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Hollybank Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 17 and 24 November 2016.

Our last comprehensive inspection took place on 15 and 16 September 2015. At this inspection, we found the service had not complied with all the regulations we reviewed. We found breaches in the regulations relating to risk management, the management of medicines, and not receiving all the notifications we required. The home had not had a registered manager for some time. We returned to the service on 25 February 2016 and found that action had been taken to ensure compliance with the regulations.

Hollybank Nursing Home is registered to provide nursing and residential care for up to 49 older people. Twenty one people were using the service at the time of our inspection. At the time of our visit there were no nurses employed at the home and no-one who used the service was receiving nursing care.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

It was clear from the paperwork we reviewed and discussions with other managers that the registered manager, who was also the registered manager for the providers' sister home, Oak Lodge, had not been involved in the day-to-day running of the home. We were aware that the registered manager had handed their notice in and the group manager had started the interview process to appoint a new manager, who would be registered with us.

It was noted that the service also had a home manager. Although not registered with us the home manager took responsibility for the day-to-day running of the home with the support of the group manager.

People who we spoke with told us they felt safe at the service. Care staff we spoke with knew what action to take if they were concerned about a person who used the service being at risk of harm or the practices of a colleague.

Recruitment and selection procedures were in place to help protect vulnerable people from people who may be unsuitable to work with them. People and staff thought there were enough staff on duty to meet their needs.

There were procedures in place to ensure people received the appropriate support to manage their medicines. People were cared for in a safe and clean environment.

The premises had been through a major refurbishment. The providers had put in a great deal of thought into the refurbishment, which had been finished to a high standard incorporating up to date equipment.

Staff had an understanding of how to keep people safe and protect their rights should they be unable to consent to the care and support they required.

People were provided with a choice of suitable and nutritious food.

People had access to health and social care professionals to support them if required.

The atmosphere at the service was calm, relaxed and friendly. People who used the service spoke positively about the staff team who supported them.

People were able to participate in activities if they wanted to. This helped to ensure their emotional health and wellbeing.

There was a system in place for handling and responding to complaints. People told us that they were confident that the home manager would deal with any concerns that they raised.

People, relatives and staff spoke highly about the home manager. They said that they were approachable and supportive.

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.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards and plans were in place for them to receive training in these areas. Systems were in place to monitor deprivation of liberty safeguards authorisation and seek renewal as necessary.

Training and support was provided to staff to help enable them to carry out their roles safely and effectively.

People were provided with a choice of suitable and nutritious food.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the staff team.

The atmosphere at the home was friendly, calm, relaxed and inclusive.

The staff had a good understanding of the needs of people they were caring for.

Is the service responsive?

Good ●

The service was responsive.

Records showed that people's needs were assessed prior to them moving into the home. Care plans and risk assessments were then developed from the assessment information.

Opportunities were available for people to participate in activities if they chose to.

Systems were in place for the reporting and responding to people's complaints and concerns.

Is the service well-led?

Good ●

The service was well led.

There was a manager who was registered with us. However, they had not been involved in the day-to-day management of the home and had handed in their notice. The recruitment process had started to employ a new manager who would be registered with us.

The service had a home manager. People, relatives and staff spoke positively about the home manager, who was said to be approachable, supportive and visible.

Monitoring systems were in place to help maintain and improve the safety and quality of service.

Hollybank Care Home

Detailed findings

Background to this inspection

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

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and the clinical commissioning group. No concerns were raised by them about the care and support people received from Hollybank Nursing Home.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

The inspection took place on 17 and 24 November 2016, was unannounced and undertaken by an adult social care inspector.

During the inspection, we spoke with six people who used the service and four visitors. We also spoke with the group development manager, briefly with the registered manager, the home manager, two night carers, three day carers, and two cooks. We looked round the building, at a range of records relating to how the service was managed; these included people's care records, recruitment files and training records.

Is the service safe?

Our findings

When we arrived at Hollybank we found that the home was secure. A new electric gate had been fitted that staff were able to open remotely via an intercom system. We were told that CCTV had been fitted throughout the home. A person told us, "I feel safe here I wouldn't want to move anywhere else. I have no worries or concerns." A relative said, "I have peace of mind."

