Ringdane Limited

Hollycroft Care Home

Inspection report

16 Hebers Ghyll Drive
Ilkley
West Yorkshire
LS29 9QH

Tel: 01943607698

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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?	Requires Improvement

Summary of findings

Overall summary

Hollycroft care home is registered to provide accommodation and personal care for up to 30 people. People who live at Hollycroft care home are predominantly older people and people living with dementia. The home is situated in a residential area in Ilkley. On the day of the inspection 17 people were living in the home.

A registered manager was in post, but had recently stepped down from the role. We reminded them of the need to correctly deregister with the Commission. An interim manager was in place whist the service recruited another 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.

At the last inspection in July 2016 we rated the service 'requires improvement' overall and identified two breaches of regulation. This was because there was a lack of evidence the service was acting within the legal framework of the Mental Capacity Act (MCA) and medicines were not safely managed. We found improvement had been made at this inspection.

People and relatives spoke positively about the overall standard of care provided. They said care was appropriate and met people's individual needs. They said staff were friendly and knew them well.

Medicines were safely managed. People received their medicines as prescribed and clear records were maintained.

People told us they felt safe living in the home. Safeguarding procedures were in place which were understood by staff. Risks to people's health and safety were assessed and regularly reviewed to help ensure people were kept safe.

Although on the day of the inspection, staffing levels were reduced due to last minute sickness, we concluded that overall, there were enough staff deployed to ensure people received timely and appropriate care. Safe recruitment procedures were in place to ensure people were of suitable character to work with vulnerable people.

The premises was safely managed. A full time maintenance worker was employed to ensure the premises was kept safe and suitable for its intended purpose.

People and relatives praised staff and said they had the right skills to care for them. Staff received a range of training and supervision relevant to their role.

People's consent was sought before care and support was offered. The service was acting within the legal

framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, best interest processes were followed.

People had access to a choice of food and risk and appropriate action was taken where people were at risk of malnutrition.

We observed care and found staff were kind, caring and treated people well. Staff demonstrated they knew people well and had formed positive relationships with them.

People's care needs were assessed and clear and person centred care plans were put in place. These were subject to regular review and demonstrated the service responded to people's changing needs.

Although a dedicated activities co-ordinator was not employed we saw staff provided people with a number of activities to ensure their social needs were met.

We found a number of improvements had been made to the service over recent months. We would need evidence these were sustained over time to be assured the service was well led. A range of audits and checks were undertaken to identify and rectify any issues that arose.

People's feedback was sought and used to make improvements to 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?

Good

The service was safe.

Improvements had been made to the way medicines were managed. Medicines were now managed safely and people received their medicines as prescribed.

People said they felt safe living in the home. Staff understood how to keep people safe and any risks to people's health and safety were assessed to reduce the risk of harm.

The premises was homely and safely managed with regular maintenance taking place.

Overall there were sufficient staff to ensure people's needs were met. Safe recruitment procedures were in place to help ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People told us staff had the right skills and knowledge to care for them. Staff received a range of training, supervision and support.

People's nutritional needs were met. Measures were in place to provide additional nutrition to people who were losing weight.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about staff and said they were kind and caring. Staff demonstrated a good knowledge of the people they were caring for.

We saw people were listened to and their choices respected.

We identified some care records were not kept confidentially, this was immediately rectified during the inspection.

Is the service responsive?

Good

The service was responsive.

People and relatives said appropriate care and support was provided by the service. People's care needs were assessed and clear and person centred plans of care put in place.

Although an activities co-ordinator was not in place, people had access to activities which were undertaken by care staff on a daily basis.

A system was in place to log, investigate and respond to complaints.

Is the service well-led?

Requires Improvement

Recent improvements had been made to the service. We would need evidence of sustained improvement to be assured the service was well led.

People and relatives praise the overall quality of the service. Staff said they felt people received good quality care and that the staff team was effective.

People's feedback was regularly sought, valued and used to make improvements to the service.

Hollycroft 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.

The inspection took place on 15 May 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted the local authority safeguarding and commissioning departments to get their views on the service. We received feedback from two health professionals who regularly work with the service.

