

Longfield (Care Homes) Limited

Hollymount Residential and Dementia Care Centre

Inspection report

Hollymount
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hollymount Residential and Dementia Care Centre is a residential care home providing personal care to 33 people at the time of the inspection. The service can support up to 38 people.

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

People, relatives and staff told us there was not enough staff on duty to meet their needs. We also received concerns prior to our inspection about low staffing levels at night time. People told us they did not always feel safe from people accessing their bedrooms.

We have made a recommendation about people's safety from others accessing their rooms.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. For example, capacity assessments had not been completed as necessary and consent was not always gained.

We have made a recommendation about person-centred care plans and end of life care and support.

Risks to people's health and wellbeing had not always been assessed; the manager took immediate action to address this. The design of the service did not always meet the needs of people living with dementia. However, a programme of refurbishment was in place to address this. People were not always supported to engage in activities to stimulate them. The manager had plans to introduce an external company to provide activities in the near future. The service did not have a registered manager in place. The manager had been in post three weeks and had not submitted an application to register with us. This is a limiter for the well-led key question.

Staff had been trained in safeguarding and whistleblowing policies and procedures supported them in their roles. In the main, medicines were managed safely. Accidents and incidents were managed. Appropriate infection control practices were in place and staff wore personal protective equipment. Staff had the skills and knowledge needed to carry out their roles through induction, training and supervision. People received a healthy and balanced diet. People's needs were assessed prior to using the service to ensure their needs could be met. People were supported by staff who were kind, caring and sensitive to their needs and who maintained their privacy and dignity. Staff supported people to be as independent as possible. Complaints were managed in line with policies and procedures. The service engaged people, relatives and staff through meetings and surveys.

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

Rating at last inspection

The last rating for this service was good (published 1 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing levels and consent to care and treatment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hollymount Residential and Dementia Care Centre

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

This inspection was carried out by one 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.

Service and service type

Hollymount Residential and Dementia Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The manager had been in post for three weeks at the time of our inspection and had not submitted an application to register with us.

Notice of inspection

This inspection was unannounced.

What we did before the 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the providers, nominated individual, manager, deputy manager, senior carer, four care staff and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

After the inspection

The nominated individual and manager sent us further evidence of action taken shortly after the inspection.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Staffing and recruitment

- We received concerns prior to our inspection about low staffing levels within the service. The manager confirmed staffing levels during the day consisted of a deputy or senior, three carers (rising to four from 1pm until 7pm), housekeepers and kitchen staff. Two care staff were on duty throughout the night (9pm to 7am). The manager and nominated individual told us they had identified shortages of staff and were in the process of putting a proposal together to increase staffing levels where needed.
- Every staff member we spoke with told us there was not enough staff on duty either at night time or day time. People and relatives we spoke with told us there was not enough staff. Comments we received included, "There is not enough staff. Where there is two on at night there should be three. I have to wait a long time if I press my buzzer. Then if another buzzer goes off they have to leave. It's not very nice as I can be sat there in just a shirt. They can't help it they are busy" and "They could do with more staff because people are waiting [for support] and some [people who use the service] get fed up and start shouting. It's the same every day."

The provider failed to ensure adequate staffing levels were consistently in place. This is a 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

- People did not always feel safe. People and their relatives told us other people were entering their bedrooms, day and night, on a regular basis. One person commented, "I don't feel unsafe, but three times or more I've had people in my room [at night]; that frightens me, I'm a light sleeper." Another person commented, "I feel safe; the care is brilliant. I'm happy. I've told them about someone entering my room at night, but I can't remember who it is that comes in, so not sure if anything is done." A relative spoke about a person getting in bed with their family member during the night. People also told us their personal belongings kept going missing from their rooms.
- Staff had received training in safeguarding and policies and procedures were in place and accessible to guide them in their roles.

We recommend the service takes prompt action to ensure people using the service feel safe from others accessing their personal space.

Using medicines safely

- In the main, medicines were managed safely. Liquids, eye drops and creams were not consistently dated when they had been opened or stored correctly. For example, one type of eye drop, which two people were

prescribed, were being stored differently; one in the fridge and one in the medicines trolley. However, the labels from pharmacy were conflicting. The deputy manager assured us this would be looked into.