We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us that they had received training in their responsibilities for safeguarding adults and whistleblowing if they witnessed poor practice by colleagues. They knew they must report any concerns to the manager or to other agencies such as the local authority safeguarding team and CQC. Staff said, "It could be my grandparents," "I have no doubt the manager would take it seriously, listen and take action" and "I could speak to one of the providers they come here every day." Information on abuse was available in the reception area for visitors to view.

We spoke to a new member of the night staff team who had previous experience of working in other older people's services. They told us that they had all the recruitment checks undertaken before they started work at the home and they had had an induction.

We checked to see that staff had been safely recruited. We reviewed three staff personnel files and saw that each file contained an application form with included a full employment history, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

Staff we spoke with thought there were enough staff available to support people if the home was fully staffed. Night staff said, "It's a good team on nights, we cover for each other so only use occasional agency staff." This helped to ensure consistency and continuity of care for people. Staff rotas confirmed staffing levels were provided at consistent levels. We saw from the recruitment records that additional staff were now starting to be recruited in anticipation of an increase in the numbers of people living at the home once the refurbishment was fully complete.

We saw on the first day of our inspection that footplates on wheelchairs were not always used. However, on the second day of the inspection we saw they were always used. We saw that two new hoists had been purchased. We saw information that showed that one of the hoists had been replaced to a larger size to accommodate taller people. A person who was transferred by use of a hoist said, "Moving and handling is spot on." Pressure relieving equipment was available for people to use. We saw information that showed a loop system had been fitted to the lounge area to support people who required hearing aids to use them more effectively.

The provider had given considerable thought to the infection control system in the home. They told that the floor coverings had been treated with a micro bacterial coating. Hand dryers that sterilised had been fitted

in all communal toilets. We saw that all communal areas were clean, well maintained and no malodours were detected. Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary and regular checks regarding the cleanliness of the environment.

Personal Emergency Evacuation Plans (PEEPs) had been introduced and door guards were to be fitted to bedroom doors. We saw that Hollybank Nursing Home had a Business Continuity Plan that gave details about what action was to be taken in an emergency for example if the home needed to be evacuated. We saw a valid electrical certificate was in place, which included the new electrical system to the refurbished part of the building. We saw that the home had recently been issued with a valid insurance certificate. The providers informed us that a fire safety company had planned to carry out a full fire risk assessment of the building on 1 December 2016.

A person on respite told us, "My medicines are ordered on time and I receive it on time." During our observations, we saw that people were asked if they needed any 'as required' medicines for pain relief. We saw that time was given to ensure that medicines were not given in a rushed manner.

We looked at the medicines management systems at the home. We saw that the medicines were securely held in a new ground floor medication room. The keys for medication were passed over to the person responsible for medicines administration from shift to shift. We saw that monthly audits of medicines and annual competency checks of authorised staff were carried out by the home manager. The home's pharmacy had also carried out an advice visit on 28 September 2016 and the home had a copy of the pharmacist's report.

There was a monitored dosage system (MDS) in place for the administration of medicines. We saw that medicines received from the pharmacy were checked in and recorded in and out if they had not been used.

We checked three of the controlled drugs being administered by the home. We found that the medicines accurately corresponded with the controlled drugs register. The home was following NHS and Local authority guidance for the recording of anticipatory control drugs administered by district nurses to people who were at end of life.

At the time of our inspection no-one was being given control medicines or receiving their medication covertly i.e. without their knowledge. There were no 'as required' medicines being used to support people to manage their behaviours. The home manager told us that homely remedies were rarely used and they would check with a doctor first before they used them to ensure they were not contra-indicated with the person's prescribed medicines.

Staff administered skin creams. We were informed that there were no people who lived at the home who had pressure area care concerns. Records of fridge and room temperatures were maintained to ensure medicines were safely stored.

Is the service effective?

Our findings

At our last comprehensive inspection in September 2015 we saw that the provider was in the process of carrying out a major refurbishment of the main building of Hollybank Nursing Home. At this inspection visit we saw that the work was near to completion with the new main lounge and three bedrooms in use. We saw that the work had been finished to a high standard. We talked with both providers about the date the works would be fully completed. They informed us that this was anticipated to be early in the New Year.

