

Four Seasons (Bamford) Limited

Holly Court Care Home

Inspection report

8 Priory Grove
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Tel: 01617080174

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27 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 27 July 2016, in response to concerns we had received regarding staffing levels and the management of falls at the home. This report only covers our findings in relation to those issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Court Care Home on our website at www.cqc.org.

Holly Court is a small care home supporting the care needs of people with various types of dementia. The home can accommodate up to 25 people. The home is situated in Salford and is close to local amenities and bus routes.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Both visitors to the home and staff we spoke with consistently told us that staffing levels were sufficient to meet people's needs.

Staffing rotas indicated that staffing levels were consistently maintained.

The home used a dependency tool known as 'CHESS,' which stood for Care Home Equation of Safe Staffing. The purpose of the tool was to identify each person's dependency needs, which then enabled the service to calculate the numbers of care staff required.

During the day there were two members of staff covering each floor, supplemented by the activity coordinator and the registered manager. At night time there was one member of staff on each floor with a floating member of staff to provide assistance where required.

The registered manager told us that people who used the service were mostly mobile and some wandered both corridors and the garden area in good weather. We found there were sufficient numbers of staff on during our inspection to support people who used the service.

On the day of our inspection, people who used the service were using the garden area together with visiting relatives. The garden was enclosed and was a pleasant and peaceful area for people to use. We noticed that some roots from established trees presented a trip hazard on the grass area, however tables and chairs were located in that area.

The pathway and patio area was level and well maintained with a path ascending a slight gradient to the entrance into a sister home. The manager told us that a hand rail had been recently installed along the length of the path to provide support for people.

We looked at a sample of four care files to understand how the service protected people against falls. Each care file covered people's mobility needs and contained risk assessments and care plans to address people's needs. Risk assessments which identified people as 'high risk of falls' provided staff with instructions on the level of support and supervision required.

When a fall had occurred, the service undertook an investigation into the circumstances of the incident, which included details of the fall, notification of family members and any lessons learned from the incident.

We looked at internal audits and 'falls studies' undertaken by the service. This recorded action taken for specific people who had experienced more than two falls. This included interaction with other professionals and whether a nursing care assessment was required, more appropriate walking aids or medication reviews.

We also looked at the home's Policy for Falls Management, which was dated 17 May 2016, which provided guidance to staff and included strategy, risk assessments, incident reporting and investigations and monitoring.

The registered manager told us that they had arranged a Postural Stability Strength and Balance Training course for all staff commencing in August 2016. The aim of this training was to introduce balance and strength exercises to staff so they could deliver a series of falls prevention exercises to improve balance and help reduce the risk of falls amongst people residing at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Both visitors to the home and staff we spoke with consistently told us that staffing levels were sufficient to meet people's needs.

We looked at internal audits and 'falls studies' undertaken by the service. This recorded action taken for specific people who had experienced more than two falls.

We could not improve the rating for 'safe' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at aspects of the service in respect of staffing and falls management, rather than looking at the whole question relating to 'safe.' We will review this during our next planned comprehensive inspection

Requires Improvement ●

Holly Court 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection at Holly Court Care Home on the 27 July 2016. This inspection was undertaken in response to concerns that had been raised with us regarding safe staffing levels and falls management at the home.

We inspected the service against one of the five questions we ask about services during an inspection, to ensure they were meeting legal requirements, in this case, 'Is the service safe.'

The inspection was undertaken by one adult social care inspector. Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals.

At the time of our inspection there were 20 people who were living at the home. We spoke with two people who lived at the home, four visiting relatives and one visiting health care professional. As people were living with different stages of dementia, it was not possible to speak with most people about their views of the home.

We also spoke to the registered manager, the deputy manager, the activities coordinator and 12 members of care staff. This involved either face to face meetings on the day of the inspection or subsequent telephone contact. We were told that the service employed 16 members of care staff, consisting of seven seniors and nine care assistants.

Throughout our inspection, we observed care and treatment being delivered in communal areas that included lounges, dining areas and the ground floor garden area. We looked at people's care records, staffing rotas and some quality assurance audits undertaken by the service.

Is the service safe?

Our findings

As part of our inspection visit we asked people whether they had any concerns about staffing levels at the home. One visiting relative told us, "Think the place is lovely. I've been in lots of places and I'm really impressed with this place. I think the staff are lovely and there is always plenty of staff on. I have absolutely no concerns about staffing levels. There is always somebody around, nothing too much trouble. It is very homely and relaxed." Another visiting relative said "I've not experienced any problems with staffing. My relative has become mobile since she came here, she has really improved since coming here. She uses a walking frame, but she has never had a fall. I have absolutely no concerns."

