

Acegold Limited

Hollycroft Care Home

Inspection report

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Date of inspection visit: 7 April 2015
Date of publication: 02/06/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection of this service on 28 October 2014. 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 on 7 April 2015 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 Hollycroft Care Home on our website at www.cqc.org.uk

At the April 2015 inspection we found the new manager had completed the registration process and was now the registered manager for the service.

People and their relatives spoke positively about the service and staff told us they had confidence in the management. We found significant improvements had been made and the home was now compliant with all the regulations we looked at. However, there were only 12 people living at the home which is registered to provide care to 30 people. For us to be assured that the service was able to consistently provide good care we would need to see evidence that these improvements were sustained over time and with a greater occupancy level.

Summary of findings

Staffing levels were appropriate and people received care in a timely fashion. There was also a good level of management support available in the home.

Systems were now in place to ensure that staff promptly reported incidents such as safeguarding incidents and falls. We looked at how incidents had been managed and saw examples where appropriate action had been taken to help keep people safe.

Staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making

decisions was respected. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Covert medicines were administered correctly in line with the required legal frameworks.

People's care needs were appropriately assessed and care was delivered to meet their individual needs. Care documentation was up-to-date and there was evidence that regular changes were made to respond to people's changing needs.

Systems were in place to regularly assess and monitor the quality of the service. This included checks on staff competency, a range of audits such as medication and mealtime experience and regularly seeking the views and feedback of people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety. We found there were enough staff to meet people's needs. People were attended to promptly and supervised appropriately. However there were only 12 people living in the home, so we could not be fully assured that these improvements would be sustained with a greater level of occupancy.

Measures were in place to protect people from harm. Staff had received additional training in identifying and acting on allegations of abuse. We saw evidence that following incidents safeguarding procedures had been followed to help keep people safe.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of care. We found staff had suitable skills and knowledge to care for people. A range of training had been provided to staff and staff skill/knowledge was regularly assessed through competency checks and supervisions. This helped staff to provide appropriate care.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Correct procedures had been followed in respect of the administration of covert medication to ensure people's rights were protected.

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Is the service caring?

This domain was not inspected as part of this focused inspection.

Requires improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of care. Following the last inspection, care plan documentation had been re-written which made it clear and easier to follow. Documentation was now completed more consistently and this helped to demonstrate that appropriate care had been delivered.

People and their relatives spoke positively about the care at the home. Care plans were regularly reviewed and changes made where risks were identified. This demonstrated the service was responsive to people's changing needs.

Requires improvement



Summary of findings

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

Is the service well-led?

We found that action had been taken to improve how the service was led. Staff, people and their relatives spoke positively about the registered manager and said that significant improvements had been made to the service following our last inspection. This was evidence during our inspection with improvements achieved by following a clear service improvement plan.

A range of measures were in place to assess and monitor the quality of the service. This included checks of staff performance, audits of care records, medication systems and regularly seeking the feedback of people who used the service. This helped to promptly identify issues and take action to continuously improve the service.

We could not improve the rating for this domain because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Hollycroft Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Hollycroft Care Home on 7 April 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our 28 October 2014 inspection had been made. The inspection team checked improvements had been made in all areas where breaches were identified. The inspection was unannounced.

During this inspection the team inspected the service against four of the five questions we ask about service; is

the service safe, is the service effective, is the service responsive and is the service well led? This is because the service was not meeting relevant legal requirements in these areas.

The inspection was undertaken by two inspectors.

During our inspection we spoke with six people who lived at the home, a relative, the manager, three members of care staff, and one domestic staff. We reviewed the care records of five people who lived at the home and other documentation relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 28 October 2014 we found there were not enough staff to ensure people received appropriate care. This was a breach of Regulation 22 regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found measures had been put in place to ensure there were now sufficient quantities of staff deployed to ensure people received safe care.

Our observations throughout our inspection showed people were not left unattended for any length of time. We observed staff had the time to sit with people in conversation or take time to alleviate people's anxieties. When people requested assistance staff arrived promptly, for example we observed someone called for assistance and staff arrived within 20 seconds.

Due to some vacant posts, safe staffing levels were maintained through existing staff overtime and the use of agency staff. We saw the provider was ensuring a degree of consistency with regard to agency staff and an agency induction helped to ensure these staff had the required skills and knowledge to safely care for people. Staff we spoke with told us the current agency staff were knowledgeable about people's needs. We saw a Disclosure Barring Service (DBS) check had just been received which would allow a further senior care worker to commence duty which would reduce the reliance on agency and overtime.

In addition to care staff the home employed a cook to deliver all aspects of food preparation and menu planning. A domestic worker and housekeeper carried out all cleaning duties. During the afternoon people's care needs were enhanced by the employment of an activities coordinator.

We found the staffing structure helped to ensure staff were well supervised in their duties with consistent availability of leadership in the form of the registered manager or deputy manager to provide support and direction.

