The Hollands Care Homes Limited

# Hollands Nursing Home

**Inspection report**

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Farnworth
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## Ratings

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|---|---|
| **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** |

## Overall summary

The Hollands care home is a purpose built two storey nursing home. The Hollands is situated off the main high street in the Farnworth area of Bolton. The home is registered to provide personal and nursing care for 39 people.

This inspection took place on the 04 August 2015 and was unannounced. There were 36 people using the service at the time of the inspection. The majority of people living at the home were younger people who had a mental health related illness.

We last inspected this home on 17 April 2013. At that inspection we found the service was meeting all the regulations that we reviewed.

The home had a manager who was registered with the Care Quality Commission (CQC) and who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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

Staff spoken with were able to demonstrate an understanding of whistle-blowing procedures and they knew what to do and who to contact if any allegation of abuse was made to them or if they suspected that abuse had occurred.

We found that most of the people living at the home were self-caring and staff offered assistance as and when required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

People who used the service told us they felt safe living at the home and they spoke positively about the kindness of staff and their caring attitude. We observed that when assistance was required it was provided in a discreet and sensitive manner. We saw that staff were patient with people and that conversations were friendly and respectful.

Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely.

We noticed some areas of the home had been painted and refurbished. We found the downstairs lounge required attention and the carpet needed replacing. We discussed the ongoing improvement plan with the registered manager. The registered manager told us this was being actioned and that quotes were being tendered for new flooring. We saw a sample of the new floor that had been selected. We saw the conservatory, which was entered from the door in the garden was in need of refurbishment. The conservatory was used as a smoking area as most of the people living at the home smoked. Discussions with the manager and the provider were ongoing with the possibility of relocating the conservatory away from the main building.

People's care records contained enough information to guide staff on the care and support needs required. People and their relatives were involved and consulted (where appropriate) about the development of care records. This helped to ensure the wishes of people who used the service were considered and planned for. The care records showed that risks to people's health and well –being had been identified to help eliminate risk.

During the inspection we observed people were going out unaccompanied to the local shops. We saw risk assessments were in place for people going out to help ensure their safety.

We saw that arrangements were in place to assess whether people were able to consent to care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Staff spoken with had a good understanding of the care and support people required.

People who used the service were living with a range of mental health needs. We saw for some people that personal care and grooming was not a high priority. We discussed this with the registered manager who told us that people living at the home managed their own budgets and made choices on how they spent their money. The registered manager and staff had to act with sensitivity when addressing people's personal hygiene.

We saw there was enough equipment available to promote people's safety, comfort and independence.

We spoke with people about the food. We received mixed responses with some people telling us the food was fine, however some comments were made that the food was boring and bland. We saw that stocks of fresh and dried food were in ample supply and a range of snacks and drinks were available.

To help ensure people received effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on the running of the home and there were opportunities for people to comment on the facilities and the quality of the care provided.

# 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 safe.

Good

Suitable arrangements were in place to help safeguard people from abuse. Staff were aware of safeguarding and whistle- blowing procedures.

Procedures were in place for the safe management of people's medicines and we found that medicines were managed safely.

Suitably trained staff, who had been safely recruited, were available to meet people's needs.

The environment was safe; however some areas of the home required attention to décor.

**Is the service effective?**
The service was effective.

Good

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) .

Staff had undertaken training to allow them to do their jobs effectively and safely. New staff completed an induction programme on commencing work at the home.

Systems were in place to ensure that staff received regular supervisions and support.

**Is the service caring?**
The service was caring.

Good

People who used the service and their relatives spoke positively about the care and support provided.

Staff demonstrated a good understanding of the people they were supporting.

We observed that staff treated people with dignity and respect and promoted independence. We found people that most of the people living at the home were self-caring and staff offered assistance as and when required.

**Is the service responsive?**
The service was responsive.

Good

The care records we looked at were detailed and contained sufficient information to guide staff on the care and support people required. The care records were reviewed regularly to ensure information was current and reflected people's individual needs.

The provider had systems in place to for receiving , handling and responding appropriately to complaints.

**Is the service well-led?**
The service was well led.

Good

Systems were in place to monitor and assess the quality of the service.

# Summary of findings

Staff spoke positively about working at the home and the support and encouragement the registered manager provided.

The manager operated an 'open door' policy so people who used the service, their relatives and staff could approach them at any time.

# Hollands Nursing Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 August 2015 and was unannounced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission and a pharmacy inspector.