We used a variety of methods to gather information about people's experiences. We observed care and support for several hours in the communal areas of the home. During the inspection we spoke with seven people that used the service and two relatives. We looked at the way people's medicines were managed, looked in three people's care records and viewed other records relating to the management of the service such as maintenance records and meeting notes. We looked at staff files and training records. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with the regional manager, interim manager, senior care worker, two care workers and the cook.

Good

Is the service safe?

Our findings

At the last inspection in July 2016 we identified medicines were not safely managed. We found errors and delays which meant people did not always receive their medicines as prescribed. At this inspection, we found improvements had been made and overall medicines were now managed safely. Medicines were administered by staff who had received training on the safe administration of medicines and their competency to administer medicines had been assessed.

We observed the medicines round and saw the staff member administering the medicines did so in a kind and patient way. They explained the medicines they were giving to people and what they were for and ensured the person took their medicines before leaving their side. Arrangements were in place to provide medicines at the time people needed them, such as before or after food. Some medicines such as eye drops were administered as a variable dosage and we saw these had been given as prescribed. Some people were prescribed nutritional supplements. Systems were in place to ensure people received these as prescribed.

We looked at medicine administration records (MAR) and saw they were well completed and daily and weekly medicines checks were in place. This demonstrated the service was checking people received their medicines as prescribed. We saw any issues were quickly identified with remedial actions taken. Stock balances of medicines were carried over from the previous month which meant there was a complete audit trail of the booking in and administration of these medicines.

Some people were prescribed topical medicines such as creams. Body maps were in place which provided guidance to staff on how to apply these medicines. Separate topical medicine administration records had been introduced and were maintained by care staff. We saw these were mostly well completed indicating people regularly received their prescribed creams. However, we saw one person's MAR showed they should receive a twice daily application of a prescribed cream, however this only had this applied once a day. We spoke with the interim manager who told us they were making improvements regarding the administration of topical creams and these needed to be embedded with staff. From our discussions we were confident this would be done.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff. Protocols were mostly in place where people were prescribed 'as required' medicines which indicated when these should be offered. However, we saw one person who had recently been admitted did not have a protocol in place. We pointed this out and the staff member responsible for medicines administration immediately rectified this and completed a new form.

Medicines were stored securely within a locked trolley and the medicines room was kept locked. The date of opening was written on the side of bottled medicines to ensure staff were clear when they expired. Room and fridge temperatures were taken to ensure the temperature remained within safe levels. Safe systems were in place for the ordering and disposal of medicines.

People told us they felt safe living at Hollycroft. They said they felt comfortable raising any issues with the senior care workers or the management team and had confidence they would be taken seriously. People said staff were kind and treated them well. A relative said, "I can feel confident that [relative] is safe when I am not here." Staff demonstrated an understanding of how to identify and act on abuse and had received training in safeguarding adults. They told us they were confident people were safe in the home and would recommend the home to their own relatives. When safeguarding concerns did occur we saw appropriate liaison and/or referral to the local authority adult protection unit took place. We saw a low number of concerns had occurred within the service.

People said they felt staff had the right competencies to care for them safely, for example they said that moving and handling was conducted in an appropriate manner. Risks to people's health and safety were assessed in areas such as skin integrity, falls, nutrition and mobility , resulting in risk assessment documents created for staff to follow. We looked at a sample of these and found they were completed appropriately demonstrating the staff completing them had an understanding of how to correctly use the tools. Where people had bed rails in place we saw these were subject to risk assessment to ensure they were necessary and safe. Bed rails were subject to regular checks to ensure they remained safe.

Overall we concluded there were sufficient staff deployed to ensure people were kept safe. People provided mixed feedback about staffing levels. One person said, "Always someone around if I need any help." However two people told us they were not enough staff in the building but said that they had not personally experienced any unacceptable delays in care and support. Relatives told us they thought there were always enough staff to ensure supervision of communal areas and to respond appropriately to people's needs. Usual staffing levels during the day, based on the current occupancy of 17 were three care workers and one senior, supported by the interim manager, cook and maintenance worker. On the day of the inspection, there were only two care workers on duty due to last minute sickness. This did make staffing levels stretched at times with periods when people were provided with little stimulation. However speaking with staff and looking at rotas, we saw this was not routine and three care workers were usually maintained on each shift. Staff we spoke with confirmed this and said there were enough staff to ensure care and support tasks were completed to a high standard. We saw the service had good retention of care staff which helped to ensure people experienced continuity of care.

