Hollycroft Care Limited

Hollycroft Nursing Home

Inspection report

8-10 Red Hill
Stourbridge
West Midlands
DY8 1ND

Tel: 01384394341

Date of inspection visit:
13 June 2017

Date of publication:
28 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This is the first rating inspection under this provider. The service was last inspected under Leyton Healthcare (No7) Ltd in November 2014. Since then the service has changed hands on a further three occasions, the latest being in January 2017. This is the first inspection of the service under this ownership.

Hollycroft Nursing Home is registered to provide accommodation, nursing or personal care for up to 37 people. At the time of our inspection 31 people were living at the home. People using the service have a range of needs which include dementia, physical disability or old age. Whilst some people lived there permanently, the service also provides care to people on a short term rehabilitation basis, often following discharge from hospital. On the day of the inspection, 20 of the 31 people living at the service were living there on a short term basis.

There was a registered manager. 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.

People felt safe and were supported by staff who were aware of their responsibilities to act on and report any concerns they may have.

Staff were aware of the risks to people on a daily basis and worked closely with physiotherapists and occupational therapists in order to ensure people's needs were met.

Staff were safely recruited and new systems were in place to ensure all appropriate employment checks were complete and in place prior to staff commencing in work.

Staffing levels were assessed by a dependency tool, but deployment of staff across the home was not as effective as it could be which impacted directly on people's experience of the service.

People were supported to take their medicines but protocols for 'as required' pain relief were not in place and medication audits had not highlighted this.

People were happy with the care they received and considered staff to be well trained and able to meet their needs. Staff felt well trained and supported by management and able to raise any concerns they may have.

People said staff were kind and caring and treated them with dignity and respect. People were supported to regain their independence where appropriate, by staff who followed guidance provided by visiting healthcare professionals.

People said they were happy with the care they received and had no complaints, but were not involved in

the planning of their care. Where complaints had been received, there was little evidence to demonstrate how they had been responded to and acted upon.

People said they had not been asked their opinion of the home or asked for feedback on the service provided.

People were complimentary about the registered manager and the care they received. Staff felt supported but supervision sessions were inconsistent and there were no staff meetings taking place to enable staff to discuss any issues or concerns they may have.

The new provider had commenced a programme of refurbishment across the home which was welcomed by staff. The registered manager and staff group felt supported by the new provider.

Quality assurance audits in place were not always effective and there was no analysis of accidents, incidents or complaints that would improve people's experience of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were assessed using a dependency tool but staff were not deployed effectively across the home. People felt safe, supported by staff who were aware of the risks to them on a daily basis. Medicines were stored and handled safely. Protocols for administering 'as required' medicines were not always in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who felt supported by management and who had received training in order to meet their needs. Staff understood their responsibilities with regard to obtaining people's consent prior to supporting them. People were supported to maintain good health and access specialist healthcare services to meet their needs.

Is the service caring?

Good

The service was caring.

People said care staff were kind and caring and treated them with dignity and respect. People were supported to regain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always involved in the planning of their care or asked their opinion of the service they received. People were confident that if they raised a complaint it would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were complimentary about the registered manager. A

number of changes in provider over the last four years had created additional challenges for the staff and management of the home. Staff did not have the opportunity to have their voice heard through team meetings or regular supervision. Quality assurance systems were not always effective.

Hollycroft 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 13 June 2017 and was unannounced. The 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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with seven people who lived at the home and four relatives. We spoke with the registered manager, two nurses, two members of care staff, the chef, the activities co-ordinator and three visiting healthcare professionals.

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 to us.

We reviewed a range of documents and records including the care records of three people using the service, nine medication administration records, two staff files, training records, complaints, and quality audits.

Requires Improvement

Is the service safe?

Our findings

We received a mixed response from people when we asked about staffing levels in the home. Some people and their relatives thought staffing levels were sufficient and others did not. One person told us, "[Staffing] it's mainly ok, sometimes it could be better. They [staff] are always in a hurry. When they dress me they don't always finish what they are doing". Other people told us that particularly during evenings or weekends, staff were kept busy and they sometimes had to wait longer for support. Comments received included; "I have to wait 20 minutes sometimes which is usually at night", "I sometimes think they could do with more night staff. You hear buzzers going off and no-one answering them. It's ok during the day" and, "I have a call bell in my bed, they come quite quickly, never have to wait long, even at night". A relative commented, "Sometimes [person] asks to go to the bathroom. Today they said they had to wait half an hour. They've mentioned this couple of times".

