

Moorlands Holdings (N.E.) Limited

Hollyacre Bungalow

Inspection report

Front Street
Sacriston
Durham
County Durham
DH7 6AF

Tel: 01913712020

Date of inspection visit:
07 November 2018

Date of publication:
18 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service on 7 November 2018.

We last conducted a comprehensive inspection of this service on 13 June 2018 where breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollyacre Bungalow on our website at www.cqc.org.uk.

When we completed our previous inspection, we found concerns relating to: fire safety, management of medicines, reporting of safeguarding concerns, person centred care planning, dignity and respect and staffing levels and deployment.

Hollyacre Bungalow 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. Hollyacre Bungalow accommodates up to 10 people. At the time of our inspection 9 people were living at the home.

At our last inspection we found the service was not meeting all of our fundamental standards and was rated as 'Inadequate' overall. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the time of our inspection the service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that vast improvements had been made to fire safety and people who used the service were no longer exposed to risk of harm from fire hazards at the home.

A new fire safety risk assessment was carried out by a third-party professional to ensure fire risks were adequately managed.

Improvements had been made to the reporting and recording of potential safeguarding concerns and staff training to ensure safeguarding incidents were logged and reported appropriately.

Staff understood safeguarding issues and procedures were in place to minimise the risk of abuse occurring. Where concerns had been raised we saw they had been referred to the relevant safeguarding department for investigation.

Accidents and incidents records had improved to ensure they were recorded, monitored and managed effectively.

Improvements had been made to the recording and management of medicines to ensure they were administered, stored and managed safely.

Office staff and an activity co-ordinator had been employed to improve staffing levels. This ensured there were adequate staff to meet people's needs safely.

Personalised risk assessments had improved and were recorded in people's care plans appropriately to enable people to take risks as part of everyday life safely.

Accidents and incidents were analysed by the registered manager to look for trends to ensure lessons were learned so that similar accidents and incidents could be avoided, or risks of a reoccurrence be reduced.

The home was clean, tidy, well presented and infection control practices were carried out to a good standard.

Staff were employed safely and pre-employment checks were carried out on staff before they began working in the service.

The provider had introduced new and improved policies and procedures to enable the service to be managed more effectively and safely.

The registered manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Staff felt supported by the registered manager.

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 ●

This service had improved to Good

People who used the service had improved care plans and risk assessments in place that reflected their needs.

Improved fire safety procedures and risk assessments were implemented to keep people safe.

Medicines were stored, recorded, administered and managed safely.

Is the service well-led?

Good ●

The service had improved to good

oversight of accidents and incidents was in place and records monitored, managed and were kept up to date.

A new suite of policies and procedures had been introduced to ensure the service was managed effectively.

An improvement action plan was in place and being implemented effectively.

Hollyacre Bungalow

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 of Hollyacre Bungalow on 7 November 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 13 June 2018 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and safe? This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by two adult social care inspectors. During our inspection we spoke with and observed five people who used the service, the registered manager, registered provider, activity co-ordinator, senior care staff and two care staff.

Before we visited the service, we checked the information we held about this location and the provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the commissioners and social work team.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. We did not use our observation tool (SOFI) as some people were able to communicate and express themselves to us and others were busy getting on with their day and we felt this was not required. Our observations included looking at the support that was given by the staff by observing activities, practices and interactions between staff and people who used the service.

Records we looked at included: three care plans, safeguarding referrals, incident and accident reports, risk assessments, CQC notifications, fire safety records and other records relating to the management of the service such as policies and procedures, audits and minutes of meetings.

Is the service safe?

Our findings

During our last inspection on 13 June 2018 we identified concerns around fire safety, risk assessments, medicine administration and recording, safeguarding recording and accidents and incidents.

At this focussed inspection we found vast improvements had been made across the service and immediate risks had been addressed and reduced because of actions taken.

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. People had improved care plans and these now included more in-depth risk assessments that reflected people's individual needs. These included; choking risks, mobility and personal care.

At our last inspection we found that people were not always supported by an adequate number of staff to meet their needs. We found staff were not deployed to ensure people's needs were met safely across all areas of the building and this had an impact on people's wellbeing. At this inspection staffing levels and deployment had improved. Additional staff had been recruited including an activities co-ordinator and an administrator which meant staff had more time to spend with people.

During our last inspection we identified potential fire risks that included: a blocked fire exit and ineffective fire risk assessment. At this inspection we saw a new fire safety risk assessment had been carried out by an independent provider and was in place and fire hazards we found had been removed.

We looked at records regarding fire drills and testing of equipment and all these were in place and some further drills were planned on a more regular basis.

We looked at three people's medicines records and found medicines administration records were completed correctly and without any missing signatures. Medicines were stored, managed and administered safely. The management of medicines was safe and met good practice standards described in relevant national guidance.

People were involved in regular medicine reviews with their GP and other healthcare professionals as required. These included medicines that are used to treat anxiety and other mental health conditions. Some medicines were administered as and when required known as 'PRN' medicines and there were protocols in place for these. People who were prescribed topical medicines and creams had body maps in place to give clear directions to staff.

Staff had received updated training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns.

We looked at staff files and saw the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. Where necessary people's individual risk assessments and care plans were updated following any incident. This helped to ensure any emerging patterns of accidents and incidents could be identified and action taken to reduce risks and prevent reoccurrence wherever possible.

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures.

We looked around the home and found that areas were clean and well presented. We observed staff wearing protective clothing such as aprons and gloves. Personal protective equipment (PPE), paper towels and liquid hand sanitizer were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food.

Is the service well-led?

Our findings

During our last inspection on 13 June 2018 we identified concerns around managers audits, policies and procedures, medicine management and oversight of accidents and incidents.

At this focused inspection we found numerous improvements had been made across the service and issues had been addressed by the registered manager and the provider.

A new suite of policies and procedures were being introduced and were planned to be regularly reviewed in line with current legislation. All records were kept secure and were maintained and used in accordance with the Data Protection Act 2018.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. There was a manager at the service who was registering with us, they had completed their application and checks and were waiting for an interview.

Following our last inspection the registered manager and provider introduced a service improvement plan and worked in partnership both the local safeguarding team, commissioners and the local authority improvement team to take on board advice and support to improve the service.

We saw additional and more regular medicines audits had been implemented to address the previous issues identified. Medicine? records had improved also as a direct outcome of the audits. When we spoke with staff they told us about the audits and checks that had been introduced. One staff member told us, "When we got the new blister packs [registered manager?] worked with us to make sure we knew what to do and checked that we were competent If I noted a gap I would report it to [registered manager?] and they would check who was on medicines that day and address it."

The registered manager had introduced new and improved care plans for all the people who used the service and these were planned to be regularly reviewed.

We saw there were clear lines of accountability within the service and management arrangements with the provider. Audits had been effective in identifying and generating improvements in the service, for example staffing issues. We saw evidence in team meeting minutes where management had raised concerns with staff appropriately.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were carried out. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The registered manager had carried out a recent quality assurance exercise since the last inspection and

they were planning to carry another one in the next six months. We saw that the feedback was positive. Also, other recent feedback had been collated from visiting healthcare professionals that was also very positive about the management and staff at the service.

When we spoke with staff they gave us positive feedback regarding the manager. One member of staff told us, "I don't have any issues with management I can approach the manager with anything."

The manager held regular staff meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed. We received positive feedback from staff regarding team meetings and some staff told us they valued these meetings. We saw from the minutes the provider also attended the meetings and supported the registered manager.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.