The providers said that they had invested a lot of time and effort in making sure that the building could meet people's and the staff team's needs and had changed their plans as the building was being completed to ensure that this happened.

We saw that there was a large open plan lounge/dining area in use. Overall people spoke positively about this area. One person said, "It's light and airy. The new lights mean I can read all day now," "There are lots of options now. The old lounge was too small and there was no privacy when visitors came. We can go over there now" and "We can see the garden." We were aware that there was further furniture and blinds to be put in place that would help make this flexible space feel more homely. There were fresh flowers and plants throughout the home. We were aware that plans were in place to develop the new conservatory area into a café area, a new hairdressing salon with a nail section and the further work to the user friendly garden.

We saw that the building had been finished to a high standard. We were told that air conditioning, under floor heating and LED lighting had been installed. A new nurse call that could print out response times had also been fitted throughout the home. Blue hand and grab rails had been fitted to the bathrooms and toilets which enabled them to be seen easily by people who used them. Special toilets had been fitted for people who required support by use of a hoist to reduce the number of transfers required.

The home had received positive comments from visiting health care professionals about the refurbishment of the building, about the professional look of the home and the space now available for paramedics to move 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate external health and social care professionals were involved in DoLS assessments.

Records showed that most staff had received training in the MCA and more recently DoLS. Staff we spoke

with said they gained consent were they could to carry out personal care tasks. A staff member said, "We constantly ask. We know people well and that mental capacity can fluctuate. Capacity assessments and people's consent to care was seen on the care records that we looked at. We also saw positive statements in the lounge, one that stated, "Nothing about me, without me" and "All human beings are born free and equal in dignity and rights."

A new staff member said that they had been made to feel welcome by the staff team, which had enabled them to settle quickly. They confirmed that they had shadowed night staff for three nights and had been able to meet people who used the service and other staff. Staff told us, "We are a really good staff team. We all work well together" and "There is a good staff team and good communication."

Training records showed that staff had received basic training in fire safety, moving and handling, infection control, food hygiene, first aid and health and safety. Where new staff had been recently been employed we saw from the training record that required training had been booked. All established care staff had undertaken an appropriate NVQ to Level 3 and Level 2 standard.

Staff received supervision from the home manager, which was a mixture of formal discussion, group meetings and competence checks. We saw that the group manager had introduced a new appraisal system, which was due to be rolled out to staff in January 2017.

At the request of people who used the service the order of meal times had recently changed to have a light lunch and a larger evening meal as they did when they lived at home. People told us, "The food is very good. The chef is very good. There are lots of options." The cooks told us that they were happy with the new kitchen. A chef said, "We try to tempt people with alternatives" and "I don't want people to lose weight they can have what they like; there is plenty of choice."

We spoke with both cooks who told us they were happy with the quality of food supplied to the home. We saw there was a four week rotating menu in place, which was kept under review. The cooks watched to see what meals were popular and what were not and changed the menu accordingly. The menu was also varied from Summer to Winter.

We observed the lunchtime meal. There was a good atmosphere in the dining room and food looked appetising, was nourishing and well prepared. We saw that people enjoyed the meals offered and support was given in a dignified way with people being actively encouraged to eat more and alternatives offered. Information was available in the kitchen that showed which people were on soft diets, required portion size and whether the person required support from staff to eat their meals.

The group manager told us that they had recently agreed to become involved in the Greater Manchester Healthy Catering Award scheme. This is a partnership arrangement between AGMA (Association of Greater Manchester Authorities) and gmphnetwork (Greater Manchester Public Health) to promote healthy eating.

The cooks knew which people were on special diets, for example, soft diets and diabetic. A senior staff member told us that everyone was weighed monthly and if there were any concerns about weight loss they would do more to encourage a higher calorie intake and seek professional advice if necessary.

People confirmed that they were registered with a doctor. Managers told us that the service had a good relationship with the local doctors' surgeries. We also spoke with a visiting doctor who spoke positively about the service. They told us that, "Staff do care and people are looked after properly. [Doctor's] directions get done to a high standard which mean less admissions to hospitals and better outcomes for people."

Is the service caring?

