

The Hollands Care Homes Limited

Hollands Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hollands Care Home is a detached two-storey purpose built residential care home providing personal care to up to 39 people in one adapted building. There are shared communal areas, including bathrooms and lounges. The service provides support to older people and younger adults, including people living with dementia, substance misuse or mental health conditions. At the time of our inspection there were 33 people using the service.

People's experience of the service and what we found:

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely.

Care plans included information about support required in areas such as nutrition, mobility, and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 this practice.

People told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and registered manager responded to complaints appropriately and used these to improve care provision. The provider and registered manager were open and honest, in dealing with concerns raised. The registered manager was available for people to contact, and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 21 September 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 Hollands Care Home on our website at www.cqc.org.uk.

Follow Up

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?

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.

Hollands Care 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 1 inspector and 1 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

Hollands Care 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. Hollands Care Home is a care home without 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 reviewed information we had received about the service since the last inspection. We spoke with the local authority who regularly monitor the home. 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 used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, kitchen, and domestic staff, 1 senior care staff and 3 care staff members. We spoke with 7 people who used the service and 2 visiting relatives about their experiences of the care provided. We reviewed a range of records including 3 people's care records, risk assessments, medicine administration records and associated documents. We observed care in communal areas and the dining room.

We looked at 4 staff personnel files including recruitment records. We looked at staff training and supervision records. We reviewed records relating to the management of the service, including audits and a variety of policies and procedures.

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 remained Good. This meant people were safe and protected from avoidable harm.

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

People were safeguarded from abuse and avoidable harm. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.

Staff recorded any safeguarding incidents; managers investigated these. Staff had received training in safeguarding and understood how to recognise the signs of abuse.

All the people we spoke with told us they felt staff provided safe care. One person told us "I love this home and feel safe here. I am looked after, and I would speak to [registered manager name] if I was worried about anything." A second person said, "I feel safe and cared for, and the staff care for me well and understand me and my needs; they are easy to talk to."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Staff assessed risks to people and the environment; managers regularly reviewed risk assessments.

Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm. Staff completed supplementary charts, for example regarding pressure relief and continence care consistently, as required. Maintenance checks for the service included fire equipment, gas and electrical, lift and hoists and small portable appliances had been undertaken and certificates were valid and in date.

Managers involved people and their relatives, in assessing risks to their support. Staff recorded decisions about risks in people's support plans. A relative told us, "I appreciate the staff go out of their way to help, and they can't do enough for [person]. The staff are helpful and kind and they listen and are caring; they're like an extended family. They discuss [person's] plan of care with me and we update from my side with the social services."

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.

Staff records contained the appropriate information and documents, including Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Staff demonstrated a caring attitude towards people as well as offering practical support. Staff demonstrated a good knowledge and insight into the needs of the people they supported and a friendly rapport with relatives. A person told us, "Staff come quickly if I call on my bell for them. I have everything I need here. Staff treat me with dignity and respect, and I have no worries about anything."

Using medicines safely

People were supported to receive their medicines safely. We saw staff supporting people to take their medicines as directed. The registered manager and deputy manager completed regular medicine audits and used these to identify any areas for improvement.

Staff had received medicines training and had their competency assessed to ensure they gave medicines safely. Staff completed medicines records in line with the provider's policies.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

The home was clean throughout, and we observed staff actively cleaning the premises during the inspection. There were effective cleaning and infection control processes, policies, and procedures in place. A person told us, "It's nice and clean here." A second person said, "The best thing is I like my room; it is clean."

Staff confirmed they had received the necessary training, guidance, and support to keep people and themselves safe and from the risk of infections; this included training in using different cleaning products and good hand hygiene techniques.

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. There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding.

The registered manager and provider monitored accidents and incidents to identify themes and trends, in order to reduce the chance of a reoccurrence. Staff understood the importance of reporting and recording accidents and incidents and how best to respond.

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 working in line with the Mental Capacity Act. Staff sought consent to care and treatment in line with legislation and guidance. A person told us, "The [staff] do discuss things with me and I can make

my own choices. I have a social worker and she comes and talks to me; I am getting all the help I need."

Staff assessed people's capacity to consent and best interest discussions and meetings had taken place. Staff made DoLS applications to the relevant local authority, as necessary. Staff were trained in the MCA.

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

There was a positive and open culture at the service which achieved good outcomes for people.

The registered manager and staff team worked with people, relatives, and healthcare professionals to provide the best outcomes for people. A relative told us, "The staff are fantastic here, they can't do enough for [person]. Because of the way staff have helped [person] he has got his confidence back and his inner self has come out again and I have not seen him like this in years. His life has turned around from one year ago."

The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support. A person told us, "The manager is lovely, and I can talk to her; she asks me if I am happy and if I am happy here. It's friendly here." A relative said, "We couldn't ask for a better place for [person] to be in. It's definitely well run, and I would highly recommend it to anybody. When you come here you know you definitely get a hundred percent from the staff at all times."

People and staff were involved in the running of the service and staff fully understood and took into account people's protected characteristics. Staff meetings were held regularly, and daily handover meetings were used to discuss any updates or changes in people's care needs. There were regular meetings with people and relatives.

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; Continuous learning and improving care

The provider understood their responsibilities under the duty of candour.

The registered manager was aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed this.

There was a well-embedded learning culture at the service which helped managers and staff to ensure people's care always improved. For example, we saw staff were required to repeat training in any area where the registered manager had identified the need for improvements in practice.

It was clear staff knew people well. A relative told us, "I wish there were more places like this. As soon as you

walk through the door they [staff] are genuine people; they will do anything for the families as well. They are worth their weight in gold. I am really happy with the care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. A staff member told us, "I have no issues with speaking to managers about any issues I may have. I feel like I have good support within my job and can ask for support as and when needed."

The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Systems were in place to ensure the home was safe and monitored regularly.

There was a regular programme of audit and monitoring including medicines, falls, pressure wounds, infection control, the environment, equipment, and care plans. Where actions were required, these were recorded to ensure recommendations were acted on appropriately; these helped to ensure the quality of the service remained good.

Working in partnership with others

The provider worked in partnership with others.

Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals such as mental health services and substance misuse services, to meet the needs of people using the service.

Feedback from people, their relatives and other social care professionals about the service was positive. A local authority quality assurance professional told us, "I have no concerns about Hollands Care Home. I find the registered manager to be very open and honest, and we are in regular contact. We have a good working relationship, and the registered manager always takes on board any feedback."