Robust recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. Staff we spoke with confirmed these checks had taken place before they commenced employment.

We looked around the premises and found it to be safely managed. A maintenance worker was employed who worked 39 hours a week within the home. They ensured the home was kept in a well maintained and safe condition. Bedrooms were personalised with people's personal possessions and the home retained a homely feel. There were sufficient quantities of communal space which included two lounge areas, a spacious dining area, bathroom facilities and a pleasant garden area. Regular checks were undertaken on safety equipment including the gas, fire, electrical and water systems. Window restrictors were in place to reduce the risk of falls and radiators were covered to reduce the risk of burns. The maintenance worker conducted regular walk rounds, checking people were okay and if any tasks needed doing in their rooms.

We identified the home was clean with no offensive odours. Domestic staff were employed and cleaning and infection control checks undertaken by the management team.

Good

Is the service effective?

Our findings

People and relatives praised the staff team and said they had the right skills and knowledge to care for them. A relative told us "[staff] all have an extremely good understanding about recognising what's going on around them, I am very happy."

A range of training was in place including first aid, safeguarding, MCA/DoLS, fire safety, infection control, dementia awareness, moving and handling, end of life care, falls prevention and health and safety. Training was either up to date or booked. This was evidenced by a training matrix which highlighted when training had been completed and when training was due. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. One staff member was currently a moving and handling trainer and delivered this training and two other staff members were being trained in this role. Staff told us the training provided was good and they felt competent in their roles as a result.

We saw from staff files, and staff told us a system of regular supervision, observations and annual appraisal was in place. Staff told us they found these useful and were able to discuss concerns, further training and development at these meetings.

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.

At the last inspection, we found the service was not adhering to the principals of the MCA. We found improvements had been made. We saw people had consented to care and treatment and been fully involved in decisions where possible. Where the service suspected people lacked capacity we saw capacity assessments had been completed and best interest processes followed involving health professionals and people's families in line with legal requirements. We saw these had been completed around decisions such as the provision of bed rails and lap belts. Staff had received training on MCA/DoLS and we saw evidence staff sought consent and involved people as much as possible in the decision making process.

The service had made appropriate DoLS referrals for people who they believed were being deprived of their liberty. These were re-applied for when they expired in a timely way. However we saw a number of applications and reapplications were still with the supervisory body awaiting assessment due to backlogs

within the supervisory body. We spoke with the interim manager who understood their responsibilities and understood how to act within the legal framework which gave us assurance the correct processes would continue to be followed by the home.

Overall, we found people's nutritional needs were met by the service. People generally provided positive feedback about the food. One person said, "Food is alright, you get plenty of choice" and another person said, "Food has improved a lot, its good"

People had access to a choice of food. At breakfast time people were offered toast, cereal, porridge or a cooked option. At lunchtime there were two cooked options to choose between, which rotated on a four weekly basis. On the day of the inspection this was 'minced beef' or 'sausages' with creamed potatoes and seasonal vegetables followed by a dessert. In the evening sandwiches and lighter options were served. Snacks such as freshly prepared buns, biscuits and fruit were available to people during the day. We spoke with the cook who had information on people's specific needs and fortified food with cream, cheese and full fat milk to increase calorific intake. Arrangements were in place to provide individualised food to people with specific requirements such as those that were vegetarian or diabetic.

We observed the mealtime and found it was overall a positive experience with people offered a choice of main course. However although we saw there was a main and lighter dessert on the menu, people were only provided with the main option without being given a choice. Tables were nicely set, and music was playing in the background, although we saw there were no condiments on the table. Staff supported people patiently and appropriately to finish their meals and offered gentle encouragement. We saw one person said they were not hungry and didn't want any lunch. Staff encouraged the person to sit at the table and try the main course, some of which they ate. This showed staff recognised the importance of ensuring people had something to eat.

We found people had access to regular drinks throughout the day in their bedrooms and communal areas. For example water, juices and tea were offered. However we did not that some people in the lounge did not have access to a drink when we arrived at 8am.

Nutritional care plans were in place and people's weights closely monitored. We saw following weight loss, care plans were updated with additional care strategies, including offering highly fortified food, monitoring food input and referral to the GP/dietician for nutritional supplements.
We looked at food and fluid charts and saw they were well completed indicating people received regular meals and drinks throughout the day ,

People and relatives told us they thought people received good healthcare and their needs were met. They said the service liaised with external professionals which included district nurses and general practitioners. People's healthcare needs were clearly described within care and support plans. Clear records of communication with external health professionals were maintained to help staff to follow their advice and meet people's healthcare needs.