We spoke with the manager about the method of calculation the staffing requirements and were told this was influenced by the assessed dependency of each

person receiving care. We looked at a sample of people's dependency records. We found people did not have high levels of dependency, with no-one requiring more than one member of staff to meet their planned needs.

Although staffing had been improved there were only 12 people living in the home at the time of our inspection. Therefore it was not possible to fully demonstrate that these improvements would be sustained if the home became substantially more occupied.

Improvements had been made to the procedures associated with recruitment to ensure that all necessary documentation was checked prior to staff commencing employment. This helped to keep people safe.

At the last inspection on 28 October 2014 we found people were not protected from abuse as the service had not taken appropriate action to identify and act on allegations of abuse. This was a breach of Regulation 11 regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the last inspection we found improvements had been made to ensure people were protected from abuse. Staff had been provided with additional safeguarding training and knowledge checks through supervisions and we found this was effective as staff were able to confidently describe the process for reporting and acting on abuse. We saw senior staff had received specialist training in safeguarding to give them enhanced knowledge in their responsibilities as supervisors of care. Safeguarding was also discussed with agency staff on induction to ensure they followed the correct policies and procedures. We saw safeguarding incidents were appropriately managed. For example, we looked at how the provider had managed a safeguarding incident. It had been promptly identified, and investigated with immediate action taken to help keep people safe whilst the facts of the matter were investigated.

At the last inspection we found incidents which resulted in or could have resulted in harm had not been appropriately reported. At this inspection, we found staff had received training and the manager had reiterated the importance of reporting incidents with staff. We found this had been effective as we saw numerous examples of incidents being promptly reported by staff and then clear management actions put in place following incidents to protect people from harm and/or ensure learning.

Is the service effective?

Our findings

At the last inspection we found staff were administering medicine to a person who used the service without their knowledge (covertly) and this had not been done in accordance with legal and good practice frameworks. The frameworks are designed to protect the person who is receiving the medicine and staff involved in the administration. The correct processes had not been followed in terms of assessing people's capacity under the Mental Capacity Act 2005. This was a breach of Regulation 18 regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we found improvements had been made and the correct processes were now followed. One person was receiving their medicines covertly and we saw that their capacity had been assessed, and a best interest decision made which involved input from relevant stakeholders including family, general practitioner and pharmacist. These demonstrated medicines were now administered covertly within current legal and good practice frameworks. A senior carer told us that on many occasions the person would accept their medicines without the need for covert means. This demonstrated staff were aware of the need to use least restrictive means of administering medicines whenever possible.

A review of 12 care plans showed in all cases mental capacity assessments had been conducted. The manager's assessment of probable deprivations of liberty in people lacking mental capacity had led to three applications for Deprivation of Liberty Safeguards (DoLS) being made to the supervisory body demonstrating the correct legal processes had been followed. Our assessment of the action taken by the manager demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS and as such they were operating within the required legal framework.

Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS and could demonstrate a good and competent understanding of the legal frameworks. Staff were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals and family members. This helped to ensure the service as a whole was acting within the required legal frameworks.

During our last inspection on 28th October 2014 we had found the provider was not meeting Regulation 23 (Supporting Workers). At this inspection we found significant improvements had been made and the provider was now compliant with the relevant legislation.

Following the last inspection action had been taken to enrol and support staff on attaining further qualifications in Health and Social Care. As a result, we saw that all care assistants had achieved level 2 qualifications and the majority were working towards level 3. Staff undertook a range of mandatory training which included safeguarding, manual handling, dementia and infection control. This was a mixture of computer based and face to face training. More face to face training had been introduced following the last inspection to provide staff with more relevant and interactive training. Competency assessments were provided in some subjects such as manual handling and medicines to ensure staff had learnt the required skills and knowledge to undertake their role effectively.

Systems of supervision which covered key areas of care were also provided to ensure staff knew how to maintain the required standards for example in filling out care plans and completing food and fluid charts. Competency was also regularly assessed through questioning staff about topics such as the MCA and infection control. We saw where gaps in staff knowledge had been identified actions had been followed through to improve staff practice.

We found these measures had been effective as staff we spoke with demonstrated a good knowledge of the subjects we asked them about such as the MCA and DoLS.

People told us they had access to health professionals for example one person said, "If I feel unwell [deputy manager] contacts doctor straight away." We read records which showed people had access to health and social care professionals according to their individual needs. Records showed that people attended appointments with social workers, doctors, community nurses and hospital specialists. Care plan documentation was much clearer than at the previous inspection. Information and advice from health professionals was clearly logged in care plans to help staff deliver effective care. We saw one person had recently started to display patterns of distress behaviour. The manager had sought the advice of a community mental health nurse (CMHN) and this had seen the person's emotional state improve. This demonstrated the manager

Is the service effective?

was aware of the needs of people and knew how to access professional support and advice. Moreover it showed advice given was translated into positive care which had resulted in improved health and well-being.

