

Aegis Residential Care Homes Limited

Holly Bank Care Home

Inspection report

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Date of inspection visit: 13 January 2015
Date of publication: 04/03/2015

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?

Good



Overall summary

This inspection took place on 13 January 2015 and was unannounced. Holly Bank Care Home provides accommodation for up to 31 people who need personal care. The home is situated in the village of Arnside on the coast line of Morecambe Bay. The building comprises a pair of semi detached Victorian villas that have been combined, adapted and extended for its current use as a care home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in December 2013 we found that the provider was compliant with all five of the regulations of the Health and Social Care Act 2008 that we looked at.

We found that some aspects of the service were not responsive to people's needs. When changes had occurred in peoples needs or incidents had happened we

Summary of findings

did not see that the review of their care plans always reflected this. Some information in people's care records was inaccurate, this meant care staff did not always have accurate information about how to support people.

People knew how they could raise a concern about their safety or the quality of the service they received. There were enough staff to provide the support that people needed. People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

A designated area in the home had been decorated and furnished to mimic being in the village square. People living with dementia could wander safely and be stimulated by the staged environment.

People told us they were very happy at the home. They said they felt well cared for and safe. People we spoke with knew how to make a complaint and we saw that procedures for managing complaints were in place.

Throughout our visit we observed caring and supportive relationships between people living at Holly Bank Care Home, their relatives and the care staff. People were treated in a caring way that demonstrated a positive, caring and inclusive culture existed in the home.

Care staff had received training that enabled them to appropriately support people. On the day of the inspection senior staff attended external training to update their knowledge in infection control.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made. For example, to GPs and Speech and Language Therapist (SALT). People received support from the community nurses as required with regards to their health needs.

The provider is required by law to notify the Commission of injuries to people who use the service. We found two incidents which should have been reported to CQC were not. This was a breach of the Health and Social Care Act 2008 (Registrations) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

People told us they were safe and well cared for in this home.

Statutory Notifications were not always submitted when required.

People were protected against abuse because the staff understood their responsibility to safeguard people and the action to take if

they were concerned about a person's safety.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Requires Improvement



Is the service effective?

The service was effective.

Consent to care and treatment was not always obtained appropriately as checks about the rights to make decisions on behalf of people had not always been confirmed.

The adaptation of a communal area incorporated best practise in supporting people living with dementia.

People had their nutritional needs assessed and received appropriate support to eat and drink.

Staff were adequately trained to support people's care needs.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were given time to make decisions about their care. People were given choices and time to respond to those choices.

People were supported to access advocacy.

Good



Is the service responsive?

The service was not responsive.

Information in people's care records was not always reviewed when a person's needs had changed.

Staff knew the needs of people they were supporting. We saw there were activities and events which people took part in.

Requires Improvement



Summary of findings

People knew how to raise concerns and records showed that no formal complaints had been made. Concerns that had been raised with the staff had been dealt with quickly.

People were supported to maintain their independence.

Is the service well-led?

The service was well led.

The manager had not always sent statutory notifications as required by the regulations.

Staff spoke positively about the management at the home and said they were supportive of them.

Processes were in place to monitor the quality of the service.

Good



Holly Bank Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

During the inspection we spoke with six people who used the service and two relatives. Some of the people using the service were living with dementia and we were not able to speak with them. We spoke with four members of care staff, the registered manager, the chef and a visiting community nurse. We observed care and support and looked at the kitchen, communal areas, bathrooms and some people's bedrooms. We looked at a range of records about people's care and how the home was managed.

The inspection team consisted of an adult social care lead inspector. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

We asked the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make. The registered manager had completed the Provider Information return (PIR) and had submitted it to CQC however at the time of the inspection the information had not been seen by the inspector.

Is the service safe?

Our findings

People we spoke with told us they felt safe and did not have any concerns about the care they received. One person said "I feel very safe here, the staff are very kind to me." Relatives we spoke with told us they had no concerns about safety at the home. One person told us "My relative is extremely well looked after, I have no concerns, the staff are marvellous." Another said about their relative "They are definitely quite safe here."

All accidents and incidents in the home were recorded and we saw that appropriate action had been taken following accidents to minimise further risks. However CQC had not received the required notifications for two of these accidents. Where two people had sustained injuries after falling requiring an ambulance CQC had not been informed. The two people did receive appropriate treatment.