Our findings

We arrived early on the first day of our inspection. We found that there were four people up and dressed. Staff told us that they were under no pressure to get people up before they were ready. People we saw were well dressed and cared for.

During the inspection, we observed frequent warm and friendly interactions between staff and people who used the service. The atmosphere at the home was calm, relaxed and unhurried.

A person who had used the home for respite care said, "I will miss it here when I leave. It is the small touches that make all the difference." They said they would definitely use the home in the future for periods of respite care.

People told us, "Staff are very good, kind and helpful. [Staff member] gets our shopping in. There's no you should do this or you should do that," "It took me a while to settle but [staff] are great, friendly and will do anything you ask them to do," "Its very friendly and everyone gets on well. We can have a laugh" and "They go the extra mile. Nothing is too much trouble."

Staff said, "I would recommend Hollybank to my family. It has a family feel to it here," "All the girls here are loving and caring. I love my job" and "I would recommend to my [relative]. I know [relative] would be okay and I would have peace of mind."

We saw some people's bedrooms during our inspection. Rooms seen were homely and comfortable. We saw that people had personalised their rooms with belongings from home. New bedrooms with ensuite had been refurbished to a high standard.

We saw that the new reception had a sign stating that visitors were entering a 'respect zone'. There was a lot of useful information available for visitors to read, which included comments, suggests and complaints, elder abuse and safeguarding information, an information leaflet about DoLS and decision making, information about treating people with dignity and local advocacy arrangements.

We spoke with a visitor who was sitting with a person who was receiving end of life care. They had stayed late and returned early. They said they could see the person had been washed and had a change of clothes and that this was reassuring that the person was being cared for. The home manager was able to reassure the visitor about the end of life process.

We were told about how staff stayed with people when they were nearing the end of their life, which often meant staying in their own time. This was to ensure that the person was not alone and that they could ensure that all the necessary arrangements were made in a timely way.

We saw that during the refurbishment an en-suite bedroom had been created to be used by the family and friends of any person who was ill or at end of life We saw that a family had gifted the home with a bench in

remembrance of a person who had lived at the home and a donation to the homes 'resident fund'; this was in recognition of the care the person had received at the service.

Is the service responsive?

Our findings

The home manager told us they and one of the senior members of care staff would visit and speak with people and their families if appropriate before they moved into Hollybank. We were told an assessment would be completed so that important information about the person and how they wished to be cared for could be gathered and from that information a care plan was developed.

We looked at three care plans. We saw pre-admission assessments on file and that baseline care plans and risk assessments were put into place soon after admission. They were then developed over time as people's needs and wishes were fully established because they could be different to the initial assessment. For example, one person who had recently moved into the home told us it was important to them to maintain as much independence as possible. We saw that this was recorded and examples of how this was to be achieved were documented.

We saw that care plans covered up to twelve areas of need, for example, personal hygiene, condition of skin and pressure area care, communication, emotional needs, mobility and eating and drinking.

We attended the daily morning handover from the night staff to the day staff. All the people who lived at the home were discussed and any tasks that needed to be followed through by the day staff. This helped to ensure that people received consistent care and support.

An activity worker was available two days a week and had developed a programme of planned activities and events. The activity worker maintained a record of all activities, which had taken place. People gave mixed views about activities. Some people said they would like more activities but other people said, "It's not a school. I like to do what I want to do," "I just like word searches" and "I like to read."

We saw in the afternoon that the staff spent time sitting and chatting with people on a one to one basis. There was a table set up for people to paint Christmas baubles. We saw people coming to the table with relatives to paint them. We saw that many people liked to read and one person had their own craft box with items they could use, as they wanted to.

Wi-Fi had also available throughout the building and the home had installed smart televisions. It was planned that the smart television would be used for people to Skype their relatives and friends and to be used for activities through 'apps' systems.

We were told that people's birthdays and anniversaries were celebrated. We saw a thank you card from a resident which commented, "To [staff member] and all the people who worked so well to make tonight's party so good. Thank you I had a lovely time and hope it happens again" and "Just a note little not to say a big thank you to you all for helping us to celebrate Mum and Dad's anniversary. The buffet was lovely and made us all feel very welcome."

