

Hollybank Nursing Home Limited

# Hollybank Nursing Home

## Inspection report

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Date of inspection visit:  
18 April 2018

Date of publication:  
03 July 2018

## 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?	Good ●

# Summary of findings

## Overall summary

Hollybank House 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. Hollybank House provides nursing and personal care in one adapted building for up to 30 older people, including some who may be living with dementia.

At our last inspection in September 2016 we rated the service as Requires Improvement. People who used the service were not always protected from risks associated with unsafe staff recruitment procedures and inaccurate record keeping for people's risk assessed care needs. At this inspection we found the improvements needed had been made.

We carried out this inspection on 18 April 2018. The inspection was unannounced. There were 25 people living at the service, including three people receiving nursing care. We rated the service as Good.

There was a registered manager at the time of our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The environment and care equipment was mostly clean, well maintained and free from observable hazards to people's safety. Staff were provided with relevant equipment, guidance and training but had not always followed this to consistently ensure environmental cleanliness and hygiene. Action subsequently confirmed as taken by the provider, was sufficient to rectify this, which demonstrated lessons learned and improvements made when things go wrong. Emergency contingency plans were in place for staff to follow for likely foreseen emergencies to ensure people's safety, which they understood.

People and relatives were confident people safety at the service. People were protected from the risk of harm or abuse by sufficient staff who were safely recruited and sufficiently deployed to provide people's care.

Risks to people's safety were assessed before they received care, accurately recorded and regularly reviewed. Staff understood and followed people's related care requirements. This helped to reduce any known risks to people's safety.

People's medicines were safely managed. People were supported to take their medicines safely when they needed them. Staff were trained and assessed to ensure this.

People received effective care from staff who were trained and supported to ensure this. Staff obtained people's consent for their care; and they ensured people's safety, choice and best interests in a way that was lawful and in the least restrictive manner.

Staff understood people's health conditions, related care needs and supported people to maintain and improve their health and nutrition. This was done in consultation with relevant external health professionals and staff followed their instructions for people's care when required.

People were supported in the way they preferred and needed; to eat and drink sufficient amounts they enjoyed, which met with their dietary needs and choices.

Environmental facilities provided sufficient space and a number of aids and adaptations, which often enabled people to move around safely and independently. The provider has since confirmed their action to fully ensure this by additional environmental directional signage. People were comfortable and satisfied with their own rooms, which they could personalise to their own taste.

Staff were kind, caring and compassionate and had established good rapport and relationships with people and their relatives. People or their relevant representatives were informed and involved in agreeing people's care and daily living arrangements at the service. Staff were trained and followed the provider's stated care principles, which helped to ensure people's dignity and rights.

People received timely, individualised care, which met with their daily living and lifestyle preferences. People were supported to participate and engage in home and spiritual life and with family and friends as they chose.

Staff knew people well and were mindful of their care needs and preferences. Staff knew how to support and communicate with people in a way that was meaningful and helpful to them.

Staff were trained and followed recognised principles to support people's end of life care when needed. Partnership and cross sector working with external health professionals and similar type care providers, helped to ensure consistent practice and relevant information sharing concerned with people's end of life care.

People and relatives were informed of how to make a complaint if they needed to and the provider regularly sought their views about the service. Recent findings from this showed overall satisfaction with the service.

The service was well managed and run. A range of management checks were mostly regularly operated to help inform and ensure the quality and safety of people's care. Action was taken by the provider subsequent to our inspection to consistently ensure safe systems of cleanliness and hygiene and further support people's environmental safety, orientation and independence.

Staff understood their role and responsibilities for people's care; and they were confident and knew how to raise any related concerns if they needed to. Communication and record keeping procedures at the service met with nationally recognised guidance concerned with information handling and confidentiality.

The provider had sent us notifications about important events when they happened at the service and they conspicuously displayed their most recent inspection report; thereby following legal requirements.

## 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.

People were protected from the risk of harm or abuse by staff who were safely recruited and deployed. People's medicines were safely managed.

Risks to people's safety were accounted for. Staff understood and followed people's care requirements for their safety in the least restrictive manner.

Emergency contingency planning arrangements helped to ensure people's safety at the service. Arrangements to consistently ensure environmental cleanliness and hygiene were assured following our inspection.

### Is the service effective?

Good ●

The service was Effective.

People received effective care from staff who were trained, knowledgeable and supervised to ensure this.