This was a breach of Regulation 18 Notification of other incidents, of The Health and Social Care Act 2008 (Registration) Regulations 2009. The provider is required by law to notify the Commission of injuries to people who use the service.

The home was clean, tidy and free from malodours. One relative told us, "It's always clean." We saw that specific staff were responsible for the domestic duties in the home. The provider had an infection control policy in place that was available to all care workers and domestic staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care. We saw hand sanitizers were available around the home.

We spoke with the person responsible for on going maintenance and safety of the premises. We saw records showing that regular health & safety checks were carried out.

We looked at the care records for seven people and found where risks had been identified appropriate risk assessments and management plans were in place. For one person their risk assessment for falls indicated they were at medium risk however their care plan recorded that they were at high risk we discussed this with registered manager she felt this had been recorded in error.

Staff told us, and records we looked at confirmed, they had received training in the safeguarding of adults. Care staff could tell us who they should report any concerns or suspicions of abuse to.

There was a whistle blowing policy that was available to all staff and details of how to whistle blow. Care staff we spoke with were aware of the policy. One said "I know I can report anything I have concerns about." The policy contained contact details for the local authorities and the Care Quality Commission.

We looked at five staff files for recruitment and saw that for one person there were no dates contained about their previous employment history. This meant if there were gaps in work histories this had not been investigated. We also saw for another person that the reasons for leaving a previous care work position had not been identified. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted.

There were sufficient staff on duty to provide care and support to meet people's needs. The registered manager told us staffing levels were based on people's needs and the skills of the staff group. We observed that call buzzers were answered promptly and care staff were not rushed in their duties.

We looked at medicines records, supplies and care plans relating to the use of medicines. We observed staff handling medicines and spoke with senior care staff about medicines procedures and practices. We saw they followed safe practices and treated people respectfully when administering medications. People were given time and the appropriate support needed to take their medicines. We looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. Medicines storage was clean, neat and tidy which made it easy to find people's medicines.

We saw there were plans for dealing with emergencies, such as an outbreak of fire. The home had an evacuation plan in place and staff had been regularly trained to deal with such emergencies.

Is the service effective?

Our findings

Records we saw showed people received support from a range of health care services such as their doctor, chiropodist and optician. One person told us "If I'm not feeling well the staff will ask for the doctor to visit." Regular visits were made to one person from the community nursing team.

All the staff we spoke with told us that they received regular training to ensure that they were able to provide the support people required. Records we saw showed that all staff completed induction training. The staff told us that they felt confident that the training they received gave them the skills and knowledge to provide the support people required. One staff member told us, "There's lots of training, we have mandatory training that we have to do and have to keep updated, and then there are extra courses we go on." On the day of the inspection the registered manager and a senior carer had attended external infection control training.

All the staff we spoke with said they felt they were supported by the registered manager and senior carers. They said they had formal supervision meetings where their practice was discussed and where they could raise any concerns.

We saw that people and their families had been included in developing their care plans. Some people had signed their own care plans to show that they agreed to them. We saw that assessments had been made of people's capacity to make complex decisions. However, we saw that two care records had been signed by people's relatives, but there was no evidence to confirm that they were the legal decision makers when people lacked capacity.

Where a collective decision about how medications were to be administered in the best interest of someone living at

Holly Bank appropriate discussions by family members, GP and the registered manager had been held. However we did not see that a record was made about how the collective decision was agreed in order to protect the person.

The registered provider had policies and procedures around meeting the requirements of the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards, (DoLS). People were not being deprived of their liberties. At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. Staff had received training on the Mental Capacity Act 2005 (MCA) and DoLS.

An area of the home had been decorated and furnished to replicate being outdoors in a village square. There were garden benches as seating areas, a lamppost and a pathway around a large square of false grass. It gave the appearance of a street which had decorated shop windows for people to look in. We saw that people living with dementia could wander and touch things as they pleased and that some people just used it as a quiet area to sit.

People who lived in the home told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one. There was a choice of two dining rooms and a couple of people chose to eat in one of the communal areas in the home or in their own room.

Some people needed support from staff to eat. We saw that this was provided in a patient and discreet way. People received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

Is the service caring?