Is the service caring?

Our findings

This domain was not inspected as part of this focused inspection.

Is the service responsive?

Our findings

At the last inspection we found people's needs were not fully assessed and appropriate care not always delivered. We also found care plan documentation was chaotic and poorly completed. These were breach of Regulations 9 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

People we spoke with said they were happy with the care they received. For example, one person told us, "Marvellous staff, everyone gets good care and they have activities for us." During our inspection a relative asked to speak with us. They told us of their complete satisfaction with the care their relative was receiving. They told us there had been a marked improvement in care since the appointment of the current manager. This they said had resulted in both improved care and improved staff morale. Our observations concurred with their views.

People appeared comfortable and all were well dressed and clean which demonstrated staff took time to assist people with their personal care needs. We observed care staff supporting people where needed in a calm and unhurried manner and were attentive to people's needs and requests.

Following the last inspection care plans had been re-written and we found they now reflected people's individual needs. This helped staff to deliver care

responsive to people's needs. We saw that there were regularly reviewed risk assessments in place which covered key risks such as mobility, nutrition and tissue viability. Where someone was assessed as being at high risk then control measures had been recorded to state how the risk would be minimised. A range of care plans were in place which helped staff to deliver appropriate care such as for continence and nutrition. Where people were at risk of poor nutrition, daily charts to record food and fluid intake were in place. People's weights were regularly monitored. Where weight loss was identified it was evident the service responded appropriately by monitoring food intake, fortifying food or referring to other health professionals. This provided evidence the service was responsive to people's changing needs.

We saw evidence of regular monthly reviews to ensure care plans were kept current and relevant. The manager told us and records confirmed that a comprehensive care plan review had been carried out for each person who used the service during March 2015 involving the person and/or their relative.

Care records were now better ordered with documentation consistently completed. Records were clearly indexed and information was easy to find. We looked at people's daily care records which were kept by the home. These provided a detailed and accurate record of people's daily routines, activities they had participated in and any information relating to their health and well-being.

Is the service well-led?

Our findings

At the last inspection we found the service did not have an adequate quality assurance system in place to regularly assess and monitor the quality of the service and protect service users from the risk of unsafe or inappropriate care. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made.

Following the previous inspection, the new manager had completed the registration process and was now the registered manager for the service. Staff and a relative of a person who used the service spoke positively about the registered manager and confirmed they had made a number of improvements to the service since the last inspection.

We found all required notifications had been reported to us as part of the provider's duty to inform us of incidents including deaths and serious injuries. An effective incident management system was in place. When incidents occurred, the registered manager completed a manager's action section which demonstrated to us clear actions were put in place to prevent a re-occurrence and learn from incidents. Information on infections and weight loss was also recorded on the incident system so the manager could look at any themes and trends.

At the last inspection, the registered manager was new to the role. We found they had developed a good understanding of the systems and processes used to govern the home and had implemented a number of initiatives to improve the quality of care. We found significant improvements had taken place to ensure the provider was now compliant with the relevant legislation. This showed that the provider's system to assess and monitor the quality of the service had been effective in bringing about these positive changes. A service improvement plan had been used to drive improvement in a structured approach with assigned actions and timeframes.

A range of audits and checks were undertaken and these were now consistently completed. These helped to provide assurance that appropriate care was delivered and to continuously improve the service. The manager told us

substantial work had been done to improve the skills and knowledge base of staff through additional training. We saw staff competency on a range of topics was regularly monitored through the supervision process. There was evidence this process had identified issues and driven improvements in care practice.

The registered manager also undertook documented daily walk rounds which focused on checking that the required standards were being met. This including obtaining feedback from people living at the home and staff and looking at care records. A structured plan of audits which included medication, kitchen/mealtime experience was also undertaken. Audits of care plans were also undertaken which looked at a range of issues such as people's needs and the overall care quality. A "resident of the day" scheme was in place which ensured that each person's needs were reviewed monthly to ensure they were receiving appropriate care and their plans of care were relevant.

Periodic staff meetings took place which included Head of Department Meetings, day and night staff meetings. These discussed topics such as staffing, housekeeping, catering and care quality and the need to report all incidents. This provided evidence the provider was continuously reviewing the quality of the service to help drive further improvement.

Meetings for people who used the service and their relatives took place demonstrating the provider kept people well informed and involved them in decisions relating to the operation of the home.

All records were securely and confidentially stored. Staff had access only to records which they needed to effectively discharge their duties. During our visit all records were readily available for us to inspect. We saw all the necessary documentation and supportive evidence was available to enable the requirements of the Mental Capacity Act 2005 to be met when Deprivation of Liberty Safeguards (DoLS) authorisations were being sought.

Although we found substantial improvements had been made, the service was less than half full with only 12 people living in the home. In order for the service to demonstrate that it was Well Led, these improvements need to be sustained over time and with a greater level of occupancy.