Staff lawfully obtained people's consent, sought appropriate authorisation or acted in people's best interests for their care when required

Staff supported people to maintain or improve their health and nutrition in consultation with external health professionals when required.

### Is the service caring?

Good ●

The service was Caring.

People's dignity, choice and rights were promoted by staff who were kind, caring and respectful. Staff knew people well and established good relationships with them and their relatives.

People and relatives were involved in agreeing care and daily living arrangements at the service and informed to access independent lay advocacy services if they needed to

## Is the service responsive?

The service was Responsive.

People received timely, individualised care, which met with their daily living and lifestyle preferences. People were supported to participate and engage in home, community and spiritual life as they chose.

People and relatives were informed how to make a complaint if they needed to. The provider regularly sought their feedback to help inform the quality of the service and any improvements needed.

Staff knew people well and they supported and communicated with people in a way that was meaningful to them. The provider's arrangements for people's end of life care followed recognised care principles to ensure consistent and informed practice.

Good 

## Is the service well-led?

The service was well led.

A range of management checks helped to inform and ensure the quality and safety of people's care. The provider's operational management and care procedures helped to ensure this. Action was assured to further support people's environmental safety, orientation and independence.

Staff were informed, supported and understood their role and responsibilities for people's care and safety..

Communication and record keeping procedures helped to ensure accurate and lawful information sharing and handling.

Good 

# Hollybank 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 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.

This was a comprehensive inspection, which took place on 18 April 2018. The inspection was unannounced and carried out by one 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.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service, three relatives and a visiting health professional. We spoke with the provider who was also the registered manager for the service and deputy manager. We spoke with four care staff, including one team leader and a cook. We looked at three people's care records, to check if they were accurately maintained and three staff files to check how they were recruited. We also looked at records relating to the management of the service. This included staffing and medicines records and management checks of service quality and safety.

## Is the service safe?

### Our findings

All of the people we spoke said they felt safe and people's relatives confirmed this. One person said, "Staff always make sure I'm alright."

People and relatives were satisfied with cleanliness and hygiene at the service. Staff were trained and provided with relevant policy guidance, instructions and equipment for the prevention and control of infection and environmental cleanliness. However, we saw a few areas in the home where cleanliness and hygiene had not been effectively maintained, which showed staff did not always follow this. This meant there was an increased risk to people from an acquired health infection from the harbouring of germs and bacteria or from infection due to cross contamination.

The provider assured us they would take the action needed to address this. Information shared with us by local authority care commissioners, from their subsequent checks of the service following our inspection, confirmed the provider had taken the action required to ensure people's safety. This demonstrated lessons learned and improvements made when things go wrong.

People and relatives knew how and were confident, to raise any concerns about people's safety if they needed to. One person said, "I would recommend this place; it's safe; if I had concerns I would go to the manager; I don't have any." Staff knew how to keep people safe and the action they needed to take if they witnessed or suspected the harm or abuse of any person receiving care from the service. The provider's related written procedures, staff training and safeguarding lead arrangements helped to ensure this.

Risks to people's safety associated with their health condition, environment or any care equipment they used, were assessed before people received care and usually regularly reviewed. People's care plans showed staff the care actions they needed to follow, to ensure people's safety when required, which staff understood and followed.

People's medicines were safely managed, stored and given to people when they needed them. Related records were accurately maintained. Staff responsible for the handling and administration of people's medicines, were regularly trained and assessed to make sure they were competent and safe to do this.

Staff were safely recruited and deployed to provide people's care. The provider carried out required employment and nurse registration checks before staff began to provide people's care; to make sure they were safe to do so. This included checks of staffs' employment history, related care experience and checks with the governments' national vetting and barring scheme. This helps to make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups of adults or children. .

Arrangements were in place for the routine servicing and maintenance of care equipment at the service. Contingency plans were in place for staff to follow in the event of a foreseen emergency, which they understood. The provider has taken action to comply with recommendations made by the local fire authority following their recent fire safety checks at the service in March 2018.

## Is the service effective?

### Our findings

People received effective care from staff who supported them to maintain their health and nutrition. People, relatives and a community professional were satisfied with the care people received from staff at the service. All were confident staff understood people's needs and knew what they were doing when they provided people's care. One person said, "The staff discuss my care with me." Another said, "I get the care I need; the GP comes every Friday and district nurse twice a week to do my dressings."

