March 2016 by the local authority food safety officer and awarded a food hygiene rating of 5 (very good).

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the weekly checks around the home environment and the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The provider had a process in

place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person. We saw the general environment was safe.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. Information was readily available for staff and the fire service when evacuating the building in an emergency. A 'mock' evacuation of the home involving staff was recently completed; we were informed that this involved describing the evacuation of a particular person in the home, to 'practice' supporting them to leave in the event of a fire. In some cases staff practiced using equipment in the evacuation using other staff members as the person to be rescued. This process was deemed to be more like an actual evacuation. A 'grab file' was readily available in the front office in case of emergency. The information recorded included people's care, and support needs, their mobility needs, medication and a photograph for other people to identify them. We discussed with the registered manager and administration manager the benefits of having a duplicate file kept in a different location, to ensure the file could be accessed in case of fire. By the end of the inspection we were told a duplicate file was now kept in the rear office.

We checked safety certificates for electrical safety, gas safety, legionella, kitchen hygiene and lift maintenance and these were up to date. This helped ensure good safety standards in the home.

Good

Is the service effective?

Our findings

People were very positive about the staff in terms of their level of knowledge and competence to care for them or their family member. A relative said, "[Name] is happy here, would tell me if they wanted to go somewhere else; it's like home from home."

The PIR told us about the staff training and on our inspection we saw records that showed staff received support and training in a number of areas. This included subjects considered mandatory by the provider such as, safeguarding of vulnerable adults, dementia care, pressure area care, fire safety, mental capacity and Deprivation of Liberty Safeguards (DoLS), moving and handling, mental health awareness, CRP and first aid and infection control. Staff were encouraged to attend other training courses such as person centred care, palliative care and nutrition and LGBT (Lesbian, gay, bisexual, transgender) awareness. They were also encouraged to pursue training for any particular interests they had such as Lewy Body dementia and end of life care. This helped staff to understand and support the needs of the people in the home. New staff completed a four week 'in house' induction as well as completing the Care Certificate, if appropriate to do so. The Care Certificate is an identified set of standards that health and social care workers, who may not have any previous experience in care, work towards and have their practice assessed and signed off by a senior member of staff.

We spoke with two new members of staff who confirmed they had completed an induction, which they found very helpful. One staff member was completing the Care Certificate as they had started their employment with no previous experience in the care sector.

The PIR states "Induction/training records including new induction program, staff files including six monthly appraisal records. All staff supported to receive good quality in-person training and are paid for their time when attending courses. Staff can request training in areas of specific interest to them e.g. eating and drinking in the last days of life/dementia recognition/aromatherapy hand massage). Carers are all enrolled on/have achieved level 2/3 QCF and management are enrolled on/have achieved level 3/4/5 QCF. We develop training resources in house which we give away for free on our blog so that other homes can use them. Course resources file is updated regularly and supports our induction programme. Training is reflected on in staff newsletters and shared with stakeholders. Resources used from Skills for Care and The Social Care Commitment." Qualifications and Credit Framework (QCF) is a new credit transfer system which has replaced the National Qualification Framework (NQF). It recognises qualifications and units by awarding credits.

People had a plan of care to identify their care needs. A care plan provides direction on the type of care or support an individual may need following their needs assessment. Care planning is important to ensure people get the care they need. Care plans covered areas such as, mobility, personal hygiene, diet and nutrition, and care plans for long term medical conditions. We saw people had access to health care professionals, including GP, dietician, chiropody services and community psychiatric nurse.

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 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 found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. We saw applications for ten people and saw the applications had been made appropriately with the rationale described.

We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. We saw staff regularly asking people for their consent before carrying out any care or assistance. Evidence that people had given their consent was recorded in their care records. For people unable to consent to care we found that following a mental capacity assessment best interest decisions had been discussed and made for people in relation to care and nutrition and hydration.

