

Hollybank House (Derby) Ltd

Hollybank House

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

Hollybank House is a residential care home providing personal and nursing care for up to 45 people in one adapted building. The service provides support to younger adults and older people primarily with physical health needs, and to people living with dementia. At the time of our inspection there were 39 people using the service.

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

People felt safe living at Hollybank House, and relatives also felt their family members were supported safely. People and relatives also told us they felt the consistency of staff was important in making them feel safe and welcomed. Staff understood how to recognise and report concerns or abuse and told us they felt confident to speak up. Staff were knowledgeable about people's health and social care needs and knew how to support them. There were enough staff to keep people safe.

People's needs were assessed and reviewed with them and (where appropriate) with relatives, and any risks associated with health conditions documented. People received their prescribed medicines safely. The provider had a system in place to learn from incidents. The manager and staff described a 'no blame' approach, where incidents were seen as opportunities for everyone to learn and improve.

Risks associated with the service environment and use of equipment were assessed and mitigated. The service was kept clean and people were protected from the risk of an acquired health infection.

There were no restrictions on people welcoming visitors to their home. People, relatives and staff all described a family-oriented environment where visitors were always welcome. One relative said, "It's a friendly place; it's small and very family orientated. It's comfortable and has a homely feel." 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.

The service was well-led and had a positive, caring culture. People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people. Staff felt supported to do their jobs well. Staff felt able to ask for extra training and support to enable them to provide better quality care. One staff member said, "Staff love the job, and this gives good consistent quality of care for people and allows us to really get to know people well."

People and relatives said they felt involved in the home and what went on there. People and relatives told us they felt able to raise concerns or make suggestions for improvement and felt confident they would be listened to. The provider undertook audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed.

Staff worked well alongside external health and social care professionals to ensure people's health was managed. One professional described the whole team approach that staff used and was positive about all staff's knowledge about people's health and social care needs. The provider had recently won a local award which recognised the whole team's commitment to providing high quality care for people at the end of life.

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 14 October 2017).

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollybank House 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.

Hollybank House

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.

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 an inspector, a specialist advisor (a nurse specializing in older people's care), and an 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 House 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 House 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 not a registered manager in post. The manager had applied to register and we are currently assessing this application.

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 also used information gathered as part of monitoring activity that took place on 23 May 2023 to help plan the inspection and inform our judgements. We sought feedback from the local authority, professionals who work with the service and Healthwatch. 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 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 of this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who used the service and observed how care and support was delivered. We received feedback from 3 relatives and 8 staff. We spoke with the manager, deputy manager and the provider's operations manager. We looked at a range of records including all or part of 4 people's care records and how medicines were managed for people. We looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from 3 health and social care professionals.

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.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise and report concerns or abuse and told us they felt confident to speak up. Staff received training in safeguarding and said they felt able to raise concerns without feeling they would be judged for this. People, relatives and staff told us they felt the manager and management team always had an "open door" and encouraged them to raise concerns both minor and major.
- The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their health conditions documented. Where possible, people, their relatives and relevant health professionals were involved in discussions about managing risks associated with health conditions and planning how to maintain good health. One relative said, "Yes, we are involved in the care plan. When [person] came in, they were on soft foods and I asked for a swallowing assessment. The staff helped with this - we got one and now they can eat normal foods. They are a lot happier, and the staff do listen and care about their needs."
- Risk assessments and care plans were reviewed regularly with people and relatives and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving equipment was being used correctly. This meant people were protected from risks associated with poor pressure care.
- There was regular communication between staff and management so key information about people's needs and the running of the service was shared. For example, there was a daily meeting with nurses, care staff, housekeeping and maintenance staff all involved. There were also well-run handovers between the staff shifts to ensure key information about people's needs and wishes were communicated and addressed. These meetings were recorded, so everyone could see what was discussed, and what action needed to be taken.
- Risks associated with the service environment and use of equipment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included checks of fire safety system, measures to reduce the risk of acquired infections and on all areas of the building and grounds to ensure they were safe and fit for people to use.
- We could see where good practice was noted, and where areas for improvement were identified. For example, people and staff had worked on improving the access and design of the patio area during the warmer months. This included ensuring the area was both attractive and safe for everyone to use. This

resulted in a safe outside space that people enjoyed spending time in, and the provider recognised this work through their internal "best garden" award.

- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with relevant information about people's needs and how they should be supported in an emergency. The provider also had a business contingency plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people were subject to restrictions in their care, the provider made sure these were least restrictive and reviewed often to ensure they remained appropriate and proportionate for each person. Any conditions to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were enough staff to meet their needs. Our observations during the inspection visit showed us that people were supported by enough staff. This included when people needed support to eat, needed reassurance, or wanted to participate in activities.
- The management team reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.
- One person said, "Yes, I feel safe there is always someone around. Because I am with other people, I have got close to the carers and residents; the carers make me feel safe." A relative said, "We do feel safe here – there is always someone around and [person] is never left."
- People and relatives also told us they felt the consistency of staff was important in making them feel safe and welcomed. One relative described the support staff gave to them, stressing the kindness and compassion shown to them. Staff told us there was a low turnover of staff, which led to a well-established team who knew people and relatives well, providing consistently safe care.

