

Hollycroft Care Limited

# Hollycroft Nursing Home

## Inspection report

8-10 Red Hill  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Hollycroft Nursing Home is a residential care home providing personal and nursing care for up to 37 people aged 65 and over, in one adapted building. At the time of the inspection 33 people were living at the home in this accommodation.

Of the 37 places at the home 20 of these were booked for short stay rehabilitation normally after a person's stay in hospital. The home had a physiotherapist and occupational therapist based at the home, during week days, to support these people with their recovery.

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

Systems and processes for safeguarding and whistleblowing to keep people safe were effective. When things went wrong the provider had learned lessons and developed improved systems. People had person-centred risk assessments in place and told us they felt safe in the service. We found people's needs and preferences were met by a sufficient number of long standing staff. People's medicines were safely managed. Infection control measures were in line with government guidance and followed by staff.

The registered manager and provider had improved processes to monitor all records and improved oversight of the service. The service was led by a visible registered manager who involved people, their relatives and staff in the care provided. The registered manager established a robust quality assurance and audit program.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported practice.

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 Requires Improvement (published 02 June 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

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.

We carried out an unannounced comprehensive inspection of this service on 16 January 2020. A breach of legal requirements was found, and a Warning Notice was issued. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

#### 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?

Good ●

The service was 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.

# Hollycroft Nursing 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 was carried out by one inspector.

#### Service and service type

Hollycroft Nursing 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.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, nurses, care workers and the chef. We spoke with one professional who regularly visits the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records for the management of the service, including policies and procedures were reviewed in relation to the Warning Notice issued following our last inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Our last inspection found a safeguarding concern that had not been shared with partner agencies. This inspection found the provider had clear safeguarding and whistleblowing procedures in place to keep people safe from the risk of abuse.

Staff understood the procedures and knew how to use them. A staff member told us, "If I was to see anything of concern I would report it to the management after making the person safe. This would then be raised to the LA safeguarding team and CQC."

- People and their relatives told us they felt safe in the home. A person told us, "I feel very safe the staff are very attentive." A relative told us, "I feel the service is COVID secure and [person] is looked after very well and is very safe."

- Staff had received training on identifying signs of abuse and staff knew how to respond to and report safeguarding concerns. A staff member said, "We have regular safeguarding training, and more is being introduced."

Assessing risk, safety monitoring and management

- Our last inspection found risks were not always monitored sufficiently in the home. This inspection found improvements had been made to risk monitoring such as falls, use of bed rails and people at risk of choking. For example, detailed risk assessments were in place and referral had been made to external professionals when required.

- Individual risk assessments were regularly reviewed and met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk of falls and developments made through physiotherapy had been recorded in people's risk assessments.

- Care staff and professionals confirmed people's risk assessments were followed to effectively reduce risks to people. A professional told us, "The carers here are brilliant as they work very well with us. Progress that we make through physio is handed over and the necessary changes are made to carry on improvements and support people's development."

Staffing and recruitment

Our last inspection identified the providers recruitment process needed to become more robust. This inspection found the process had been improved and the home had explored gaps in employment and retained written interview records.

- We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.

- Staff and relatives told us there was a long standing stable staff team and there was enough staff to meet

people's needs and keep them safe. A relative told us, "The same staff have been there for as long as [person] has (ten years)." A staff member said, "We always have enough staff, the manager strives to ensure we it. Most staff we have been here for many years and are very experienced and knowledgeable."

#### Using medicines safely

- The provider had robust procedures to ensure medicines were stored and managed appropriately by nurses and people received their medicines as prescribed.
- People's records detailed how they preferred to take their medicines including clear protocols for medicines as and when needed (PRN). A relative told us, "The nursing staff know [person's] medications and take the time to support [person] to be able to take their medicine the way [person] likes." A person told us, "I know what I take and there have been no problems."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider had systems in place to record and monitor accidents and incidents that occurred at the service. Lessons were learned from the analysis of these records to prevent future occurrences and updates to risk assessments took place when necessary to include this learning.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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; 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

At our last inspection systems and processes were not robust enough to demonstrate the service was operating effectively. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Warning Notice was served.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and the Warning Notice was removed.

- Our last Inspection found processes relating to recruitment and safeguarding concerns were not robust. This inspection found the processes had been strengthened and regular monitoring of these procedures took place to ensure the procedures were followed.
- Our last inspection found improvements were required to, monitor training needs. This inspection found improvements had been made to develop and maintain oversight of all these areas. For example, a detailed training matrix identified the training each staff required, the percentage of staff that had completed and when training was required.
- Our last inspection found risks to people's care had not always been mitigated. This inspection found risks had been assessed and a regular analysis of all incidents took place to identify patterns and trends with a view to identifying new risks and further mitigating risks to people.
- The registered manager was invested in continuous learning and improving care. External consultancy had been sought by the provider to support them to identify areas for improvement, establish action plans and assess development.
- People and relatives told us the home was well led and improvements had been made since our last inspection. A person told us, "Absolutely well-led and very communicative." A relative told us, "None of the things CQC found in the last inspection have been visible at any point; it feels a very different place from that portrayed in the last report."
- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.

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

- The registered manager was visible and available to all staff and people living in the service which prompted an open inclusive and empowering culture. A person said, "They [registered manager and staff] are good they are all friendly." A professional said, "[Registered manager] is always here and is a consistent body."
- The registered manager promoted family involvement to support the achievement of good outcomes for people. A relative told us, "[Registered manager and staff] communicate very well with us and keep us involved. I genuinely have nothing but praise for them."
- We found a very positive atmosphere in the home and observed staff working together to support people in the way they wanted. A person told us, "It's a very friendly atmosphere."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they were involved in sharing their experience of the service. One person told us, "I can communicate my observations and I know it is taken on board." A relative told us, "I have been involved in decisions recently to make changes to medicines."
- People and relatives completed questionnaires seeking their views on the service provided to people. We saw the responses were all positive.
- The registered manager and provider included the staff team in the management of the home and people's care. One staff member told us, "The manager asks our opinion and we are involved in peoples care." Another staff member said, "The service is well-led because there is a routine for everything. The management communicate with us and we have meetings the last one was only a few weeks ago."

Working in partnership with others

- The registered manager and staff team worked closely with other organisations daily to improve outcomes for people. A professional told us, "They [registered manager and staff] are very good at using professionals, we work very effectively together. If we ask the nurses to refer people, it is done. The communication is really good, and the manager communicates very well with staff and us."