The PIR stated that eight people had DNAR (Do Not attempt resuscitation) forms in place and four people had advanced care plans in place. We found these were completed appropriately following consultation with relevant parties. We saw that the registered manager required staff sign a document to help ensure staff were aware of people's decisions so that in the event of the need for resuscitation staff were confident of the advanced decision that was in place.

Feedback about the meals provided was positive. A relative told us, "[Name] has good appetite, tucks in himself, loads of variety of things he would never have had. Now even drinks coffee and had pasta the other day, stew smells lovely". They went on to say, "[Name] is a very slow eater, but gets plenty of time, which they (staff) realised straight away".

People living in the home were encouraged to write feedback daily on a small chalk board which was displayed in the lounge. We saw comments written from the previous day about the meals; comments included, "It was good, I always like chips" and "it was lovely, the chicken was nice".

One of the inspection team joined people for lunch. People living in the home were given their own copy of the menu each week so knew what to expect each day. People took their lunch in the lounge on individual trays. The registered manager told us, "As a nursing home people struggle at the table; there is a small table if a new resident wanted to try". We saw that four of the six people had the main meal on the menu. A person said they didn't want this and was offered an alternative. Another person had already chosen a different meal.

We were unable to speak with the cook during the inspection but spoke with the registered manager and administration manager who cooked meals at weekends. We found they were very knowledgeable about people's dietary needs and preferences. A main meal was prepared for lunch and a hot and cold lighter meal in the evening. We were told that one person preferred their main meal in the evening and the home was able to accommodate their preference.

The manager told us they ordered their food from local suppliers to ensure plenty of fresh food was available.

People had access to adapted crockery and cutlery to assist them with their meals and remain independent when eating their meals. We saw people using adapted cutlery and some people had plate guards on their plates of food or high sided plates/bowls to help them complete their meal. A person who had a high sided plate told us, "I have help just to get the last bits off plate as got 'PD' and can't get last bit off."

Some people needed their food cut up or mashed as they had some swallowing difficulties. A relative of one such person told us, "(Staff) got people in to see about swallowing, SALT (Speech And Language Team). Used to get food mashed up but now having larger pieces." We observed a member of staff cutting their food at lunchtime. In addition they had a 'laminated' sheet on their tray to highlight a particular need. For example, not to give the person bread. Some people required thickening agents added to their drinks to prevent them from choking on drinks and enable them to swallow the fluids safely. We found information regarding the way people's drinks needed to be prepared was written in their individual care records as well as having a record kept in the kitchen, to inform staff.

The building was a Victorian type building. Some people who lived in the home were able to move freely around the home, whereas others needed staff support or used wheelchairs. The lounge was decorated in a light colour to enable people to see their way around safely. It was furnished comfortably.

There were two outdoor sitting areas at the front and side of the home. A well tendered and colourful garden area with well-kept borders added to the pleasant outdoor experience for people.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. A passenger lift gave access to much of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Bathrooms and toilets contained equipment to assist people to use the facilities safely. The PIR told us of the provider's future plans for the home which included "adding dementia friendly signage to toilet doors and assessing whether we should change the flooring in the lounge to a plain colour as this may be easier for residents with dementia to navigate. This is because we are seeing increased numbers of residents admitted who are living with dementia than in the past, and we must adapt our building to meet the needs of these people so that we are providing the most effective service."

Good

Is the service caring?

Our findings

We asked people living at the care home if they thought staff were kind, caring, treated them with respect and maintained their privacy and dignity. People's comments included, "Staff are very nice", "Staff are lovely and so busy", "Every one of the staff are good; I have a laugh with them" and "If you want something they are here straight away".

Relatives we spoke with told us, "Feels like they're very attentive, always someone around", [Name] is a private person, stayed in their room for a couple of weeks but they (staff) persuaded her to come down."

We observed positive interaction between the staff and people they supported. Staff appeared to be very caring in their manner towards people.

We found the staff to be very caring and kind and knew about people's likes, dislikes, family and personal history. A staff member told us, [Name] has "individual care; I know his needs."