Prior to our inspection we reviewed information we held on the service. This included previous inspection reports and notifications that the service had sent us.

During this inspection we spoke with six people who used the service, two visitors, four care staff, the nurse in charge, the chefs, the domestic team, the activities coordinator and the registered manager. This enabled us to gain their views and opinions about the service provided.

We looked around the home, observed how staff cared for people and supported people and looked at four people's care records.

We looked at three staff files, the training records and records about the management of the home.

Good

# Is the service safe?

## Our findings

Discussions with staff and people who used the service told us they felt there was enough staff on duty to meet people's needs. One member of staff said, " I think there is enough staff on duty as most of the people living here are self-caring. We assist people as and when they need it". One person told us, "I manage to do most things for myself; the staff will help me if I can't manage but I like to try to do things for myself".

We looked at three staff personnel files and saw that robust recruitment systems were in place. This helped to protect people from being cared for by unsuitable staff. The files contained an application form, references and other forms of identification for example a copy of their passport or driving licence. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the provider of any criminal convictions noted against the applicant.

We looked around the home including bathrooms, bedrooms, kitchen and the communal areas. There were no unpleasant odours detected. We saw that the parts of the home had been redecorated, including some bedrooms. We discussed with the registered manager that the carpet in the downstairs lounge and dining room was in needed of replacing. The carpet in the lounge was stained and sticky to walk on. The registered manager agreed with us and showed us the new flooring that had been selected for the lounge area and that quotes were out for tender. The lounge was linked to the outside area where people access the smoking zone. People were coming directly into the lounge area using wheelchairs and this made it difficult to keep the carpet clean.

We saw some bedrooms had been recently decorated and people told us they had picked their own wallpaper and fittings. One person told us, "I like to be in my room, I spend most of my time in it, and it is equipped with everything I need. I have picked my own colour scheme ".

We looked at risk assessments that were in place for areas of the general environment and policies and procedures were in place in relation to ensuring health and safety regulations. We saw that equipment had been serviced in accordance with the manufactures' instructions. The home's maintenance person checked on areas such as water temperatures and the testing of fire alarms systems to help ensure the safety of people living in and visiting the home.

Systems were in place in the event of an emergency and there were procedures for dealing with emergencies that could affect the running of the service. We saw that the personal emergency evacuation plans (PEEPs) were being reviewed by the registered manager. On completion the registered manager said these would be kept centrally and easily accessible.

We saw that infection prevention procedures were in place. We observed that staff wore different coloured disposable aprons and gloves for different tasks to help minimise the risk of cross infection.

We saw that suitable arrangements were in place to help safeguard people from abuse. The electronic training record evidenced that staff had completed training in the protection of vulnerable adults. Policies and procedure were in place and staff had access to these if and when required. Staff spoken with were able to tell us what action they would take if abuse was suspected or witnessed.

Staff also had an understanding of the whistle-blowing procedure, this meant they knew about reporting any unsafe or poor practice. Staff knew who to contact outside the service if they felt they had any concerns and would not be listened to.

The care records we looked at showed that risks to people's health and well-being had been identified such caring for people with diabetes and with various mental health illnesses.

Arrangements were in place for recording of medicines. Records had been completed, indicating that people had received their medicines as prescribed for them. Staff had documented the reason if a person had not taken their medicine. However when medicines were carried over from a previous supply this was not always recorded.

We looked at the process for using prescribed topical medicines, such as creams. We saw that these medicines were kept in people's rooms, and applied by care staff. Arrangements had been made to support the application

Good

# Is the service safe?

of creams by care workers. However the guidance for staff and the records showing the application of creams were sometimes missed. This meant that it was not always possible to tell whether creams were being used correctly.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people however for two people we found this was not kept up to date and information was missing for some medicines.

Medicines kept at the home were stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators which stored medicines to ensure that they remained at the temperatures recommended by the manufacturers. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

Good

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had the necessary skills and experience to meet their needs. One person said, "I can do most things for myself but if I'm struggling the staff would help me". A relative told us, "The staff are great, I have no complaints". We were shown the staff induction programme that all newly employed staff had to undertake when commencing work at the home. New staff completed the induction pack which helped them to understand what was expected of them and what needed to be done to help ensure the safety of the staff and people who used the service. As part of the induction staff attended Bolton Council's basic standards induction training programme.