Good

Is the service caring?

Our findings

People spoke positively about the care they received and said staff treated them well and with dignity and respect. One person said, "Staff are very good and polite." Another person said, "Nice. You feel at home. They look after me. Yes, I'm happy here. The staff are friendly" and a third person said, "Oh, they're very nice (staff). No concerns. I'm happy here." A relative said, "Really friendly and happy people."

Staff knew people well and were able to tell us about their likes, dislikes and care needs. Staff comments included, "I love caring for the people here; helping someone else who can't help themselves," and, "I enjoy it; interacting with the residents."

We observed care and support for several hours in communal areas. People looked clean and well cared for indicating their personal care needs were being met by the service. People and relatives said staff met personal care needs and always ensured people were appropriately dressed. We saw staff greeted people warmly and treated them in a kind and compassionate manner. Staff offered gentle encouragement to help people to mobilise around the home and eat their meals. This was done in a patient manner with a good mixture of verbal and non-verbal communication used. We found a good atmosphere within the home with all types of staff engaging with people. For example the maintenance worker was well known and liked by people and spent time interacting with them in a friendly manner as well as carrying out maintenance tasks.

People knew staff by name and told us that the staff team was relatively stable. One person said, "I see the same staff and get on well with them." A relative told us how staff all knew their name which gave them confidence that the service also knew their relatives and their needs well. Staff we spoke with demonstrated a good understanding of the people they were caring for and their individual and family circumstances. Information on people's life histories had been sought and was recorded in a booklet kept within their rooms. Although most people had this information in place, we identified one person who did not.

Care records were stored in a room which was locked when not in use. However, we saw some files left on the first and second floor landing areas containing confidential information about people's food/fluid intake, turning regimes and personal information. This meant confidentiality was not always maintained. We spoke with the interim manager who was not aware this practice was in place, telling us these files should always be kept in people's rooms and this was an oversight. We saw they immediately rectified the situation and took action to ensure this no longer happened.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw the service was acting within the Equality Act. For example they had organised visits and services from faith groups, dependant on the needs and requests of people living at the home. Reasonable adjustments had been made to the service to meet people's individual needs. For example one person was vegetarian and well thought out meals were prepared for them. People's choices and preferences were recorded within care and support plans. Choices around spiritually, and relationships were discussed and recorded.

We saw people were given choices which were respected by staff. People were able to spend time in their rooms or in communal areas according to their preference. For example we saw one person wanted to stay in bed late in the morning and staff respected this choice. Whilst staff encouraged people to spend time in communal areas to prevent social interaction, they respected people's choice for privacy.

Good

Is the service responsive?

Our findings

People and relatives provided positive feedback about the standard of care provided by the home. One person said, "Definitely good standard of care."

Care plans showed people's needs were assessed prior to admission to the service. This led to the development of care plans in areas such as mobility, continence, nutrition and decision making. These contained an appropriate level of person centred detail. We saw care plans were subject to regular review. Reviews provided evidence that changes in people's care needs had been identified and plans re-written, for example relating to changes in people's weights, mobility or pressure area risk. This showed the service responded to people's changing needs. We saw equipment had been appropriately sought for people when their needs changed, such as pressure relieving cushions and mattresses. Staff we spoke with were able to answer the questions about people's care and support arrangements giving us assurance care plans were routinely followed. We looked at handover records and saw handovers took place between shifts to help pass on appropriate information on people's needs.

People and relatives said they were involved in their care and support. A relative told us that communication was very good and staff were quick to tell them about any changes in their relatives condition. They said staff were always knowledgeable about their relative.

Some people were on specific repositioning regimes to reduce the risk of pressure sores. We looked at records and saw these regimes were adhered to. People received regular documented checks and our review of documentation showed these were consistently completed. We saw care plans were followed such as ensuring pressure relieving cushions were in use to reduce the risk of sores developing.