The home operated a 'key worker' system. The registered manager told us the role of the key workers was to spend time with a particular person living in the home. They said, "The key worker has a special relationship with the person, spends time with them and is responsible for attending health appointments with them." This means that accurate health information is given at the appointment as the key worker knows the person well.

Relatives told us there were no restrictions on visiting; they said two people's families bring their dogs to visit which makes other people happy as well.

The PIR states, "We hold regular resident and relatives forum meetings and have monthly care plan review afternoons. During the week staff enjoy their morning break in the lounge with residents so that all can discuss any suggestions/concerns in a relaxed/ informal setting." Information we saw during the inspection confirmed that these meetings took place. They occurred every six weeks. Feedback was positive. People were able to make suggestions for change, which included new meals and activities.

The home supported several charities by fund raising. A recent 'Cupcake day' raised money for the Alzheimer's society and other worthwhile causes, such as the local soup kitchen and food bank and Marie Curie cancer support.

For people who had no family or friends to represent them, local advocacy service details were available. The registered manager and administration manager were aware of how to contact the agency if support was needed. They were currently trying to access this support for someone living in the home.

Good

Is the service responsive?

Our findings

We saw care plans for areas of care which included personal hygiene, pressure area care, medicines, nutrition, continence and mobility. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding people's routines, preferences and a social and recreational profile. This information was important so that staff support was provided in a way the person wanted. Records showed the care plans were regularly reviewed and updated to reflect people's current needs. In addition to this there were care and support records for people living with conditions such as Multiple Sclerosis, Parkinson's Disease and or dementia. 'Quick information' sheets had been completed to demonstrate to staff when is best to support someone with, for example, dementia. An analysis of their 'peaks and troughs' regarding their ability to respond coherently and were positive in mood informed the personalised care plans. One person told me she knew about her relative's plan. They said, "We have been asked a few questions, suggestions taken on board."

We found that people who required monitoring with regard to food and fluid intake had charts completed throughout the day to give an accurate record to help ensure they had received regular nutrition and hydration.

Handover meetings were held at the beginning of each shift change to update staff starting their work. This ensured they were fully aware of any changes in people's wellbeing. All information regarding each person who lived in the home, for example changes in health, medical appointments were recorded in a daily diary. Staff we spoke with told us that they attended handovers before commencing their shift.

The provider employed an activities coordinator, who worked 1pm to 6pm three times a week. We saw there was a very personalised approach towards the activities provided. This was led by the information which had been gathered from people and their relatives regarding activities, hobbies and people's employment, which was updated with each person and their relatives every six months. A record was kept of all activities people had taken part in. We saw photographs which showed the activities which relatives could look at. Staff told us one person living in the home was a keen chess player and they played most days with the Administration Manager. Another person used to enjoy walking in the Lake District. The provider purchased an I-pad and they regularly watch programmes about Alfred Wainwrights' walks in the Lake District. Another person said they liked history; staff found them a programme to watch. The person's relative told us they were surprised to see them watching something on an I-pad. Another relative told us their family member used to be a joiner. They said that the staff had given them 'Jenga' (game with wooden pieces) to build with. They said, "At Christmas [name] did craft things for the tree." A person was supported by the activities coordinator in a volunteering opportunity for a few hours each week. Other people were supported to visit a local park, when they wanted to. An entertainer visited the home once a month and people enjoyed a 'take away' night once a month.

The home had recently converted an upstairs room into a 'movie room', where people could enjoy a DVD with other people or their relatives. Comfortable chairs and 'black out' blinds had been purchased and

fitted. Snacks were available in the room and drinks could be made, to make this a pleasurable experience for people.

People's religious needs were met by regular visits by the local churches from different denominations.

Some people enjoyed working with clay or baking. The home was in the process of creating its own recipe book containing people's favourite meals. The administration manager told us they planned to sell copies of the recipe book and the money raised would go to the charity people wanted it to.

