

# The Hollands Care Homes Limited

## Hollands Nursing Home

### Inspection report

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22 September 2017

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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

We inspected the Hollands on 18 and 22 September 2017. On the 18 September 2017 the inspection was facilitated by the senior nurse and senior carer on duty, the manager was on annual leave. We returned on the 22 September 2017 to complete the inspection with the manager.

We last inspected the Hollands on 04 August 2015 and the overall rating for the service was good.

The Hollands is a detached two-storey purpose built home situated in the centre of Farnworth, Bolton, close to shops, local amenities and public transport. It has a car park to the front of the home.

The Hollands is registered to care for 39 people, predominately under 65 years of age. The Hollands provides services to people who require nursing and personal care, physical and learning disabilities and mental health problems. The service provides specialist care in alcohol and drug dependence, bipolar and manic depression, epilepsy head and brain injury and schizophrenia. There were 32 people using the service at the time of the inspection.

The home had a manager in post who was in the process of registering with the Care Quality Commission (CQC). The manager was an experienced manager who had previously been registered with the CQC. 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.

We found that privacy and dignity of people who used the service maintained. Staff treated people with respect and staff interaction with people was good.

We found there were enough staff on duty to meet people's needs. Staffing levels were based on an accurate and current assessment of people's needs. The manager was currently reviewing the dependency needs of people who used the service.

We found records necessary for the management of the home were in place and completed accurately.

People were provided with sufficient food and drink to ensure their health care needs were met.

We saw that new staff completed an induction programme to help ensure staff were prepared for their role by assisting them to develop their knowledge, skills and understanding.

We found that that home worked well with other healthcare professionals when required.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to

do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Recruitment procedures were robust and appropriate checks had been completed.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded.

## 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 ●

Staffing levels were sufficient to meet the needs of the people who used the service. There was a robust recruitment system which helped ensure that people were suitable to work with vulnerable people.

People were given their medicines safely and as prescribed.

Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

### Is the service effective?

Good ●

The service was effective

There was a thorough induction programme and training was on-going for all staff. Staff supervisions and appraisals took place regularly.

People were provided with sufficient food and drink to ensure their health care needs were met.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring

We observed that interactions between staff and people who used the service were friendly and respectful.

People were treated with respect, privacy and dignity.

We found that the service worked with other healthcare professionals to ensure appropriate care, treatment and support was available as required.

### Is the service responsive?

Good ●

The service was responsive

The care files included a range of health and personal information. People's preferences, likes and dislikes were clearly documented and people told us these were respected.

There was a complaints procedure which people and their relatives were aware of. However there were few formal complaints made. We saw a number of compliments which had been received by the service.

A range of activities was available and trips out of the home were arranged.

### Is the service well-led?

The service was well led

The manager was in the process of registering with the CQC. The manager had previously been registered with the CQC.

Staff spoken told us the manager was supportive and approachable There was an 'open door' policy at the home.

We saw minutes of staff and residents meetings, which were held on a regular basis. There were systems in place to monitor and assess the quality of the service and the care provided.

Good 

# Hollands 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.

The inspection took place on 18 September 2017 and was unannounced. On 22 September 2017 the manager was aware that we would be visiting the home to conclude the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed the completed provider information return (PIR) that had been sent to us. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We also looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

In addition we contacted the local authority commissioners who are responsible for commissioning the service on behalf of people and the local authority safeguarding team. No concerns were raised about this service.

During the inspection we spoke with six people who used the service and a visitor. We also spoke with the manager and five members of staff, a visiting healthcare professional and two training assessors from an outside company. We reviewed records at the home including three care files, five staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the Hollands. One person said, "I don't know where I would be without these lot [staff] they are very good". Another told us, "I am safe and well looked after". A relative spoken was complimentary about the care and support their relative received, they said, "All the staff have been great".

Information on the PIR states, 'The service is safe by making sure that staff are trained to a high standard ensuring that they can perform their job to the best of their abilities'. We found that staff had completed essential training appropriate to people's needs.

Staffing rotas showed that sufficient staff were on duty and if needed agency staff were booked in advance. We saw there was an induction programme in place for agency staff. There was also details of nurse's professional registration numbers and what training they had completed. Where possible the same agency staff were used to provide continuity of care.

We looked around the home and found the fire doors and corridors were free from obstructions and clutter. Windows had window restrictors fitted as required. The home was clean and fresh. Smoking was only permitted outside of the home. The manager had implemented a rolling programme of maintenance of decorating and refurbishing.

We saw the service's records relating to health and safety and fire action, such as gas certificates, equipment maintenance records, fire risk assessment and records of regular alarm and emergency lighting tests. All were complete and up to date. Fire equipment and notices were in place around the home.

The service had been inspected by the food hygiene standards agency 04 August 2017 and had been awarded a four star rating. The highest rating awarded is five stars.

The service had a safeguarding adult's policy and a whistle blowing policy. All staff we spoke with had received training in safeguarding adults and were aware of signs and symptoms of abuse. They all knew the reporting procedure and were confident to report any suspected abuse or poor practice they may witness.