Staff understood people's health conditions and how they affected them. People were supported to access external health professionals when they needed to. This included for specialist and routine health screening. Staff understood and followed any related advice or instructions for people's care when required. Arrangements were in place to ensure accurate information sharing about people's care needs and related choices if people needed to transfer to another care provider for any reason. For example, in the event of any hospital admission. This helped to ensure people received consistent, effective care; as agreed with them and any external health professionals concerned with this.

Staff described comprehensive arrangements for their work induction, training and support. This included relevant competency checks and bespoke training about people's health conditions. Related management records showed staff were trained and supported to perform their role and responsibilities for people's care. This meant people received effective care from staff who were trained and supported to provide this.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. People's consent or appropriate authorisation for their care was sought in line with legislation and guidance. This meant people's rights were being upheld, and restrictions in people's care were lawful.

People were supported by staff to eat and drink sufficient amounts of food they enjoyed. Staff knew and followed people's dietary needs, preferences and any related health requirements concerned with people's nutrition. This included ensuring people received the correct type and consistency of food. People were provided with any adapted cutlery, crockery or drinking cups, to support their independence when eating and drinking when needed.

People said they were comfortable and mostly happy with their environment, including their own rooms, which were personalised to their own taste. However, some people found and we also saw that directional signage and relevant aids, to support people's environmental orientation and independence were not consistently provided. We discussed this with the registered manager, who has since told us about their action to ensure this. Otherwise people were able to move around the home safely and independently. For



example, corridors provided handrails and sufficient space to enable people to move safely and have room to use equipment such as walking aids.

## Is the service caring?

### Our findings

People received care from staff who were kind, caring and promoted their dignity and rights. People, relatives and a community professional were all positive about this. One person said, "Staff are kind and respectful; but more than that; they treat us with love and care." Another person told us, "I'm happy here; staff are very good." A relative told us, "It's so homely; not at all institutionalised."

Throughout our inspection we saw staff treated people with respect and ensured their dignity and rights when they provided care. This included protecting people's privacy and dignity by closing doors or speaking quietly with people in communal areas; checking they were comfortable or by making sure people's clothing was adjusted when needed. Staff supported people's choices and preferred daily living routines. For example, in relation to meal choices or rising times.

Staff supported people to maintain their independence. This included making sure people had their personal items, drinks or any equipment they needed to hand. This included walking frame or adapted cutlery and crockery to help people to move or eat and drink independently when they needed to.

People were provided with information about their care in a way they could understand. Such as large print, picture, written and verbal explanations. One person living with a sight impairment told us staff made sure they put things in the agreed place in the person's own room so they knew where to find them. We also saw that staff took time to support people at their own pace and in the way they preferred. One person said, "At first they [staff] put my clean washing away, but I asked them to put it on the bed; They do this for me - I like to put it away myself."

People and relatives felt they had good relationships with staff who knew them well and understood what was important to people for their care and daily living arrangements. Relatives said they were made welcome to visit the home at any time to suit the person they were visiting.

People's care was discussed and agreed with them. One person said, "They always discuss with me." A relative told us, "Staff speak to [person receiving care] by name; they talk and tell [person] what they are doing, even though [person] hasn't got capacity."

People's agreed care, daily living routines and lifestyle preferences were detailed in their written care plans for staff to follow. People and their representatives were provided with relevant information to help them understand what care they could expect to receive from staff at the service. Staff training measures and regular management checks of people's care helped to ensure staff consistently followed this. People were also informed how to access independent lay advocacy services if they needed someone to speak up on their behalf.

## Is the service responsive?

### Our findings

People received timely, individualised care in a way that met with their known daily living preferences and lifestyle choices. One person said, "Staff help me when I need help; they leave me alone to get on with it, where I can; If I ask for help they always respond." Another person said, "Staff know I always like to get up early; I go and sit with two other residents as we like to have a chat." Another person told us, "Sometimes my stomach isn't right; so I ask for something light to eat like a poached egg or a bit of soup; it's never a problem." A relative said, "Staff help when it's needed; they cut up [person's] food first; so they can use their good hand."

We observed throughout our inspection that staff responded in a timely and appropriate manner when people needed assistance. For example, to move, go to the toilet or to eat and drink. Staff regularly checked with people if they were happy or needed anything.

Staff understood and followed what was important to people for their care. This included following people's preferred care routines and communicating with people in a way they understood, which was also recorded in people's written care plans. We saw that staff took time to support people at their own pace and in the way they preferred. One person living with a sight impairment, told us staff made sure furniture and personal items were kept in the agreed place in the person's own room; so they knew where to find them.