The home had a complaints policy that was clearly displayed in the hallway. People we spoke with said they had not raised any real concerns. Some of their comments included, "Not had to, just requests, always responded to", "I like everything, can't complain". People knew who to go to with an issue. A person told us, "I would go to matron". Asked if they would feel comfortable to do that, they said "yes". We found there to be an 'open-door' policy. Everyone we spoke with felt they could raise matters if they arose. The registered manager informed us that no complaints had been made.

The registered manager had appointed staff to be 'ambassadors in particular areas of interest; these included nutrition and hydration, dementia care, diabetes, medicines management, tissue viability, falls, palliative care, oral, foot and nail health and LGBT.

Good

Is the service well-led?

Our findings

Holly Bank is a small family run nursing home. We found that everyone we spoke with knew the registered manager, known as 'matron', who was visible and hands-on throughout our inspection.

A relative we spoke with told us, "I chose the home because it's nice and quiet. Another relative told us, "We brought our family member here through a friend's recommendation."

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. At the last inspection we found the home had systems in place but they had not been effective in identifying issues found during the inspection. The PIR states, "Following our last inspection we have addressed all aspects of concern re: well-led which were highlighted. A full time Administration Manager has been employed to share some of the workload that the Registered Manager was previously juggling along with being the nurse in charge of a shift. This means that audits are completed with more qualitative data and more analysis is present so that issues can be addressed efficiently. " At this inspection we found this to be the case.

A range of audits and checks were undertaken to help assure the service; these were completed by the registered manager, administration manager and maintenance person. Areas included infection control, care file audits, falls, activities and environment checks. Medicines were subject to several audits, which included, a daily audit of individual's medicines, a monthly audit of medicine administration records (MAR), stock, and of the contents of the trolley. A quarterly 'drug error' audit was carried out as well as staff competency assessments of their administration to ensure safe practice. We saw that actions had been completed on all matters found during the auditing process. This ensured the process was effective and the service was safe.

As part of monitoring medication, an external audit by the local Clinical Commissioning group (CCG) pharmacist and the local pharmacist had both been carried out in May 2017 to ensure safety and good practice.

The provider had a number of policies and procedures which were easily accessible to staff. We found they were current and reviewed on a monthly basis to ensure the information was in accordance with current guidelines and best practice.

A member of the management team worked every day, including weekends to support staff.

We saw that staff had received regular supervision throughout the year and also an appraisal twice a year. Staff received supervision with the registered manager at least every three months. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion about on- going training needs. Staff we spoke with told us they enjoyed their job and received good support from their colleagues and the registered manager. One staff member told us, "Ann (registered manager) is an amazing teacher. I absolutely love the job." Another told us, "It's absolutely

great (working at Holly Bank) It's a very homely place to work. Everyone is so supportive and making sure I'm ok."

The nursing staff told us the registered manager supported them to renew their registration. Nurses need to revalidate with the Nursing and Midwifery Council (NMC) every three years so they can continue practising as a registered nurse.

Questionnaires were given to people who lived in the home, relatives, staff and healthcare professionals (who visited the home) to gather feedback about the service. We saw a number of completed forms. Feedback was positive.

The administration manager produced a newsletter for both the people living in the home and staff. This kept everyone updated with any changed and plan for the future. For staff the newsletter contained information about training.

The registered manager or the administration manager attended local managers meetings, registered managers' forum and the dementia forum in the area. They said this helped to keep updated with training and information as well as networking with other providers in the area.

The PIR states, "We would like to develop a Holly Bank Nursing Home website which would incorporate our blog and also be another platform for us to publish our feedback reports, annual quality accounts etc. We could also use this as a tool to update relatives on activities being offered or events that they may wish to participate in along with the residents. The site could also include an anonymous digital comments box so that people had another way to provide feedback. The Holly Bank blog contained information which could be used by other providers, relating to access to useful resources.

The registered manager was aware of incidents in the home that required the Care Quality Commission (CQC) to be notified of. Notifications had been sent to meet this requirement.

CQC requires providers to display the ratings awarded at their last inspection. We found the ratings displayed on a noticeboard in the hallway.