- People told us they received their medicines when they should. Comments included, "Staff bring my medication the same time every day" and "I do have one tablet; the staff bring it to me and they usually tell me what it is but I couldn't tell you."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had not always been appropriately assessed. For example, one person's risk assessments mentioned three other people's names. We discussed this with the manager and immediate action was taken to address this. Environmental risk assessments were also in place which were also being reviewed. A new electronic system was being introduced which would see all information updated.
- Staff completed regular safety checks of equipment and the home environment, to ensure they were safe.
- The provider had processes to manage accidents and incidents. The manager showed us new accident and incident forms they had recently introduced which were detailed and would evidence lessons learned.

Preventing and controlling infection

- The provider ensured staff followed appropriate infection control practices, which protected people from the risks of poor infection control. Staff had completed relevant training and used personal protective equipment (PPE), such as disposable aprons, when they supported people.
- People told us the home was clean and staff wore PPE appropriately.

Learning lessons when things go wrong

- The manager was in the process of ensuring paperwork evidenced all lessons learned. As they had only been in post three weeks, they needed time to become embedded.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not always working within the principles of the MCA. People's capacity to make decisions had not always been assessed and consent forms were not always signed by people with the correct authority in place. For example, some consent forms were signed by people without a lasting power of attorney in place.
- Shortly after the inspection, the nominated individual sent us evidence that capacity assessments were being undertaken.

The provider failed to ensure they were following the principles set out in the MCA about consent and capacity. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in MCA and knew how to support people in making day to day decisions and how to offer choice.
- DoLS had been submitted for those people the service deemed they were restricting.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. New staff were supported through an induction, including the care certificate where needed. In the main, staff had completed all required training

necessary for their roles. The manager told us there were a small number of gaps in training which had been identified and were being dealt with. Staff had supervisions and appraisals to support them in their roles.

- People were very complimentary about staff skills and knowledge. Comments we received included, "I think the staff are very good at their job" and "I'm happy with the general care, it's excellent." A relative commented, "I've watched the staff many a time when they're using the hoist and they're brilliant. They make people feel comfortable, talk to them and explain what's going on etc."

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

- People were supported to eat a healthy and balanced diet. People had access to food and drink 24 hours a day. Special occasions were celebrated and themed events took place around dining. Records, when appropriate, documented any associated risks with eating and drinking.

- People told us the food was good. Comments we received included, "I'd say the food is good; it is a big thing, isn't it, the food?" and "The food is very nice and there's a good menu, usually two choices. I enjoy my food."

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

- The provider had established systems to ensure people's individual needs and choices were met. A member of the management team completed an assessment prior to a person receiving a service. The assessment considered people's protected characteristics, such as sexuality, religion or belief.

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

- The registered manager and staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. Staff supported people with access to GP practices, dental care and referrals to hospitals.

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

- The service did not always meet the needs of people living with dementia. Whilst some attention to detail had been made, such as different coloured toilet seats and plain carpets, this was not consistent throughout the service.

- The manager told us there was a programme of redecoration which took into consideration the needs of people living with dementia. We were shown improvements that had already been made and examples of future plans.

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 outstanding. At this inspection this key question has now deteriorated to good. 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

- People were supported by staff who were kind, sensitive, caring and comforting. For example, we saw a carer speak very sympathetically to someone who was becoming upset at lunchtime, putting their arm round them, speaking quietly to them and offering support.
- People were mainly complimentary about the staff caring for them. Comments we received included, "All of the staff are nice. If you're upset or anything, one of them will listen to you and if you're not well, they'll sympathise" and "The staff are very kind." However, some people and relatives felt staff did not stop for a chat or were not around to check on people. Comments included, "I've never seen staff stop for a chat" and "Staff are all approachable and very pleasant. They do interact with people, but on occasions we've sat in the lounge for an hour and nobody has come to check on people." We have addressed staffing levels in the safe domain of this report.
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. People told us, "I've always been independent. You can go out [with family] if you tell them where you are going and I can go out in the garden whenever I want, when the weather is nice" and "When you are having a wash, you do where you can reach and the staff will do the rest."
- Signs were in place for bedroom doors to show the person was receiving care in order to protect their privacy and dignity. Staff knocked on people's doors before entering. Staff had access to policies and procedures about caring for people in a dignified way.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's policies and current legislation.