We looked at five staff personnel files which evidenced a robust recruitment programme. The files included an application form, job description, proof of identity, two references and certificates relating to qualifications and training. We saw that staff had Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with vulnerable people.

We looked at three care plans. We found that the records contained sufficient information to guide staff on the care and support people required. They included appropriate risk assessments relating to areas such as falls, nutrition, moving and handling, mobility and behaviour. Staff spoken with had a good understanding of the needs and preferences of the people in their care.

Accidents and incidents were recorded appropriately and followed up on an individual basis. Where a person who used the service had suffered a number of falls, for example, a referral would be made to the falls team and appropriate equipment acquired and measures put in place to help minimise further risk.

Staff had received appropriate medication training and there was a medicines policy in place. Nursing staff administered medication to people who received nursing care and the senior carer administered medication to other people at the home. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication mistakes. We observed the senior carer administering the lunch time medication round. This was done efficiently and information on the medication administration records (MARs) was checked before and recorded after people had been given their tablets. Medicines audits were undertaken regularly by the senior staff and by the manager. Controlled drugs were securely stored and were recorded in the controlled drugs register and these were signed and countersigned when administered.



# Is the service effective?

## Our findings

We looked at the five staff files. All new staff completed an induction on commencing work at the home. We saw a copy of the induction programme in some of the staff files we looked at. Information on the PIR told us that on day one new staff are orientated around the home. Day two and three is filled with shadowing other staff getting used to the people who used the service and the building. New starters completed a 12 week introductory care certificate and then commenced on to NVQ level 2.

Staff spoken with confirmed they had opportunities for training and development. One member of staff told us, "There is always plenty of training. The manager encourages and supports us with any training we think would be beneficial. Information on the PIR s stated, 'Senior carers have a National Vocational Qualification (NVQ) Level 3 and two senior carers were working to completed NVQ level 5'. On the day of the inspection two NVQ assessors came to see their students at the home. One assessor told us, "They [students] are doing really well. The manager is very supportive and encourages training and development ".

The training matrix showed staff had completed mandatory training for moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, medicines administration, fire safety and the MCA/DoLS. This meant staff were given sufficient training to meet the needs of the people they looked after. Some staff had undertaken training in the care of people with dementia and end of life care. The home had an end of life champion which meant they had undertaken further training and could advise other staff on this topic.

We saw from the staff files and the supervision matrix that staff received regular supervisions and appraisals with senior staff. Supervision meetings provided staff with the opportunity to discuss any concerns they may have and any further training and development they may wish to undertake.

From our observations and inspection of people's care records it was evident some people were not able to give their consent to the care provided. The manager told us how they ensured the care provided was in people's best interest. We were told that if an assessment showed the person did not have the capacity to make decisions then a 'best interest meeting' was arranged. A 'best interest' meeting is where other professionals, and family (where appropriate), decide the best course of action to take to ensure the best outcome for the person who used the service

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 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.

Staff spoken with had a good understanding of MCA and DOLs and confirmed they had received training in this topic.

We checked to see if people were provided with a choice of suitable nutritious food and adequate hydration to ensure their health care needs were met. We spoke with the chef who confirmed there was always an ample supply of fresh and dried food including fresh milk, fish and meat. We saw that people were offered a choice of food at each meal and people had access to refreshments throughout the day. The chef told us that new winter menus were to be introduced and people who used the service had been consulted about the changes.

The day's menus were displayed in the dining room. We observed part of the lunch time meal and saw staff assisted some people who needed help with their meal in a discreet and sensitive manner. The meal time experience was pleasant and staff interaction was good. One person spoken with told us, "The food is very good, I have no complaints". On occasion people had a take away meal for a change.

We saw throughout the day people were offered a choice of hot and cold drinks and snacks. There was also a snack trolley with chocolate bars, crisps and drinks, this alternated daily with a fresh fruit snack trolley.

Records showed that where concerns had been raised with regard to risk of inadequate nutrition and hydration, food and fluid charts were in place to monitor people's daily intake. We saw actions were taken and referrals to the dietician or Speech and Language Therapy team (SALT) had been made as required.

The care records showed that people had access to external health and social care professionals, such as GPs community nurses, specialist nurses, opticians and dentists.

## Is the service caring?

### Our findings

People who used the service were complimentary about the staff. One person said, "All the staff are kind and caring, they help me a lot".

People who used the service were encouraged and supported with personal care. Some people required minimal support and others were self- caring. For some people personal grooming and appearance was not a priority. The manager and staff were fully aware of people's need and capabilities. Where people had repeatedly refused help and support this was clearly documented along with actions taken.

We observed care and how staff interacted throughout the day. There was friendly and respectful banter between staff and people who used the service. Staff responded quickly when people needed assistance. We observed for two people who were anxious and needed a lot of reassurance from staff that this was offered with kindness and patience. One healthcare professional told us, "Due to mental health of some people staff can be up against some challenges. They deal with these in an appropriate manner and seek advice from other agencies where necessary. The staff here very good. They work well with us and always act on advice we give them. I have no concerns about the practice here".