A member of staff said, "You can never have enough staff but I think we have enough to keep people safe" and another said, "We could do with more staff at night. Girls [staff] find it hard covering two floors. If you explain to people they will be alright with you".

We discussed staffing levels with the registered manager. She told us that staffing levels were assessed using a dependency tool, adding, "If things are ticking over, there's no need to review but if someone has a particular need then we would look at increasing our hours". We saw there was no allocation sheet for shifts and staff told us they worked out roles and responsibilities themselves and this system worked well. A member of staff told us, "We have a diary in place and the senior care sorts out the allocations, it's informal but it works really well and everyone gets on with it". However, people's experience of the service did not always reflect this. One person commented, "It's not very organised here, staff seem to go around in groups". We observed on a number of occasions staff standing in groups together, when they could have been supporting other people. People at the home and visitors commented on this as well.

We also saw at lunchtime the lack of organisation around staff responsibilities impacted on people's lunchtime experience. Many people were left sitting in the dining room for 30 minutes before their food was served. Staff time could have been better utilised to ensure the smother running of the mealtime and make it a more pleasant experience for people. For example, we observed the chef busy trying to provide drinks when he could have been plating up meals. As the chef was the only person plating up lunches, staff were then stood waiting around for the meals to be served. We observed a number of periods where people were sat in lounges and no staff entered the lounge. One person told us, "On occasion some residents have been in danger of slipping out of their chairs. I have rung the call bell to prevent that happening". This meant that despite the dependency tool in place, the deployment allocation of staff across the home was not as effective as it could be.

We spoke with a new member of staff who confirmed that prior to them commencing in post, reference checks and checks with the Disclosure and Barring Service (DBS) (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this. They told us, "The manager kept in touch the whole time the DBS was going through".

People told us they felt safe in the home. One person told us, "Never felt unsafe here, there's always someone around" and another said, "I feel very safe, especially when they dress me". People were supported by staff who had received training in how to recognise signs of abuse and were aware of their responsibilities to act on any concerns they may have. A member of staff told us, "If I had any concerns I would take it straight to the manager or deputy or go to [provider's name]". We saw that where a safeguarding concern had been raised it had been reported and acted on appropriately.

People were supported by staff who were aware of the risks to them on a daily basis. A member of staff said, "If I felt someone was unsafe, I would raise a concern". As a number of people living at the home were being supported to regain their independence, the risks to them varied on a daily basis. A member of staff told us "You have to make sure people are moved correctly, the physiotherapist provides information and tells us how people are moved and they update us as people improve". We observed that some equipment had been moved to a corridor area close to some bedrooms and noted that new furniture had been delivered that day and was restricting the amount of space available to people when accessing their bedrooms. We asked for this to be removed immediately and this was done.

Where accidents and incidents took place, they were reported, recorded and acted on appropriately and individual lessons were learnt. A member of staff said, "We would complete the book and document it in the daily notes and let the next of kin know".

One person told us, "They are very punctual with my medicine. I have pain killers on a regular basis, it's controlled" and a relative said, "We think [person] takes their medication more regularly here. They wouldn't at home". Other people told us they had no concerns regarding their medicines and told us they received them without any delays. We observed that people were supported to safely take their medicines and that medicines were stored and secured safely. We looked at the medicine records of nine people. We saw that they amount of medicine given tallied with what was in stock.

We noted that a protocol was in place for one person for pain relief that was to be administered 'as required', but they no longer required this. We also noted that there was no protocol in place for two other people for pain relief that was to be administered 'when required'. We raised this with the nurse who was able to tell us the circumstances in which this medication was to be administered and arranged for the protocols to be put in place.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received and considered the staff who supported them to be well trained. One person said, "If I can go home I will, otherwise I want to stay here, the care is first class" and another said, "They [care staff] are careful getting me out of bed, never hurt me" and relatives commented, "I feel they [care staff] are well trained, they know how to handle [person]" and "The way they move people shows they are well trained".