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

- People were given the opportunity to express their views about their care on an ongoing basis and during reviews of their care plan. This ensured they were fully involved in decisions about their care.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care was not always planned in a person-centred manner that adequately reflected their preferences. Records were not adequately completed to show people's current needs. For example, advice from external professionals was not always included in care plans. However, staff were aware of people's support needs.
- The manager and nominated individual told us a new electronic system was being put in place which would ensure care plans were current and person-centred in the very near future. During the inspection, action was taken to update one person's care plans and associated records.

We recommend the provider takes prompt action to ensure care plans reflect people's current needs and are person-centred.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection. However, very little consideration had been made to people's wishes at the end of their life, or in the event of sudden death. The manager was able to discuss with us a document they had previously used which could be brought into the service.

We recommend the provider seek best practice guidance on end of life care and support.

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

- People were not always supported to engage in activities to prevent boredom. We were told the activities co-ordinator had left the service and staff were doing activities in the interim. The provider told us they were recruiting for this position. However, we saw limited activities throughout the inspection.
- People told us, "Sometimes we have games, play cards; there's always a bit of something going on. It's usually staff who do this but also sometimes we have people in for entertainment; singers etc" and "We sit here [in main lounge] all day long – I get fed up. There was somebody here to get things [activities] going, but they've left." The manager told us they would also be using an external company to provide activities in the very near future. Until such time, staff were undertaking activities as much as possible.
- Visitors were not restricted. We saw many relatives visiting throughout the inspection.

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.

- People's communication needs had been assessed. People could be provided with information and reading materials in a format that suited their communication needs. The manager was knowledgeable in relation to AIS and had good experience of working with people with sensory needs.

Improving care quality in response to complaints or concerns

- In the main, complaints were managed well. The provider had a complaints policy that was shared with people's relatives when they started using the service. We discussed with the manager about providing evidence that people were happy with any outcome from complaints.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have a registered manager. The manager had been in post for three weeks at the time of the inspection and had not submitted an application to register with us. This is a ratings limiter for the well-led key question.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations. The manager understood their regulatory responsibilities to inform CQC about significant events at the service.
- Audits within the service were not sufficiently robust to identify the issues we found on inspection. However, the manager and nominated individual assured us in the near future these systems and processes would be put in place.

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

- The provider had systems to promote a positive environment for people. However, the shortfalls in the staffing, consent and governance systems impacted on people's ability to achieve good outcomes.
- People were unsure who the manager was. However, they had only been in post a short time and meetings had occurred to introduce them. People spoke highly of the provider, who we observed to be a visible presence in the service. In the main we received positive comments about the service including, "The staff all seem to work together well. I don't think the home could improve in any way really" and "I love it here and I wouldn't go anywhere else. I think they are very good here." One visitor told us about how good the service used to be, but felt standards had dropped. They continued, "They need more staff and better security for people's rooms. I think people here are just passive most of the time, sitting round the sides of the lounge with nothing to do. Sometimes the music is on really loud and overwhelms everything, so people can't even chat or eat their meals in peace."

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 provider and manager understood and acted on their duty of candour responsibilities. Good relationships had been developed between the provider, staff and people who used the service. The manager was very early into building these relationships.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved and engaged people in the service and considered their equality characteristics through meetings. Relatives were invited to attend meetings with their family members. People and staff were invited to give feedback on the service and have been given the opportunity to complete a satisfaction questionnaire. The manager was intending on using a newer, more robust survey in the near future.
- The provider, manager and staff worked in partnership with external agencies to learn and share knowledge and information.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure they were following the principles set out in the MCA about capacity and consent.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure adequate staffing levels were consistently in place.