Our findings

People who used the service and their families that we spoke with told us they were very happy with the care and support they received. Some of the comments included, "The staff are really good." One relative told us, "The staff work very hard and nothing is too much trouble. My relative is very well cared for." Another person told us the care given was "fantastic".

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. One person told us, "I like to be independent, I go into the village regularly and staff keep a check to make sure I come back safely." We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence.

Some people had special equipment to maintain their independence. We saw that the staff were aware of the equipment people required and ensured this was provided. The home had a range of equipment to meet people's diverse needs and to promote their independence. There were passenger lifts to help people to access accommodation on the upper floor of the home.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were respectful.

We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

One person living at Holly Bank told us they were being supported by the registered manager to make arrangements about their affairs. The registered manager had contacted some to act as an advocate. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. This demonstrated that the registered manager ensured people had access to independent advice.

We saw people had been involved in discussing their preferences about how their care should be at their end of life. These preferences had been clearly documented and where appropriate relevant others had been involved.

Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person who needed a high level of support told us, “The staff know me very well, what I like and how I like things to be done for me. They look after me very well.” Another person told us, “It is what it is, it meets all of my expectations. We have good food, it’s clean and the staff are lovely.”

Records showed when changes had occurred in people’s needs or incidents had happened people’s records had not always been reviewed. For one person who was nutritionally at risk had lost weight we did not see that the nutritional care plan had been reviewed to reflect how this had been managed. We saw that this person had then gained the weight back. We discussed with the registered manager that a record of actions taken to manage the weight loss would help staff in supporting this person appropriately if or when weight loss occurred.

We asked the people who used the service and their relatives whether they felt they could raise concerns if they had any. One person said, “I’ve never had any concerns. It’s alright here.” Another person told us if they had a problem they felt happy to raise it directly with the registered manager or deputy manager. Another person told us that, “If I ask about anything it gets done.”

The records we looked at showed that no formal complaints had been raised. The home had a complaints procedure and staff we spoke with knew how to respond to complaints if they arose. People we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaints and could be assured they would be acted on.

There were activities for people to get involved in and we saw photographs and advertisements which showed that there had been a variety of themed events and visiting entertainers in the home. We observed a musical activity taking place and saw people and their relatives were supported to get involved. The registered manager had achieved the trainer qualification in ‘Oomph’. ‘Oomph’ is an activity programme that supports the day-to-day health and quality of life of older people through group based exercise classes, such as chair cheerleading and chair aerobics, that aims to improve mobility, social interaction and mental stimulation.

The home had its own hairdressing salon which was fitted out with professional equipment and regular appointments were made.

Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, “We visit anytime, there’s never been a problem”. People were able to maintain the relationships that were important to them.

Is the service well-led?

Our findings

The registered manager had not always sent to us statutory notifications following incidents that affected the welfare and safety of the people who use the service.

The service had a registered manager who was available to people, relatives and staff. Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. They said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

People were given opportunities to share their views about the service they received by completing questionnaires this was a survey to ask people for their views on the service. We saw meeting were held where people and their relatives were given the opportunity to say how they thought the service could improve. We saw that after suggestions had been made in one meeting that changes had been to the tea time menus and that a snack trolley had been introduced.

There was regular monitoring of quality of the service. The registered manager and regional manager had some good systems to monitor the quality and safety of the service and facilities provided at the home. Although checks had been recorded as carried out to ensure care records were up to date we found that some records were not. We saw that

checks on how medication was managed safely and that the environment was clean and any health and safety requirements were completed. This enabled them to monitor practice and plan on going improvements.

At the visits made by the regional manager we saw they checked the quality and safety of the environment and spoke with staff and people who lived in the home. This meant that people were also given the opportunity to express their views about the service to a senior person in the organisation. This helped the registered provider to maintain oversight of the home to ensure people received a high quality service. We also saw that the registered manager had a business plan in place to address areas for improvements to the home.

Regular staff support and supervisions took place. Staff had opportunities to contribute to the running of the service through regular staff meetings. We saw the minutes of these meetings and saw staff were involved in discussions about how the service could improve.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required. One person at the home had regular support from community nurses and the home worked with the nursing team to meet this person's needs.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider did not notify the Commission without delay injury to a service user that required treatment by another health care professional.