

Hollybank Nursing Home Limited

Hollybank Nursing Home

Inspection report

30-32 Skinner Street
Creswell
Worksop
Nottinghamshire
S80 4JH

Tel: 01909721247

Date of inspection visit:
24 October 2023

Date of publication:
28 November 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hollybank Nursing Home is a 'care home'. It provides nursing and personal care in one adapted building for up to 30 older people, including some who live with dementia. It accommodates people over 2 floors and it has got a spacious garden. At the time of our inspection there were 25 people using the service.

People's experience of the service and what we found

People were not always fully protected from the risk of harm because the provider's approach to risk management was not consistent. There was an increased risk that people could be harmed because potential hazards and risks were not always identified and there were no clear strategies to reduce them, this included the risk of infection control. Information about risks and safety was not always clearly documented.

People's human and legal rights were not fully understood, because consent to care and treatment had not been obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. People's assessments of needs were not always comprehensive and some people's care plans lacked important details about how to deliver care and support.

Governance and quality assurance at the service were not always effective. The provider's systems and processes such as regular audits of the home were not sufficiently robust in monitoring and improving the quality and safety of the service. Staff did not have access to up to date policies and procedures. This impacted their knowledge of current best practice guidance and put people at increased risk of harm.

People felt protected from abuse, neglect and discrimination.

People were supported by adequately trained, sufficient number of staff. People, their relatives and staff all confirmed this. People were supported with their medicines safely by the nursing staff. When people required additional support from external services, they were promptly referred by staff who were skilled in recognising when people's needs change.

People enjoyed their meal time experience and they had access to food and drinks of their choice at all times. People's diet was tailored to their individual needs and preferences.

People and their relatives found the home to be a homely and happy environment. Whilst the home was in need of cosmetic uplift, the communal areas and people's bedrooms were suitable for people's needs. There was also a large garden available for people.

People, their relative and staff spoke highly of the management team. They felt the home had an open culture, where the manager was available to support them and encouraged feedback, both positive and negative.

The provider worked effectively with other agencies. This included taking prompt actions in response to

feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good [published 30 June 2018].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. During the inspection we found there was a concern with ensuring consent to care and treatment in line with law and guidance, so we widened the scope of the inspection to include the key question of effective. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hollybank Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, deprivation of liberty and good governance. Add paragraph space below

Please see the action we have told the provider to take at the end of this report. Add paragraph space below
Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hollybank 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an and Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hollybank Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollybank Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

Inspection activity started on 24 October 2023 and ended on 27 October 2023. We visited the service location on 24 October 2023. We spoke with three people who used the service and 6 people's relatives. We spoke with 7 members of staff, including the registered manager, deputy matron, 4 care assistants and a housekeeper.

We completed observations of care in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including 5 people's care records, food and fluid charts and other monitoring records. We also reviewed a range of medication administration records, 2 staff recruitment files and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training records and a variety of audits.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider did not always assess risks to ensure people were safe and people were not always protected from the risk of infection
- Risk assessments relating to the health, safety and welfare of people using the service were not always completed or reviewed regularly and did not always include plans for managing risks. For example, there were several people at increased risk of developing pressure sores, however their care plans did not clearly describe how to reduce the risk.
- Environmental risks were not always mitigated.
- For example, prior to our inspection there were concerns around security of the building.
- Personal Emergency Evacuation Plan (PEEP) were not always up to date and accurate. This increased risk of people not being evacuated safely in the event of fire.
- People and staff were at increased risk of contracting infections because infection prevention control was not fully effective. We found the sluice room was not fit for purpose, due to clutter and lack of basic, appropriate equipment, for example hand soap. A sluice room is a room designed for the disposal of human waste products and disinfection of associated items. The provider addressed it immediately following our feedback.
- Cleaning schedules and audits had not addressed all aspects of infection prevention control. For example, the pressure relieving cushions, covers and commodes were not checked regularly. We found that some of the equipment was not clean and required replacing.
- Staff's responsibilities in relation to hygiene were not clearly defined because the policy on infection control was not up to date and therefore did not meet current and relevant national guidance.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- There was a safeguarding policy in place, however it was not regularly reviewed and therefore some information within the policy was outdated.
- All staff completed safeguarding training and had a good understanding of abuse and knew how to report concerns and what to do to make sure that people were protected from abuse and avoidable harm.
- All people and their relatives we spoke to told us they felt safe and well looked after. One person said, "I think [the home] is very safe." Another person said, "Yes, it is safe. They [staff] are all wonderful. "

Staffing and recruitment

- There were enough staff on duty. We saw staff had the time to talk to people and respond to their needs. People, their relatives and staff confirmed there were enough staff to attend to people's need and spend quality time with them.
- Recruitment systems were robust and the provider ensured the right staff were recruited to support people to stay safe.

Using medicines safely

- People were supported to receive their medicines safely.
- People received their medicines as prescribed. Their medicines were reviewed regularly.
- People medicines administration records (MAR) contained the required information.
- People who received medicines 'when required' (PRN) had person-centred care plans containing enough information to support staff to administer the medicines correctly.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- When areas of improvements were identified, the provider was keen to learn and took the feedback on board. The provider was prompt in implementing changes following feedback, for example following the local authority and CQC visits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the Mental Capacity Act. Most people who resided at the home were under continuous supervision due to living with dementia and lacked the mental capacity to consent to these arrangements. This included being denied access to go through the front door and leave the home should they wish to leave. The provider did not apply for authorisation of a deprivation of liberty (DOLs) for any of the people prior to our inspection.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests and how to protect people, however this was not always recorded in a way that met legal requirements.
- For example, one relative told us, "[Relative's name] has a [sensor] mat as [the relative] has a tendency to walk around (...) and they [staff] make sure he can't get out". Whilst staff may have acted in the person's best interest their movement was restricted without the legal authorisation.
- Staff did not fully understand Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. The management did not apply the Mental Capacity Act in practice to safeguard people, because they did not recognise the need to apply for authorisation of a deprivation of liberty for people.