Using medicines safely

- People received their prescribed medicines safely. Medicines were managed and stored safely. There was a robust system in place to ensure people were offered their medication as prescribed. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence

showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.

- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which staff followed in assessing when this medication was needed and how to measure the effectiveness.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time. Where medicines audits identified any issues, these were dealt with quickly and used as an opportunity to learn lessons and improve.

Preventing and controlling infection

- The service was kept clean and people were protected from the risk of an acquired health infection. People and relatives commented positively about cleanliness, and there were enough housekeeping staff to ensure all essential cleaning was done in a timely way. Staff understood and followed infection control procedures. The management team and staff carried out regular checks in relation to cleanliness, infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection, and the provider was admitting people safely to the service. We were assured that the provider was using PPE effectively and safely and was responding effectively to risks and signs of infection. 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider's infection prevention and control policy was up to date and staff understood how to follow this.

Visiting in care homes

- There were no restrictions on people welcoming visitors to their home. People, relatives and staff all described a family-oriented environment where visitors were always welcome. For people at the end of life, their visitors were supported to stay for as long as they wanted. There were additional facilities and support for family and friends to ensure they could spend as much time with people as possible. One relative said, "It's a friendly place; it's small and very family orientated. It's comfortable and has a homely feel."

Learning lessons when things go wrong

- The provider had a system in place to learn from incidents. Records analysing incidents were detailed and lessons learnt were shared with people and staff. The manager and staff described a 'no blame' approach, where incidents were seen as opportunities for everyone to learn and improve.

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. The rating for this key question 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

- The service was well-led and had a positive, caring culture. People's needs and wishes came first, and staff both told us this and demonstrated it in the way they supported people.
- The provider, manager and the staff team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to maintain their health and well-being.
- People and relatives were positive about the care staff gave and how the service was managed. People told us staff took time to get to know them well, which meant their care and support was given the way they wanted and needed. Relatives spoke about always feeling welcomed, valued and included in the day-to-day life at Hollybank House.
- Staff felt supported to do their jobs well. Staff felt able to ask for extra training and support to enable them to provide better quality care. One staff member said, "Staff love the job, and this gives good consistent quality of care for people and allows us to really get to know people well." Another staff member described the approachability of the manager, management team and nursing staff. They stressed this was important for all staff, especially newer staff, to be able to ask for advice, reassurance or guidance in providing personal and nursing care.
- Health and social care professionals were consistently positive about the quality of care provided by staff and the way the service was managed.

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

- People and relatives said they felt involved in the home and what went on there. People's individual life choices and preferences were consistently met. People, relatives and staff were involved in planning care and support. The manager and management team regularly spoke to people and involved them in decisions about the service.
- Regular feedback was sought from people, relatives and staff about the quality of the service. This was through a range of meetings, surveys, and day to day conversations. Any issues raised were acted on promptly, and everyone was told what action was taken so they could see what had been improved. This all helped the provider drive improvements in the service to ensure they met people's needs.

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

- The provider undertook audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. We saw evidence where action was taken to improve. For example, staff had worked to reduce the number of falls people had, and to reduce the risk of people developing pressure sores.
- Staff said, and records confirmed they had regular training and meetings to discuss how to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life.
- Staff felt respected and supported by the management team who promoted a positive and improvement-driven culture. Staff spoke positively about the support they got to carry out their roles. Staff felt able to speak up about any concerns they may have regarding people's care without fear of what might happen as a result.
- The provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about events that occurred in the service which assist us to monitor the quality of care.
- The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm as a result of an accident or incident in relation to their care, relevant people would be informed, in line with the duty of candour requirements. The manager and provider undertook investigations and were open and honest about what they found, with the clear aim to improve the quality of people's lives.

Continuous learning and improving care; Working in partnership with others

- People and relatives told us they felt able to raise concerns or make suggestions for improvement and felt confident they would be listened to. The provider ensured they told everyone where they made changes to improve the quality of care or the home environment and had adopted a 'You said, we did' approach to ensure everyone could see where improvements were made.
- For example, following a survey in June 2023 where comments were made about needing to improve the décor, the provider had reviewed the refurbishment programme and added in more work based on this feedback. On our inspection we could see what areas had been recently refurbished and what work was in progress to improve the overall environment at Hollybank House.
- The provider had recently won a local award which recognised the whole team's commitment to providing high quality care for people at the end of life. People, staff and residents came together to celebrate this award, and to reflect on how well they supported people and relatives at this time. Everyone also used the opportunity to remember and celebrate people who had died, and to ensure that a positive approach to end of life care was embedded in practice.
- As an example of this, we saw a recent letter from a relative who detailed how positive and caring all staff were in supporting the person and their whole family at the end of life. The whole staff team approach to end of life care meant people and their relatives could be assured of a compassionate person-centred approach at this most difficult time.
- Staff worked well alongside external health and social care professionals to ensure people's health was managed. One professional described the whole team approach that staff used and was positive about all staff's knowledge about people's health and social care needs. Another professional spoke about the role they had in training care staff to carry out health checks, and said staff were very skilled and competent. This meant people received support with their health in a timely way and were supported to maintain good health as much as possible.