We were shown the training programme for all the staff employed at the home. The registered manager kept an electronic training matrix and we could see from that what training had been completed by which staff and when refresher training was due. Staff training included, safe administration of medication [senior staff], dementia awareness, behaviours that challenge the service, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), Protection of Vulnerable Adults, Health and Safety and Equality and Diversity. Staff spoken with confirmed they had undertaken training relevant to their role and we saw evidence of training certificates in the staff files we looked at. One member of staff spoke highly of the service, they said, "The manager was very supportive with people's career progression and additional training was there if staff requested it".

We saw records to show that staff received regular supervision and appraisals. Supervision meetings help staff to discuss their progress at work, raise any issues or concerns they may have and discuss any learning and development needs they may have.

We asked the registered manager to tell us what arrangements were in place to enable people who used the service to give consent to their care and treatment. The registered manager told us the majority of people who used the service were able to make decisions for themselves. The people we spoke with confirmed this was correct. Comments included, "I make all my own decisions about where I go, what I want to do every day, if I want to go out shopping and what I want to eat". Another person told us, "I self-manage all my own care, however if I needed any staff assistance they [staff] would willingly help me. A third person told us, "I look after my own money and buy what I want".

From our observations and inspection of care records it was evident that some people were not able to consent to care and treatment provided. We asked the registered manager how they helped to ensure the care and any decisions made were in people's best interest. The registered manager told us that were people could make decisions a best interest meeting would be held with the relevant healthcare professionals and the family where appropriate. We saw in the care records we looked at that mental capacity assessments had been completed and where people were deemed as not having capacity to make decisions then a 'best interest' meeting was arranged. A 'best interest meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

We asked the registered manager about their understanding of the MCA and DoLS. The MCA is essentially a person centred safeguard to protect people's human rights. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised. The registered manager and staff spoken with demonstrated a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. Records we looked provided evidence that the registered manager had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS.

We spoke with people who used the service about the food and the choices available. We received mixed responses from people. Comments included , "The food is fine, there is always a choice and if you don't want that they [chef] will always make you something else". Another said, "The food is a bit bland ". Another person told us, "There plenty of food, but if I am out at the shops and I fancy something different I buy it and have it for my dinner, it is not a

Good

# Is the service effective?

problem". We asked the registered manager about how they planned the menus to help ensure people received a nutritious diet. The registered manager told us at times this could be difficult as people went out shopping and bought whatever they wanted as was their choice. The registered manager told us that menus were always discussed at residents' meetings and the service was always prepared to try new meals as suggested.

We spoke with the chef who was in the process of making the lunch time meal. There were three savoury choices and two desserts. We saw that a pureed meal was required for two people and this was appropriately presented. We saw that there was range of snacks for people to help themselves during the day and a choice of beverages was available.

If needed the staff would monitor people's food and fluid intake and record these on food and fluid charts. People's weights would not be routinely monitored and this would be the decision of the individual. If there was any concern of weight loss or gain this would be discussed and appropriate actions taken.

We spoke with the registered manager about working with external agencies. The registered manager told that they work closely with social workers, GPs, dentists, Community Psychiatrist Nurses and the local authority safeguarding team. The care records we looked had information documented of contact with some of these professionals. The registered manager told us the home had built up good relationships within the local community for example, the local supermarket, the police and local public houses.

Good

# Is the service caring?

## Our findings

People who used the service were complimentary about the registered manager and the staff. Comments included: " The boss is a decent chap, you can have a laugh and joke with him". Another person spoke highly of the staff saying, "They [the staff] always greet you with a smile and would always help when required".

We saw some people who used the service were well groomed and wore clean and appropriate clothing. People made the choice of what clothes to wear and some ladies had make up and jewellery on. One lady told us that they went to the hairdressers to get their hair cut when they wanted. The registered manager told us they promoted that people should go out of the home to access the community for hairdressing and visits to the dentist. If people could not access services this would be arranged at the home.

For some people living at the home personal grooming and hygiene was not as important and it was individual choice as how people dressed or when they bathed. Staff were clear that people's wishes were respected and they encouraged and prompted people in a sensitive manner with regard to personal care. These people were assessed as having capacity to make informed choices.

Visitors we spoke with told us the staff always made them feel welcome. They told us they were always offered a drink on arrival. We saw that people met with their relatives in the privacy of their bedroom or in the communal areas if they wished.

Discussions with the registered manager and with the staff showed staff had a good understanding of the people they were supporting. We saw good relationships had been formed between the staff and people who used the service. The atmosphere in the home was relaxed and friendly. We observed staff treated people with respect and dignity. We saw the staff knocked and waited for a response before entering bathrooms, toilets and bedrooms. Staff told us, "We encourage people to be as independent as possible, this is people's home and we are guests here".