People said they were content with the activities provided by the home. One person said, "They do word games and things like that." The service did not employ an activities co-ordinator at the time of our inspection. The interim manager was arranging for an activities co-ordinator to come to the home from another service for one day each week to support staff increase the range of activities on offer. We saw care staff provided activities with people mainly in the afternoons which included bingo, arts and crafts, word quizzes, games and occasional baking. During the inspection we saw staff engaging with people with indoor boules and skittles which people were enjoying. The maintenance worker also undertook games with people and took people out into the community. Records of the activities people were involved in were maintained, however these were not always fully completed. We highlighted the importance of ensuring records were consistently completed with the interim manager.

A system was in place to log, investigate and learn from complaints. Information was on display around the home about how people could complain and a tablet computer provided an anonymous way for any concerns to be raised. We saw a low number of recent complaints had been received by the service. In February 2017, the Parliamentary and Health Services Ombudsmen upheld a complaint relating to care within the home. This identified a number of care failings around the time of our last inspection in July 2016. We saw measures had been put in place to make improvements, learning from this complaint, to reduce the

likelihood of a re-occurrence. Records of compliments were also kept which showed the areas the service exceeded expectations.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place; however we were informed during the inspection they had stepped down from their role. We reminded them to ensure the correct registration forms were completed so they could be deregistered. Interim management arrangements were in place with an interim manager in post whilst the service recruited a registered manager. One person told us "They do their best; they just need to get settled with a manager."

During discussions with staff, management and through reviewing quality assurance documents we concluded that the service had made a number of improvements over recent months. The regional manager undertook monthly visits. Actions from their visits were sent to the interim manager to ensure improvements were made. We saw evidence these had been effective in helping to improve the service. For example compliance scores on the provider's internal quality assurance system had increased from 38% in February 2017 to 73.8% in April 2017. We saw further improvements had been made since then such as the introduction of 'policy of the month' to raise awareness and scrutinise practice in areas such as infection control. The regional manager told us the service had experienced compliance issues following the last inspection and most of the improvements made were very recent, as the above audit scores showed. Given this, and our findings at previous inspections of the service, we would need evidence of sustained improvement over time to be assured the service was well led. We concluded a stable management presence was needed to ensure improvements were sustainable.

Audits were carried out in a number of other areas. A range of quality assurance checks were in place to ensure medicines were managed safely including a daily medicines check and a weekly medicines audit. We saw these were effective in identifying and responding to any discrepancies. Audits were conducted in other areas including complaints, the dining experience, health and safety and equipment, infection control and care plans. We found most of these audits were effective in identifying and rectifying issues although we did not that there will still no condiments on the table at mealtimes despite this being raised as an issue in April 2017. Trackers were maintained, on key areas of care such as DoLS, nutrition, falls and pressure areas. This helped the management team to have an effective oversight of risk within the home.

Incidents and accidents were logged on a computerised system which was monitored at the providers head office for themes and trends. Following incidents, the manager was required to investigate and put actions in place before incidents could be closed. We saw evidence all incidents were closed and therefore action had been taken to address.

People and relatives praised the overall quality of care provided by the service. They said they felt able to raise any issues or concerns with a member of the care or management team.

Staff told us the management team were supportive and approachable and the staff team generally worked well together. Morale was good and staff told us they enjoyed their roles. Comments included, "All the staff I've worked with are happy. The atmosphere is great. The communication is great. There's plenty of support there (speaking about the management team)," and, "We've got a good team of staff here. I get a lot of

support from [senior care staff name]. Staff work together as a team. Some staff pull their weight more than others."

People and relatives said they felt listened to by the management team. We saw there were various mechanisms for people to provide feedback about the service. A tablet computer was installed on a stand in the reception area. This gave people, relatives, and health professionals the opportunity to provide feedback on the service on an ongoing basis

Resident/relative meetings were held every three months and we saw a meeting had been held recently. The service had made this a special occasion with tea, scones and fairy cakes on offer. Annual satisfaction surveys were conducted and information from these was collated to feed into the service improvement plan where required. The service also sent out additional questionnaires on a weekly basis to three staff members, three relatives & residents and three health professionals. Actions from any negative feedback was added into the service improvement plan. This meant people's opinions were taken seriously and concerns addressed.

Annual engagement surveys were sent to all staff and the results of actions taken from these fed back to staff at staff meetings. Regular staff meetings were in place and staff told us these were an effective forum for discussing concerns and issues as well as receiving updates about the service.