Other comments from visitors included, "I think it is wonderful here. There always seems to be enough staff on and we have no concerns. She is well looked after and is happy here. We have no concerns about her walking around the place, the manager is wonderful as are the staff." A visiting health care professional told us, "I have no concerns about staffing and supervision of residents. Normally staff are in the lounge supervising, I have no concerns. This is a residential home and most residents are mobile, so it is difficult to watch everyone all of the time."

We spoke with staff who worked both days and nights about staffing arrangements at the home. Staff consistently told us that they had no concerns about staffing numbers throughout the home and if they needed more staff the home would provide them. One member of staff told us, "There is enough staff to keep people safe, it's ok for now as it depends on people's needs. Mostly residents are mobile and manage on their own. Some need two staff, but most just need one." Another member of staff said "There is enough staff, no concerns and people are safe."

Other comments from staff included, "At the moment we don't have challenging residents and we are coping very well. All depends on the needs of residents. If we need extra help the home will give it." "We can meet people's needs with current staffing, but an extra one would make it easier." "I have absolutely no concerns about staffing levels." "I think current staffing is enough, we always make sure someone is on the floor."

We asked staff about supervising the garden area. One member of staff told us, "There is an enclosed garden and people do go out when they want a smoke. The door is left open so that they can come in and out. We do check on people out there." Another member of staff said "With people in the garden, if a number are out there we will join them. Otherwise we keep on checking." "It is hard to supervise people all of the time, because some wander around the floor and garden area. I have no concerns about staffing." Other comments included, "During nice days we try and have one staff member covering the lounge and the other gardens and corridors. We are always checking."

As part of the inspection we looked at rotas and discussed staffing with the registered manager. Rotas indicated that staffing levels were consistently maintained. The home used a dependency tool known as 'CHESS,' which stood for Care Home Equation of Safe Staffing. The purpose of the tool was to identify each person's dependency needs, which then enabled the service to calculate the numbers of care staff required.

The registered manager told us the tool was reviewed monthly or as a person's needs changed.

During the day there were two members of staff covering each floor, supplemented by the activity coordinator and the registered manager. At night time there was one member of staff on each floor with a floating member of staff to provide assistance where required. The registered manager told us that people who used the service were mostly mobile and some wandered both corridors and the garden area in good weather. On the day of our visit, the activity coordinator had taken three people out to a local community centre. We found there were sufficient numbers of staff on during our inspection to support people who used the service.

On the day of our inspection, people who used the service were using the garden area together with visiting relatives. The garden was enclosed and was a pleasant and peaceful area for people to use. We noticed that some roots from established trees presented a trip hazard on the grass area, however tables and chairs were located in that area. The pathway and patio area was level and well maintained with a path ascending a slight gradient to the entrance into a sister home. The manager told us that a hand rail had been recently installed along the length of the path to provide support for people.

We looked at a sample of four care files to understand how the service protected people against falls. Each care file covered people's mobility needs and contained risk assessments and care plans to address people's needs. Risk assessments which identified people as 'high risk of falls' provided staff with instructions on the level of support and supervision required. For example, one person required assistance of one member of staff at all times when mobilising. We saw that sensor mats had been installed in people's bedrooms who were at risk of falls, which alerted staff during the night. We looked at records, which illustrated what action had been taken if a fall had occurred. This included referrals to GPs and falls clinic.

When a fall had occurred, the service undertook an investigation into the circumstances of the incident, which included details of the fall, notification of family members and any lesson learned from the incident.

We looked at internal audits and 'falls studies' undertaken by the service. This recorded action taken for specific people who had experienced more than two falls. This included interaction with other professionals and whether a nursing care assessment was required, more appropriate walking aids or medication reviews. Overall numbers of falls were also recorded and analysed for a set period and identified when falls had occurred during a 24 hour period. We also looked at the home's Policy for Falls Management, which was dated 17 May 2016, which provide guidance to staff and included strategy, risk assessments, incident reporting and investigations and monitoring.

The registered manager told us that they had arranged a Postural Stability Strength and Balance Training course for all staff commencing in August. The aim of this training was to introduce balance and strength exercises to staff so they could deliver a series of falls prevention exercises to improve balance and help reduce the risk of falls amongst people residing at the home. We were able to verify from records we were shown.