

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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

People were protected from the risk of harm and abuse. Safeguarding procedures were in place, which staff were aware of.

There were comprehensive risk assessments in place. These were kept under review, which ensured that risks to people's safety and wellbeing were monitored and managed properly.

Staff had been recruited safely. They underwent appropriate recruitment checks prior to working at the service. 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.

Relevant health and social care professionals were involved in assessing, planning and delivering care and treatment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People's privacy and dignity were respected. We observed kind, caring and spontaneous interactions between people and staff. Staff maintained people's independence by supporting them to manage as many aspects of their care as they could.

People's needs were met. We observed a range of practices that reflected person centred care. People's care was regularly reviewed to monitor whether it was up to date and reflected their current needs.

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.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home.

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

This was a planned inspection based on our rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 four people's care 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.

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

- There were systems in place to ensure people were safe and protected from abuse. There was a safeguarding policy, staff were able to access. Staff had received training in safeguarding people. They understood safeguarding procedures and what to do if they suspected any type of abuse, including reporting any concerns to external authorities.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and there were corresponding management plans to minimise. For example, risk assessments had been formulated for people in relation to their mental and physical needs. These were regularly reviewed to ensure they remained up to date.
- There were appropriate plans in place in the event of an emergency. Health and safety checks, including fire safety checks were carried out regularly. Equipment was serviced regularly to ensure it remained safe for use.
- Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS provided staff or the emergency services with detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. The levels were adjusted depending on requirements. If required, extra staff were deployed to provide assistance or escort people on outings or appointments.
- Shortfalls in staffing, due to sickness or annual leave, were covered internally by other members of the staff team or by recourse to regular agency staff. On-call arrangements were in place if staff needed assistance outside of normal working hours.
- There were safe recruitment procedures. Records showed that pre-employment checks had been carried out. The Disclosure and Barring Service checks (DBS) had been undertaken prior to staff commencing work. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with people receiving care.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MAR) for people were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took.
- There was a medicines policy in place. Staff had completed training and underwent competency assessments to make sure they had the correct skills to support people with medicines.

- We observed a member of staff administering medicines. They followed procedures, including carrying out all necessary checks before administering the medicines to people, one person at a time. In each example, they gave people time to swallow the medicine before they left.

Preventing and controlling infection

- The home was clean and well maintained. There was an infection control policy and measures were in place for infection prevention and control. Staff had completed training in infection control. They wore personal protective equipment (PPE) such as gloves and aprons. Arrangements were in place for managing waste to keep people safe.

Learning lessons when things go wrong

- Accidents and incidents that occurred within the service were appropriately recorded and measures were put in place to prevent repeat events.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received essential training, regular supervision and appraisal as was necessary to enable them to carry out their duties. Where people had specific diagnosis, additional training was provided.
- New staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- There were arrangements to meet people's nutritional needs. Their dietary requirements, likes and dislikes were assessed and known to staff. In some examples, this was delivered in partnership with appropriate healthcare professionals.
- People were offered choices and they were clear about what they were choosing to eat. The menu included pictures of the meal selections available to support people choose.
- The chef was knowledgeable about people's personal preferences, including the needs of people at risk of choking or those who had particular nutritional need because of diabetes.
- Monthly weights of people were recorded where necessary. Staff were aware of action to take if there were significant variations in people's weight.

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

- People's health care needs were closely monitored and where needed they had access to a range of community health and social care professionals, including GPs, speech and language specialists, physiotherapists and district nurses.
- People received their annual health checks. Annual health checks are intended to identify undetected health conditions early, so people with learning disabilities get the right care.
- People had Health Action Plans (HAP) in place. A HAP contain actions needed to maintain and improve the health of an individual with learning disabilities and any help needed to accomplish these.

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

- People's rooms were clean and personalised with their belongings and family photographs.
- A sensory room had been developed to meet people's sensory needs. This was a low arousal environment, appropriate for people who may be hypertensive and required support to relax in the room from time to time.

- 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. The service was a house fitting into the residential area and other 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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interests decisions had been carried for specific decisions. Where people had lacked capacity to make a decision about medical matters, the service had involved advocates to ensure the right decision was made.
- Staff obtained consent from people before they could proceed with any task at hand.
- People had free access of all areas of the building when they wanted to. This showed that people had independence and the freedom to move around with undue restriction on their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people in a friendly and respectful way. They demonstrated they were knowledgeable about people's needs and preferences.
- We observed some caring and sensitive interactions between staff and people. Staff were being courteous and chatting with people, listening to what people had to say.
- The service respected people's diversity. There was an equality and diversity policy in place. Staff had received relevant training and they spoke knowledgeably about meeting people's spiritual and cultural needs. They understood the importance of treating people fairly, regardless of differences.