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

People's care records contained enough information to guide staff on the care and support needs required. People and their relatives were involved and consulted (where appropriate) about the development of care records. This helped to ensure the wishes of people who used the service were considered and planned for. The care records showed that risks to people's health and well –being has been identified to help eliminate risk.

Good

# Is the service responsive?

## Our findings

People told us that staff responded to their needs. One person told us, "The staff are very good, they are kind and helpful". One person told us that it they weren't well the staff would contact the GP. We saw in the care records we looked at that external healthcare professionals had been contacted when required.

We asked the registered manager how they assessed people prior to them moving into the home. We were told that on a number of occasions people were admitted as an emergency due to their mental illness. We saw in the care records we looked at that, in the case of emergency admissions, the person's social worker had completed the assessment identifying people's needs. The registered manager showed us an assessment they had completed prior to someone moving into home. We saw the information was detailed and gave staff the information they needed to provide the care and support this person required.

We looked at the care records for four people who used the service. The records contained enough information to guide staff on the care and support to be provided. There was good information about people's needs. We saw for one person that clear guidelines had been provided by a hospital consultant regarding a person's healthcare and how staff were to respond to these persons individual's needs. People's likes, dislikes, preferences and routines had been documented in their care plans. We saw that the care records were regularly reviewed to ensure that information was up to date.

We spoke with the activities coordinator and asked about the range of activities provided. We were told a lot of activities were one to one with people. The activities coordinator had a good understanding of the people they were supporting and what they liked to do. Some people liked going shopping or going to places of interest for example the steam museum and to Chester. For group outings the activities coordinator ensured that the group were compatible with one another due to the nature of people's illnesses.

We spoke with one person who used the service; they had recently returned from a holiday cruising. This person was accompanied by a member of staff. Another person told us they had been out to St Anne's for a day with their friend. One person liked to go to the local pub. One person told us about the Thursday club, this was group of ladies living at the home that met up for a social afternoon. We saw that one person was supported by a carer from another care agency for shopping trips and outings.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

We saw the complaints procedure was displayed on the main notice board and we saw the provider had a clear procedure in place with regard to responding to complaints and concerns. People we spoke with us told us they would feel able to raise concerns with the staff and manager and that they would be listened to and acted upon. We were made aware by the registered manager that a complaint had been reported by a relative but this was later retracted.

Good

# Is the service well-led?

## Our findings

The home had a manager who was registered with the Care Quality Commission (CQC) who was present on the day on the inspection. The manager was supported by a deputy manager, this was to ensure that in the absence of the registered manager, clear lines of accountability and responsibility would be identified.

Staff spoken with told us they felt supported by the registered manager. One member of staff said, "The manager is approachable, I would feel comfortable to go to him if I had any worries or concerns".

The registered manager told us they were on the staffing rota and that they often covered both day and night shifts. This meant the registered manager worked alongside staff and that people who used the service and their visitors could approach him at any time.

We checked our records before the inspection and saw that any accidents, incidents and safeguarding's that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.

We asked the registered manager to tell us what systems were in place to monitor and review the quality of the service to ensure that people received safe and effective care. We were told that regular checks were undertaken on all aspects of running the home. We saw evidence of some checks had been undertaken, for example medication records, care plans, the environment, the kitchen and health and safety. We saw that where improvements were needed, action was identified, along with a timescale for completion.

People and their relatives were involved and consulted (where appropriate) about the development of care records. This helped to ensure the wishes of people who used the service were considered and planned for. We saw that 'handover' discussions were undertaken on each shift to help ensure that any change in a person's condition and any amendments to their care plan were properly recorded and understood.

We saw records of staff meetings and staff told us they felt they could contribute to the running of the home and that their opinions were valued. We saw meetings were held for people who used the service. Discussions at the meetings included food and activities.

We saw that staff received regular supervision meetings. These meetings provided staff with the opportunity to discuss with the registered manager any issues or concerns they may have and to any further training and development.

We saw that the registered manager worked closely with other agencies for example social workers, community psychiatric nurses and other multi-disciplinary teams. People who use the service were actively involved in these meetings and/or were supported by family or friends.

We looked at the maintenance file for the servicing of equipment including the lift, fire alarm testing and appliances, gas and electric. We saw that certificates were valid and up to date.