People were supported by staff who considered themselves to be well trained. One member of staff told us, "I've had lots of training and attended lots of different courses – everything is up to date". The registered manager told us that she had identified some staff required refresher manual handling training. In response to this she had recently completed a 'train the trainer' course in this subject herself in order to ensure staff learning was up to date. We saw that arrangements were in place for her to pass this learning on to staff in the coming weeks.

Not all staff were in receipt of regular supervision. One member of staff told us they had an individual appraisal every six months, whilst another told us it was every three months. However, all staff spoken with told us the registered manager was approachable and they could speak to her to raise any concerns. One member of staff said, "You can always go and ask, can I have a chat for a minute and it's not a problem". We discussed staff supervision with the registered manager and the lack of systems in place to ensure all staff received a formal supervision which would provide them with the opportunity to discuss any concerns or training issues they may have. She told us, when referring to the current arrangement, "It's a mess" but went on to add that she was working towards arranging a benchmark appraisal with all staff which would be followed by three monthly supervision reviews.

Staff told us their practice was regularly observed, one member of staff said, "The manager wanders frequently through the home and observes what we are doing". Staff told us communication systems across the home were good and they felt well informed. One member of staff told us, "Nurses do the initial assessment and relay information to us and the Physiotherapist will pass on information about people's needs" and another said, "Even if you've had a couple of days off someone will keep you up to speed on what's going on".

We spoke with a member of staff about their induction. They told us it included shadowing more experienced staff and provided them with the information they required in order to support people safely and effectively. The registered manager told us she was in the process of recruiting a new member of staff and their induction would include the completion of the Care Certificate. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People told us that staff obtained their consent prior to supporting them and we observed this. One person told us, "I think so, yes, they seem to always ask first before doing anything" and a relative commented, "Person is able to make their own decisions". Staff spoken with had received training in MCA and DoLS and understood what it meant for people. One member of staff said, "People can make decisions that aren't a risk to safety, like what do you want to wear, what would you like to eat, if there was a safety aspect that's when you may have to intervene".

One person told us, "The food is excellent. It's a set menu for lunch, you don't get a choice but if you don't like it you can have something else" and another person said, "It's good food; I eat what they give me, I'm quite satisfied". A relative commented, "[Person] said the food is nice. They eat more here than they did in the hospital". We observed that drinks were readily available to people during meal times and throughout the day. We spoke with the chef who was aware of people's dietary requirements and preferences and we noted that people were offered two choices of lunch on the day.

People were supported to maintain good health. Staff were aware of people's healthcare needs and worked alongside the visiting physiotherapist and occupational therapist in order to provide effective care. One person told us, "I have my own doctor, they [care staff] contact him, he is quite prompt" and a relative said, "[Person] was a bit ill last week. They called the paramedics because they had a bad chest, they gave them antibiotics. The aftercare was brilliant". We spoke with the physiotherapist and occupational therapist who visited the home regularly. They told us they worked well with staff who followed their guidance for supporting people appropriately. They told us, "Staff are helping people to move on and if they have any problems they will ask us. Staff are good. Paperwork is good and when we need to look at notes it is brilliant, it's all up to date".

We observed that due to the amount of equipment that was being used in the home to support people, there was an issue with regard to storage. There were multiple frames, aids and adaptations in the dining room which impacted on people's dining experience. The physiotherapist, occupational therapist and staff all commented on the lack of storage available, one member of staff said, "You can never have enough storage, but we could do with more".

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. We received a number of comments from people regarding this, for example, "Staff are lovely, very helpful and kind", "They are kindness itself, I've settled very well" and "They always treat me very well". Relatives commented, "They [care staff] have good, kind interaction with residents" and "They [care staff] always have banter with [person], they seem caring". We observed many staff display acts of kindness towards people but staff approach at times appeared task led. However, people told us that when staff did provide them with support, they took their time and did not rush them. One person said, "They never rush me, they explain things when they are doing them".

People told us they were always offered a choice when it came to their daily living needs. Everyone spoken with confirmed they got up and went to bed when they wanted. People told us, "I can do what I like, when I like", "They [care staff] usually ask people if they want to go to bed at night" and "When I have a shower I can have it when I want, they always ask me first". A relative commented, "I think they are quite flexible, [person] can do what they want".