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

- The service supported people to make decisions and express their wishes and views. There were a range of platforms in place to enable them to express their views. These included, regular meetings with their keyworkers, tailored communication tools and regular surveys.
- People's care plans described how they could be involved in their care. They were able to make choices using signs and gestures, which demonstrated the service had taken steps to ensure people were able to communicate their needs and understood information that was given to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Although some people could not verbally give us their views about their care, we observed they were relaxed around staff. We could tell from their gestures and smiles they were happy. We asked some people if they were happy, which they confirmed by nodding.
- There was a dignity champion who raised awareness and took the lead in promoting solutions to dignity related issues. Staff knocked and waited for a response before they entered people's rooms.
- People were supported to be as independent as possible. Staff encouraged and prompted people to attend to their personal care as opposed to staff doing everything for them. During lunch, several people ate their meals at their own pace without being rushed.
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. We observed a range of practices that reflected this. Importantly, care was coordinated with families, health and social care services, which enabled continuity of care.
- People's individual choices were the basis for care planning. Care records reflected how people wanted to be supported. Staff found this easy to follow because information they needed to know about people's care and support needs was available in easy to read step by step format.
- Support plans were regularly reviewed. This enabled the service to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure that staff had up to date information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was presented in different formats to enable people to communicate to the best of their abilities. There was a wide range of approaches to support people to communicate, including facial expression, gestures, objects of reference; signing systems such as Makaton and Picture Communication Systems (PCS), pictures and sounds.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities organised by the service in partnership with people. People participated in a range of activities, including massage therapy, aromatherapy, baking, art activities, board games, yoga and community outings.
- People were supported to maintain personal relationships with family and friends. People's relatives and friends were invited to special events such as birthdays and Christmas parties.

Improving care quality in response to complaints or concerns

- There was a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed throughout the service in a format that was easily

understood by visitors and the people who used the service.

- Relatives felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the manager and were confident any issues raised would be dealt with. One relative told us, "I am aware of the complaints system. However, I have never needed to complain."

End of life care and support

- The service did not support anyone with end of life care at the time of the inspection. However, some people's advance wishes had been considered in their care plans.
- In some examples, we discussed with the registered manger the need to find creative ways of engaging people in discussions about end of life care, by involving advocacy organisations. This is important because a sudden death may occur.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has 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; 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 promoted person centred care. People experienced coordinated care from across interdisciplinary teams, which ensured care was tailored to support individual's priorities and needs.
- Staff were involved in the running of the service. Additionally, regular staff meetings took place and staff were free to express their views. We saw from the minutes that staff could make suggestions for improvement and we saw that these were acted on.
- The registered manager complied with the duty of candour. This 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 notifiable events.

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

- There were clear management structures in place. Staff were clear about their own roles and those of the managers. They were aware of their responsibilities and the reporting structures in place.
- Staff described the registered manager in complimentary terms, such as "supportive, approachable and kind." They felt free to raise any concerns knowing these would be dealt with appropriately.
- We found the registered manager and the service director to be knowledgeable about issues and priorities relating to the quality and future of the service. The service had carried out regular quality assurance monitoring. This included reviews of people's support and monitoring of medicines management, health and safety, environmental maintenance, and infection control. All issues identified were then acted upon. For example, the service had improved their systems for safekeeping of people's money following identification of shortfalls in their procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and inclusive approach to the running of the service. There was a wide range of ways to receive feedback about the service from people and their relatives. This included regular meetings and annual surveys. We saw the results of a 2019 survey were positive. Additionally, people had regular one to one meeting with their keyworkers, which enabled staff to respond promptly and, in a person, centred way.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had

been fully considered in relevant cases. For example, the home environment was adapted to make it accessible to people who used wheelchairs.

Continuous learning and improving care

- The service had a system to manage accidents and incidents to reduce the risk of them reoccurring. We saw that information arising from the incidents was used to identify areas to improve.

Working in partnership with others

- The service worked with other health and social care professionals which ensured advice and support could be accessed as required.