

# Aegis Residential Care Homes Limited

## Holly Bank Care Home

### Inspection report

The Promenade

Arnside

Carnforth

Lancashire

LA5 0AA

Tel: 01524761277

Website: [www.pearlcare.co.uk](http://www.pearlcare.co.uk)

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Holly Bank is a residential care home registered to accommodate up to 31 people in need of personal care. Accommodation is provided over three floors with rooms including some with en-suite facilities. On the days of the inspection there were 13 people living in the home.

### People's experience of using this service and what we found

The provider needed to review their recruitment processes. They did not always meet current legislation and guidelines. There were issues around management oversight. Other senior staff were providing this cover in the absence of a manager. In these circumstances, we noted some shortfalls with staffing levels. We have made recommendations about staffing levels and safe recruitment in the 'Safe' section of the report.

People's care records and risk assessments required some improvements. They did not always reflect people's current position and mental capacity status. These issues were resolved during the inspection.

People did receive their medicines as prescribed by their health care professionals.

Infection, Prevention and Control (IPC) processes were generally appropriate. We had some concerns about the robustness of processes when professional visitors attended the home. This was corrected during the inspection and we were assured about the service's ability to mitigate the transmission of infections.

Staff were competent with safeguarding processes and knew how to protect people from abuse. A relative said their loved one felt safe in the home and were trusting of staff and management. We observed good practices and interactions between staff, the provider representative and people during the inspection. The service's safeguarding processes were robust.

Staff supported people to have access to healthcare professionals and specialist support and the service worked well with external professionals. Healthcare professionals were particularly complementary about the care and support people received at the home.

People told us they felt cared for and were happy with the service they received. Relatives said staff were kind and caring and treated their loved ones well. At inspection, we noted good interactions between people, management and staff.

People and staff were happy with the way the service was managed. People's views and opinions of the service were sought and acted on.

In part, the inspection was as a result of concerns around an environmental issue and the subsequent temporary re-location of people. It was established the service could not have foreseen these issues. Maintenance processes were in place and could not have expected to warn of the likelihood of a concern in

this area.

The provider acted during and immediately after the inspection to address the issues we found. This included increasing the staffing team and implementing improved checks and reviews.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was 'Good' (published 15 July 2019).

#### Why we inspected

We received concerns following a water leak in the home and the subsequent relocation of people. Residents were temporarily relocated to another home. It was accepted relocation was only used as a last resort and in the best interests of people in these particular circumstances. These issues raised questions of the provider's preparedness to deal with emergencies and the general maintenance of the home. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Holly Bank' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Holly Bank Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Holly Bank Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, in the days before the inspection, the registered manager had left the service and was unavailable at the time of inspection. A part-time interim manager had been appointed who also managed another home within the provider's portfolio of homes. For reasons beyond their control, they were only available to be contacted by telephone during the inspection.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 May 2022 and ended on the 5 May 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service. This included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

### During the inspection

We spoke with four people who used the service. We spoke with six relatives about their experience. We spoke with five members of staff including the interim and deputy managers and a senior care worker. We also spoke with a provider representative who was a regional manager of the provider company. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed three care records. We also considered a variety of records relating to the management and governance of the service.

We looked around the home in both communal and private areas to establish if the environment met the needs of people who lived there.

### After the inspection

We continued to seek clarification from the provider representative to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question 'Good'. At this inspection the rating has changed to 'Requires Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had not always followed safe recruitment procedures. Checks with previous employers in health and social care and some other pre-employment considerations had not been completed in some of the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been made.
- There was no evidence anyone had been harmed because of the omissions and some checks were resolved during the inspection. We raised this with the provider representative who was to implement further measures to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- In the absence of the registered manager, a part-time interim manager had been appointed. Due to unforeseen circumstances, they were unavailable at the inspection but were contactable by telephone. A senior carer was performing management and oversight duties in addition to their 'normal' care duties. This left the care team short with the potential people did not receive care and support in a timely way. Staff commented there were increased challenges as a result of these extra duties.
- Some relatives commented negatively about staffing numbers. One said, "There's not the staffing levels there needs to be." Another said, "There's not enough staff, they're under pressure."