People were supported by staff who treated them with dignity and respect. One person told us, "They treat me with dignity in the way they speak to me and understand my needs. If you ask for something to be done it's done quickly. They don't rush me" and another person said, "They [care staff] will always knock on the door and ask my permission to get me up. When they come in they usually tell me how long they will be before they can come back". Staff were able to describe to us how they would treat people with respect when supporting them, for example with their personal care. One member of staff said, "I would place a towel round person and make sure everything is within reach and when they have done what they need they can press the buzzer and I will assist with the areas that they need help with".

The nature of the service provided meant that much of staff time was focussed on supporting people to regain their independence. Staff provided us with a number of examples of how they did this. One member of staff told us, "With [person] we got to the stage in the morning when we were able to leave them with a bowl of water to wash themselves and they were happy for me to pop back and offer any other support". Other staff spoke with pride at supporting people to 'get back on their feet' and return to their own home. One member of staff said, "We have lots of success stories, we have looked after people with strokes who have ended up walking out of here. It's great to see".

One relative told us, "There are set times for visits, no issues with that" and another said, "Because [person] is in a step down [rehabilitation] bed visiting is only 2.00-4.00pm and 6.00-8.00pm. There should be more leeway than that. I would come more frequently otherwise". We discussed this with the registered manager. She explained that for people living at the home in rehabilitation beds, visiting was restricted to afternoons and evenings to enable to Physiotherapists to work with people during the morning. She told us, "If it's a problem people can speak to us about it".

Staff were aware of how to access local advocacy services for people, should they require this type of support.

Requires Improvement

Is the service responsive?

Our findings

People spoken with told us they had not been involved in the planning of their care. One person said, "I leave it to them, we don't discuss my care" and others commented, "Haven't heard of a care plan" and "I don't know about a care plan, I imagine there is". Care plans looked at demonstrated that in some cases, family members had been involved in the plan of care, but we found little evidence to demonstrate that people living at the home had contributed to the care plan process. People told us that although they had not been consulted regarding their care they were happy with the support provided and had no complaints. One person told us, "I'm happy enough with the care, they are very kind" and another said, "They [care staff] are very supportive; they do what I ask generally". A relative commented, "I think the care [person] gets is fine".

For those people who were admitted to the home on a long term basis, there was a pre-assessment process in place which was completed initially by the registered manager or a senior member of staff. One relative told us, "The day we came we went through the process with [staff name], as the manager was off. The questions we asked, we were given an explanation. The manager assessed [person] at the hospital before they came".

We saw for people who were admitted into a short term rehabilitation bed, pre-admission discussion was completed by an intermediate team and then forwarded onto the home. The registered manager told us, "Information comes through to us and that's when you formulate the care plan and work alongside the physiotherapist and occupational therapist". A member of staff told us, "Initial assessment takes place on the first day, we will have a general chat and ask people what time they like to get up in the morning, what food they like and what activities they like." Staff spoken with were able to provide us with a good account of the people they supported, their likes, dislikes and what was important to them.

We noted that people's care plans were reviewed on a regular basis and included where appropriate, the physiotherapist or occupational therapist supporting the person. A relative told us, "They occasionally talk to us about his care. They gave us an update last week". People's care plans held information as to how they wished to be supported and staff spoken with were able to describe to us people's likes and dislikes and what their interests were.

We received a mixed response from people on the subject of activities that took place in the home. One person told us, "I've played bingo and read, that's all" and another said, "In the five weeks [that they had been there] I have seen three activities going on." One relative commented, "I think it could be more stimulating. I see people sitting here all day doing nothing. Staff never talk to them" and another said, "[Person] loved doing the activity last week. Exercises to war music". There was an activity plan on display and we observed a number of people participating in activities in line with the plan. There was also a church service taking place with a large number of people participating. The activities co-ordinator told us they tried to put on a variety of activities to interest the people living at the home, including visits from singers, library services, the animal man and coffee afternoons.