The provider had failed to ensure that people were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of Regulation 13, (2)(5)(7)(b) Safeguarding people from abuse and improper treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were not always comprehensive. Some important aspects of people's care were not described in their care plans. For example, 2 people who were receiving end of life care did not

have sufficient information about palliative care in their care plan.

- Appropriate referrals to external services were made to make sure that people's needs were met.
- Staff applied their learning effectively which led to good outcomes for people's care and support and promoted a good quality of life.

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- All staff completed a comprehensive induction and training, and did not work unsupervised until they and their manager were confident they could do so.
- Staff received supervision and appraisal to develop and remain motivated, review their practice behaviours, and focus on professional development.
- Staff were encouraged by the management to complete national vocational qualification (NVQ) in care. All staff achieved or worked towards achieving this qualification.
- Relatives told us they felt staff were well trained. One relative told us, "I think they are very well trained, because they come across all right and seem to help [my relative] with mobility in the right way and they seem confident, and [my relative] never complained."

Supporting people to eat and drink enough to maintain a balanced diet

People were supported to eat and drink enough to maintain a balanced diet.

- People had choice and access to sufficient food and drinks throughout the day. We saw people being offered choice of meals, different food options on the menu and people and their relatives told us there were plenty of food available at all the times.
- One relative said, "They [people] get plenty to eat and its good food and a big choice and cups of tea regularly - they get juice and snacks – [my relative] knows [they] only got to ask."
- We observed lunch time which was not rushed and was supported by enough members of staff to provide personal support. The dining environment was pleasant and food was well-presented.
- The service protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health. For example, when staff were concerned about a person being at risk of choking, they were referred to a specialist and a modified diet was provided as per the specialist's recommendations.

Staff working with other agencies to provide consistent, effective, timely care

- The provider referred people to external services in a timely manner, when they required a specialist support. We saw examples of multiple referrals to services such as speech and language therapists pharmacists and dieticians.
- Staff worked collaboratively across services to understand and meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- People experienced positive outcomes regarding their health and wellbeing. For example, the provider told us about how some people who were very poorly upon their admission, however, with the support from staff, their health and wellbeing had significantly improved. People's relatives confirmed this.
- Staff had time to explain information to people who could not read or understand, and to provide alternative ways to communicate where needed.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.

- People had access to a large garden that had been assessed for risks, a quiet area to see their visitors, an area suitable for activities and private areas when people wish to be alone.
- People could choose where they spent their time throughout the day, and there were multiple areas in the home they could choose from.
- Specialist and adaptive equipment were made available as and when needed to deliver better care and support. For example, when people's mobility needs had changed, the appropriate equipment was provided.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance at the service was not always effective because the provider's system did not always effectively monitor the quality of care provided to drive improvements.
- We found that several policies and procedures were not detailed, up-to-date or in line with current legislation because they were not reviewed for several years. As a result, staff lacked required guidance needed to respond to specific situations. This was not conducive to ensuring people are kept safe and well.
- Risks were not always identified or managed. The systems and processes did not always assess, monitor and mitigate all risks relating the health, safety and welfare of people using services and others. For example, there was not a policy or risk assessment in place for the security issues found during our inspection.
- The provider's systems and processes that monitored quality and safety were not sufficiently robust. Audits were not always successfully used to conduct checks on different areas of care. For example, we found shortfalls in infection prevention control, care planning and assessment of environmental risks that were not identified prior to our inspection.

The provider had failed to ensure that their systems and processes were effective in assessing and monitoring the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive and open culture at the service.
- People and their relatives consistently told us that the service was well led. It had clear, person-centred vision and values that included honesty, compassion and dignity. One relative said, "[Managers' names] are so nice and come across very caring." One staff member said, "The manager is brilliant and supports me both at work and personally."
- The management team and staff understood the principles of equality, diversity and human rights, and they promoted compassionate care.
- The management team welcomed feedback and responded positively to any areas of requires improvement. For example, following the CQC inspection, the management team immediately provided us with a plan on how the identified shortfalls would be rectified.
- The management team were available, consistent, and lead by example. They were keen to support the

staff. Staff felt respected, valued and supported. One staff member said, "Home is a good little family – make everyone welcome and support each other."

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

- The provider and registered manager was aware of, and there were systems in place to ensure compliance with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and their relatives had opportunities to provide feedback.
- The provider engaged and involved all staff, including those with particular protected equality characteristics and ensured that the voices of all staff were heard and acted on to shape services and culture.

Working in partnership with others

- The provider worked in partnership with others.
- The provider was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care. We received a positive feedback from the local authority about how the service engaged with them and acted on their feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used the service were at increased risk of harm because risks were not always assessed, monitored and managed appropriately.</p> <p>Regulation 12(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>Provider did not have effective systems and processes to make sure they assess and monitor their service</p> <p>Regulation 17(2)</p>