We recommend the provider reviews its staffing level processes especially during the unavailability of permanent management staff.

### Preventing and controlling infection

- We were only somewhat assured the provider was preventing visitors from catching and spreading infections. Infection control processes at the entrance to the home were not robust enough and this was only corrected on the second day of the inspection.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff. We were told all people living in the home had been vaccinated against COVID-19.
- We were assured the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating safe visits for people living in the home in accordance with the current guidance.

#### Assessing risk, safety monitoring and management

- Although the interim and deputy managers and senior staff assessed and managed risks to people's health, safety and wellbeing, sometimes records needed updating. In two files we considered, records and actions following assessment were incomplete and could give staff an unclear position around the status and capabilities of people. Generally, people's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were recorded and acted on. The interim and deputy managers provided oversight of these incidents. This helped establish if there were any trends or patterns and whether appropriate action had been taken to keep people safe.
- Equipment had been serviced and maintained in accordance with manufacturers recommendations. A range of environmental checks had been carried out to ensure the home was safe and fit for use. This included extensive fire safety checks.
- Emergency evacuation and service contingency processes were adequate. These had been implemented at the time of the water leak that led to the temporary relocation of people prior to the inspection. They were subject to review in light of recent events.
- We spoke with three healthcare professionals who regularly visit the home. They were complementary about the care and support. One said, "They [staff] are very responsive to any information I ask whilst attending for the ward rounds. They are very caring and I feel they always have the residents' best interests at heart."

#### Using medicines safely

- The interim and deputy managers and staff followed safe processes to ensure people's medicines were managed safely. People received their medicines as prescribed.
- The administration of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out. One person said, "The staff are really good and I always get my medicine."

#### Systems and processes to safeguard people from the risk of abuse

- The provider and interim and deputy managers ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. Staff were confident the interim manager and deputy would act quickly to keep people safe if they reported any concerns. One staff member said, "I would be supported by the manager and owners if I ever brought concerns to their attention."
- People felt safe. One person said, "I am safe here and feel well." Relatives said they had no concerns about safety. One said, "The staff seem caring. I've got no concerns about my relative's safety."
- The interim and deputy managers and staff were clear about when to report incidents and safeguarding concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

#### Learning lessons when things go wrong



- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.
- The provider representative said substantial lessons had been learned following the unforeseen water leak into the home. A document had been prepared around these lessons that had been shared with the authorities and it was hoped a sanitised version could be shared publicly. This could help providers facing similar challenges to deal with issues and to prioritise the well-being of people.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remains the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's systems to monitor and oversee the quality of the service was variable in their effectiveness. For example, they had not been effective in addressing the concerns around staffing seen in the 'Safe' section of this report. Although it was accepted arrangements in dealing with the COVID-19 pandemic and the unavailability of management staff were likely to interfere with monitoring in this area, staffing quality and numbers are an essential area to ensure safety in a care home and should have been prioritised.
- The interim and deputy managers and staff were clear about their roles and responsibilities. Their practice, and day to day management of the home, served to advance the best interests of people and supported staff in achieving this goal. People and their relatives told us the deputy manager was visible, approachable and supportive. Comments from healthcare professionals also supported this position. One relative said, "One of the managers is excellent and keeps us informed of things, whether it's good or bad."
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care and support. The plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from people and relatives we spoke with was positive. One person said, "It's a good atmosphere here. We are really well looked after and supported by the deputy manager and staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider representative told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed.
- Where appropriate, referrals and notifications had been made to the local authority and CQC. There was an on-call system so that staff had access to support from the interim manager in the event of an unforeseen incident.
- Most relatives commented favourably about the provider's actions and support at the time of the water leak. Some were unhappy with the response but most said the provider and staff had tried to protect the

interests of people in challenging circumstances. One relative said, "I was kept informed. They [provider] did the best they could. Something like that couldn't be foreseen and they were thrown off kilter."

- The provider representative said they would offer an apology, where appropriate, in the event of any safety concern. All of this indicated the principles behind duty of candour were recognised within the culture of the service.

Working in partnership with others□

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. A health care professional said, "Senior carers and staff are always very appreciative of any input I offer at my visits."