Staff told us that an area of the new lounge was going to have an activities corner, which people could

access at all time.

We saw the minutes from the residents meeting held on 2 November 2016, which ten residents attended. The residents discussed their care and the arrangements for laundry, food and activities. Residents commented that they were very happy with the care they received and had no complaints about the laundry, food or the activities offered.

People spoken with said if they had any issues or concerns they could approach, the home manager and they were confident they would sort the situation out.

We saw that information was displayed to advise people who used the service and their relatives about how to make a complaint. We looked at the home's response to a complaint made by a relative. We saw that the complaint had been formally acknowledged by letter and a meeting had been held with the relative to help address and resolve the issues they had raised.

We saw that there were many thank you cards that had been sent to the home from relatives. These included comments such as, "We would like to say thank you for taking good care of [relative]. We made the best decision having [relative] there," "Thank you so much for caring for [relative] with such love and devotion. Your continued understanding and dedication will never be forgotten" and "Thank you so much for looking after [relative]. It was the hardest things we had to do putting [relative] in care. It was made easier by the way you looked after [relative]."

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. However, we noted that the registered manager, who was also the registered manager for Hollybank's sister home Oak Lodge, had little oversight of the home. We were aware that the registered manager had recently handed in their notice. The group manager had started the recruitment process for a full time manager for Hollybank Nursing Home, which was at the second interview stage.

At the time of this inspection no one who used the service was assessed as requiring nursing care and no nurses were employed at the service. We talked with both registered providers and the group manager about the future arrangements for registering a manager against the regulated activities provided by the service. At the time of our inspection, only 21 people were using the service though people were waiting to come and live at the home. This was because the providers were still considering whether or not to continue with the provision of nursing care at Hollybank and this would be depend on the outcome of discussions with local stakeholder agencies in respect of local need. It was anticipated that a decision would be made in the near future and then the statement of purpose would be updated. A statement of purpose describes what the registered service does and who it providers a service for.

The service had a full time home manager who was not registered with us. People without exception spoke positively about the home manager. They said, "The boss [home manager] is great. Always listens to you and very kind. If you're not well [home manager] is the kindest person going." "[Home manager] is great. [Home manager] listens and I trust [home manager] to do the right thing." "[Home manager] is not a talker [home manager] is a doer." Staff said, "We have a super home manager and senior staff team" and "The manager is very visible."

Both providers were regular visitors to the home on an almost daily basis. This was confirmed by comments people made to us including, "[Provider] comes in a lot. Weekends too." We were told by the managers we spoke with that they experienced no problems when requested resources needed by the service.

The group manager and the home manager were in the process of strengthening and developing the senior staff team in preparation for the completion of the building and an increase in the numbers of people who will live at the home and staff working there. We were told that there was a waiting list of people wanting to move into the home.

We saw that regular meetings with staff were arranged and minutes kept. There had been a full staff meeting held on 31 March 2016 and another arranged to take place on 28 November 2016. A senior meeting took place on 11 November 2016, an administrator's meeting on 1 November 2016

Before our inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure

people were kept safe.

Prior to our visit, we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us and gave detailed information about the service.

We also saw additional information about where improvements had been made to the building, work with outside agencies to promote the health of people who used the service and staff. Plans were also in place for a computerised care and administration records system to be installed at the home early in the New Year.

Before our inspection visit, we contacted the local authority safeguarding and commissioning teams and the clinical commissioning group. They raised no concerns about the care and support people received from Hollybank Nursing Home; however, they did comment that the registered manager was not working at the home on a full time basis.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

We saw that the group development manager carried out a quality audit at the service on 12 September 2016. They looked at the environment both outside and inside, health and safety, levels of cleanliness, equipment, laundry, safeguarding, staffing, care plans, discussions with people and visitors. We saw that where shortfalls were found the group manager returned to the service to check that action had been taken to resolve the issues. The providers told us that an external health and safety advisor also carried out checks on the building.

Once the home was fully operational, a quality assurance survey would be sent out to people who use the service, their relatives and other stakeholders to get feedback on the service offered.

We saw that the group manager had developed new policies and procedures for both the provider's homes and was in the process of standardising systems at both sites.