People were provided with information about their care and daily living arrangements in a way they could understand. Such as large print, picture, written and verbal explanations. There was a communication file with guidance for staff to use when required to help them communicate with people in a way they could understand. For example, when people were not able to communicate verbally because of their health condition. The guidance included key pictures and symbols or words, which staff could adapt to suit people's individual needs. Staff had most recently adapted this, to support their communication with one person living with dementia when they came to live at the service. Staff explained this was used along with a white board in the person's room. The white board was used to record information to help the person remember for their routine daily living tasks and other key information. Such as, calendar important calendar dates and for their personal orientation.

People were supported to engage in home, community life and religious practice as they chose. This included participation in social and recreational activities such as games, music, crafts, regular gentle exercise or seasonal events and celebrations. External entertainers were regularly invited into the home, which people enjoyed. Staff, people using the service and relatives were regularly involved in fund raising to support people's recreation and leisure activities. For example, a group of people regularly made jam and greetings cards, which were displayed for sale at the service. Recent items purchased at people's request from funds raised, included garden games, pastry sets for cooking and equipment to support regular chair aerobics sessions.

People and their relatives were informed, knew how and were confident to raise any concerns or make a complaint about their care if they needed to. People and relatives views about the care provided were

regularly sought. For example, through people's individual care reviews, care questionnaire surveys and telephone calls and talking with people. This information was used to help inform care changes or improvements when required. There had been no complaints during the last 12 months. The provider had provided additional equipment to support people's occupational and leisure activities at the service following suggestions people made about this.

Staff were trained, supported and understood how to provide care and support for people's end of life care when required. This followed nationally recognised principles and standards concerned with end of life care. For example, to ensure timely and consistent co-ordinated care; shared decision making; maintaining people's hydration and the provision of equipment and medicines for people's comfort and support. Staff worked in consultation with relevant external lead health professionals concerned with end of life care when needed. The provider had recently hosted a joint provider training event for end of life care at the service on behalf of local health care commissioners. This was attended by staff from the service and also from other similar type care homes services within the locality. This helped to support and inform a consistent approach to people's end of life care

## Is the service well-led?

### Our findings

People, relatives and staff felt the home was well managed and said the provider and manager was approachable and accessible. All said they would recommend the service to family and friends. One person said, "I feel fortunate to live here; I get on with the manager very well." A relative said, "I know who the manager is; she's always got time."

The service was well managed and run. A range of management checks were regularly operated to help inform and ensure the quality and safety of people's care. For example, in relation to people's health and nutritional status, medicines and staffing arrangements, care plan record keeping and equipment safety. Accidents, incidents and complaints were monitored and analysed to help identify any trends or patterns. This helped to inform the related quality and safety of people's care and any improvements needed. Action was taken by the provider following our inspection to consistently ensure safe systems of cleanliness and hygiene and further support people's environmental safety, orientation and independence.

Staff understood and followed the provider's stated aims and values for people's care, which included to promote people's dignity, privacy and rights. Related staff training and management checks of care practice helped to ensure this. People and relatives were involved in developing and improving the service through individual consultation, regular care reviews and questionnaire type surveys. The most recent care survey carried out in December 2017 showed overall satisfaction with the service and people's care provision. The survey found no negative comments received.

Group meetings were not regularly held with people or their relatives and any survey results were not routinely shared with them. People and relatives held mixed views about this. One person said, "We had regular residents' meetings in the previous care home where I lived; I would like to see it here; you don't always know what's going on." Another said, "There have been meetings on odd occasions; nothing regular and no committee but people do make suggestions and they're usually acted on; I like it as it is." We discussed our findings with the registered manager who agreed to further review their arrangements for service consultation and information sharing people and their relatives.

Staff all said they felt well supported and informed to carry out their role and responsibilities. One staff member said, "There's good team work; we know what's expected – if we need to change something or improve the manager and nurses always explain what and why." Another said, "If I have any concerns, I am confident to speak out and discuss with the manager, nurses and team leaders; they all listen and are always supportive."

The provider had established a range of operational policies and procedures for staff to follow to help ensure people's care and safety at the service. Staff told us the manager or senior staff held regular meetings with them, such as individual or group meetings and also for care handover information at the start of each work shift. This showed that staff were appropriately informed and supported to deliver people's care safely and effectively.

Records relating to people's care were accurately maintained and securely stored. Arrangements for the handling, storage and protection of people's confidential personal information were recently reviewed by the provider to ensure they continued to meet with recently revised legislation concerned with this.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and their website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. This was conspicuously displayed.