

Simply Care (UK) Ltd

Holly Bush Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly Bush Nursing Home provides care and accommodation for up to 12 people with learning disabilities, sensory impairments and physical disabilities. The home is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with the principles and values that underpin 'Registering the Right Support' and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were systems and processes to support staff to understand their role and responsibilities to protect people from avoidable harm. There were safeguarding and whistle blowing policies and procedures in place. Staff were able to describe the different ways that people might experience abuse, including financial abuse and the escalation process if they were concerned that abuse had taken place.

There were comprehensive risk assessments in place. These covered a range of areas, including risks from choking, falls and behaviours that challenged the service. Risk assessments were kept under review, which ensured that risks to people's safety and wellbeing were monitored and managed properly.

There were enough staff deployed to keep people safe. We observed that staff were busy but there were no delays in people being attended to. Staff had been recruited safely. They underwent appropriate recruitment checks prior to working at the service.

The service leadership, management and governance assured high-quality, person-centred care and supported learning. The provider has acted to minimise potential risks to people who used the service, and this had been effective. The service had improved their systems to ensure records clearly indicated how people's finances were being managed. We reviewed people's financial records and found that appropriate records of expenditure and income for each person were recorded.

Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in other areas such as those related to people's care. We found improvements were always made where shortfalls were identified.

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

Rating at last inspection

The last rating for this service was good (published 18 July 2017).

Why we inspected

We received concerns in relation to the management of people's finances. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. The provider has acted to mitigate risks, and this had been effective. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up: We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holly Bush Nursing 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 team consisted of one inspector.

Service and service type

Holly Bush Nursing 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

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 worked 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 this information to plan our inspection.

During the inspection

We were not able to speak with people using the service because they had complex needs and were not able to share their experiences of using the service with us. We gathered evidence of people's experiences of the service by reviewing their care records and observing care. We reviewed a range of records. This included five people's care records and their financial records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives of people who used the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to this inspection, we were notified of a safeguarding matter that related to the safekeeping of people's money. The information we received indicated that the financial records of one person were not clear and specific about the purchases made on their behalf. There was a lack of information in their financial support plan to evidence that decisions about their expenditures had been made in their best interests.
- On 28 June 2019 we inspected the service. We reviewed the service's safeguarding procedures. We saw that there were systems and processes to support staff to understand their role and responsibilities to protect people from avoidable harm. There were safeguarding and whistleblowing policies and procedures in place.
- All staff had received training on how to identify abuse and understood the procedures for safeguarding people. They described the different ways that people might experience abuse, including financial abuse and the escalation process if they were concerned that abuse had taken place. Staff were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action.
- We spoke with people's relatives and they told us that they did not have concerns regarding the handling of people's finances. One relative told us, "I am absolutely happy with the service. Money is accountable. I can access the financial records anytime." Another relative told us, "The Local Authority has complete control of my relative's money. The service sends me an invoice every month of how much has been spent. We are happy."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place. These covered a range of areas, including risks from choking, falls and behaviours that challenged the service.
- Risk assessments were kept under review, which ensured that risks to people's safety and wellbeing were monitored and managed properly.
- Staff were able to speak about areas of risk knowledgeably and they correctly explained strategies which were in place to protect people from harm.

Staffing and recruitment

- Staff had been recruited safely. They underwent appropriate recruitment checks prior to working at the service. These checks included at least two references, proof of identity and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- There were enough staff deployed to keep people safe. We observed that staff were busy but there were no delays in people being attended to.

Using medicines safely

- Medicines were administered safely. All staff members had undergone relevant training for medicines administration. Staff had also undergone annual assessments of their competency.
- Each person had their MAR chart, which contained information to correctly identify the person and to assist staff to administer medicines safely. Staff signed the MAR after administration or recorded to show that medicines were not given.
- All medicines were stored in a lockable medicine cupboard. Only authorised staff had access to the medicines.
- There were protocols in place to managing 'when required' medicines for each person. This assured us that staff could make an informed judgement to appropriately administer these medicines.

Preventing and controlling infection

- The premises were clean, and no unpleasant odours were noted. There was an infection control policy and measures were in place for infection prevention and control.
- There were arrangements in place for managing waste to keep people safe. Staff wore personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- There had been an incident where a person's finances were used to make purchases for items they required, but without evidence that the due process had been followed. When this incident had been reviewed, the home immediately put in place measures to ensure this did not happen again.
- We found that the service had improved their systems to ensure records clearly indicated how people's finances were being managed. We reviewed people's financial records and found that appropriate records of expenditure and income for each person were recorded.
- We reviewed records of five people using the service. Records showed that regular checks of people's expenditure and cash balances were carried out by staff and the registered manager. In addition, monthly audits were carried out. There were no inaccuracies regarding money coming in and what had been spent.
- However, we saw that each entry on the individual account record was not countersigned to provide a witness to each transaction. We spoke with the registered manager regarding this and they immediately rectified the matter accordingly.
- The registered manager was in the process of reviewing people's financial plans to ensure they included more detail and guidance about each person's specific financial needs. Following the inspection, the registered manager sent us information to demonstrate the work that had been undertaken to make improvements to safeguard people's money.

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

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

- The service planned and promoted person-centred care for people. Care was planned to meet people's needs, preferences and interests. People's relatives told us that they had choice and control over their care. One relative told us, "My relative has been to so many places. This is the happiest she has been. Her needs are consistently met."
- People received care and support that was tailored to their needs and goals. We found that issues that mattered to people were discussed with them and their family and formed the basis for their support and care. One relative told us, "We are always consulted. I can also phone at any time. The managers always listen to us and act immediately."
- There was an open and inclusive approach to running the service. The service held regular meetings to enable people, their relatives and staff to share ideas and discuss any relevant issues. We saw from the minutes that staff, people and their relatives could make suggestions for improvement and that these were acted on.

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 service was aware of and complied with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of significant events.

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

- The managers were knowledgeable regarding their roles and responsibilities. They and their staff were able to deliver the care needed.
- People's relatives knew who the registered manager was and found her to be helpful. One relative told us, "The service is well-led. The managers are approachable. We couldn't ask for anything better."

Continuous learning and improving care

- At the time of this inspection we saw that the registered manager had taken steps to address concerns relating to managing people's finances. The service was able to demonstrate improvements in their processes and systems for monitoring the management of people's finances.

- Accidents and incidents were monitored for trends and learning points. Regular checks and audits had also been carried out in other areas such as those related to maintenance of the premises and management of accidents and incidents. We found improvements were always made where shortfalls were identified.

Working in partnership with others

- People received care which was well co-ordinated from a range of professionals. There was input from GP, dentists, chiropodist and other members of the multi-disciplinary team.