Information on the PIR stated that many of the people who used the service had mental health issues linked to recreational drugs and alcohol abuse so needed to be supported by the local Drug and Alcohol Support team. Discussions with the manager showed they had a good understanding of the needs of the people they were caring for. Staff told us they helped and supported people to maintain their independence. We found the atmosphere within the home was friendly and relaxed. There was a respectful rapport with staff and people who used the service.

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that some staff had completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made to facilitate a private, comfortable, dignified and pain free death. This meant that people could be cared for in their own home in familiar surroundings by people they know and trust.

The service produced a guide for people who may want to use their services and their families. This included information about the service and the facilities

The manager discussed improvements for the next 12 months. These were also documented on the PIR. These included: developing an 'in-house' support group and to encourage residents to build relationships and friendships and take ownership of their lives again.

## Is the service responsive?

### Our findings

#### Our findings

The PIR stated, 'When a new resident is admitted we encourage them/families to bring items to personalise their rooms. Great care is taken to ensure that all residents feel empowered to express their thoughts and feelings whilst respecting their choices and any cultural diversities.'

We looked around the home and we saw that people's rooms were personalised. There were locks on the bedroom doors and people had a key to their own rooms if they wished. One person told us, "I have everything I need in my room. I spend a lot of time in here and I want it comfortable". Lounges and dining areas and bathrooms were available on both floors for people to use.

People who used the service were supported to follow their interests and hobbies, for one person this was crosswords and puzzles books. One person went out with staff from a care agency who supported this person on shopping trips and outings. There were a range of activities for people to join in with if they wished. These included bingo, film nights, arts and crafts and board games.

Many of the people who used the service went out in to the local community either independently or with the activities coordinator and preferred this to formal in-house. Activities were planned around the individual.

We saw within care files that people's preferences were recorded this included choices of food, interests, times of rising and retiring.

There was an appropriate complaints policy and procedure within the home and this was outlined in the service user guide which was given to all prospective users of the service and their family members.

We saw a number of compliments received from relatives thanking the manager and staff for the care and support provided to their relatives.

Copies of residents/relatives meeting minutes were displayed on the notice board on the main corridor for people to read and see what actions the manager had taken.

We asked the manager about what systems were in place in the event of a person being transferred to hospital or another service. The manager told us information about the person's care needs and medication they were receiving would be sent with them to help assist with continuity of care.

Following the inspection the manager sent further information informing us they have introduced the hospital passport system (red bag) which is recognised by Bolton Clinical Commissioning Group and the hospitals. The 'Red bag' scheme will improve care for vulnerable people, to receive safe and effective support if they needed to go into hospital in an emergency. It will see people given a red "transfer bag" containing paperwork, medication and personal belongings which will be with them from the moment they

leave their care home until the time they return from hospital.

## Is the service well-led?

### Our findings

The home had a manager in post who was in the process of registering with the Care Quality Commission (CQC). The manager was an experienced manager who had previously been registered with the CQC. 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.

Staff spoken with were complimentary about the manager, One said, "She [manager] is very approachable and listens to what you have to say". Another said, "The manager is supportive. You can talk to her about anything".

The manager was currently reviewing all the people who used the service to ensure that the Hollands was the best place for them to be living. The view being that some people with support could move back in to the community.

Handover meetings were undertaken at the start of each shift to help ensure that staff coming on duty were fully updated on any changes in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

Staff spoken with spoke positively about working at the home and that they were supported by the management team. One member of staff told us, "It's a pleasure coming to work". The staff turnover was low with some staff working at the home for a number of years. This helped to provide continuity of care for people living at the home.

We saw maintenance checks for the service included fire equipment, gas and electrical, lift and hoists and small portable appliances had been undertaken and certificates were valid and in date.

We saw that the management sought feedback from people who used the service. Results from the latest survey were positive and were displayed on the notice board in the main corridor.

Systems to ensure the home were safe and monitored to provide a high quality service were in place. There was a comprehensive and regular programme of audit and monitoring taking place. These included medication, falls, pressure wounds, infection control, environment, equipment and care plans. Where actions were required these were recorded so that would ensure recommendations were acted on appropriately. This helped ensure the quality of the service remained high quality. The Hollands is part of a falls collaborative scheme run by Bolton CCG. The aim of the project is to hopefully reduce admissions in to hospital.

Accidents and incidents and complaints were recorded and there was evidence of monitoring and analysis of these. This enabled the manager to identify any patterns or trends occurring so that they could address

these with appropriate actions.

Appropriate notifications were received by CQC in a timely way as required.

The home had the Investors in People Award (IIP). Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.

The manager had applied to the Care Home and Excellence Innovation Fund and had been awarded a significant amount of money to set up an internet café and sensory room which benefited people living at the Hollands.

We looked at the home's policies and procedures, these were easily accessible for staff to refer to if needed.