People told us that staff were 'very approachable' and that they were confident that if they raised a concern it would be dealt with appropriately. One person told us, "I've no complaints at all. I'm sure they would deal with it [if they complained] and another person said, "I would speak to [registered manager's name] I haven't complained so far". A relative told us, "I would be happy to complain if needed, I feel they would respond positively". We saw that there was a complaints log in place and copies of complaints received but little evidence of investigations or actions taken in response to the concerns raised. The registered manager was able to tell us of how she responded to a particular complaint, having met with a family member, but this had not been documented. This lack of recording meant that there was no opportunity for the registered manager to analyse the findings of complaints and demonstrate any impact these findings had on how care, treatment and support were delivered in the home.

People told us that they had not been asked their opinion of the home or their care. One person told us "I don't think they have residents meetings. Haven't seen a questionnaire." A relative said, "They haven't asked me my views yet" and others told us they had not been asked to complete any surveys. Staff spoken with confirmed this and one member of staff commented, "We don't do any surveys. We could do with some in place because everyone has their own opinion". We discussed this with the registered manager. She showed us that surveys had very recently been sent out to relatives and we saw that three had been returned. We saw that two surveys had been completed by people living at the home earlier in the year, but there was no other evidence of collecting people's views of the service and no analysis of the information received.

Requires Improvement

Is the service well-led?

Our findings

During the last two and a half years, the service had changed provider on four occasions. This extended period of uncertainty in terms of management and vision for the service had created additional pressures for the registered manager and staff. It was hoped by those spoken with that the new provider would bring a period of stability to the home. The registered manager told us that she considered her biggest achievement during this period was being able to manage the changes in provider whilst delivering a care service. She told us, "It was difficult, but we got through it". Despite the changes in provider, the registered manager and staff team remained relatively the same. One member of staff commented, "We work well as a team, it's a friendly atmosphere and residents are very well looked after" and another said, "We have a good support network with the manager and staff have coped with it well". The registered manager told us the new provider was supportive and visited the home regularly and staff also confirmed this. However, not everyone living in the home was aware of the change of provider and expressed surprised when it was mentioned to them.

We saw that the new provider had commenced a programme of refurbishment in the home and the registered manager and staff group all spoke positively about the changes being introduced. One member of staff told us, "The new owner is getting things done, it felt like previous owners weren't investing, feels like we are getting back up to the right standards and there's no changes in day to day running of the home."

We received some mixed comments regarding the home, but people and staff were complimentary about the registered manager and the care provided. People told us, "The manager is lovely, first class", "I certainly would [recommend the home], I may have to come back", and, "The manager is nice, quite helpful". Others said, "The home and staff are ok", "I have mixed feelings about this home, not sure if I would recommend it" and a relative said, "I wouldn't highly recommend it. We have no experience of other homes so we would like to look at other homes first".

Staff told us they felt supported by the registered manager. They told us they were aware of the home's whistleblowing policy and told us that if they had concerns, they had no doubt they would be listened to and acted upon. One member of staff told us, "[Registered manager's name] is very approachable; you can go to her if you have a problem". However, the lack of formal supervision and staff meetings meant that staff did not always have the opportunity to raise any concerns or discuss their learning in a formal setting. One member of staff told us, "We could do with a staff meeting to raise any concerns if we had any or to make any suggestions to improve; there would be more of us there to discuss it".

A number of staff told us they would be happy to have their relative living at the home and took pride in their own contribution to supporting those people whose aim it was to return to their own home. One member of staff joked, "It's nice to see people leave here to go back home. I always say, 'we don't want you back though!" We saw that staff were motivated and received job satisfaction from supporting people to regain their independence. A member of staff told us, "Most people comment on the happy friendly atmosphere here, we are quite a close team. Very often step down [rehabilitation] residents don't want to go home". A relative observed, "The manager talks to staff, it seems a good relationship".

Where accidents and incidents took place, they were logged and recorded and responded to appropriately. However, there was no analysis of the information available to identify any trends or learning that would require changes in practice. The registered manager told us, "We have seen a reduction in [falls] in rehabilitation which I think means things are improving."

We saw that a safeguarding concern that had been dealt with through a complaint but the registered manager had failed to send in a notification to us, as is required by law. The registered manager completed this paperwork on the day of the inspection.

We saw that there was a system in place to audit the quality of service delivery in the home. There were a variety of audits in place including those for medication, pressure relief care and infection control but the medication audits had failed to identify the lack of 'as required' protocols for pain relief. There was a system in place to audit care plans on a regular basis.