

Mrs S E Joyce

Holywell Nursing Home

Inspection report

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Date of inspection visit:
03 March 2020

Date of publication:
09 April 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Holywell Nursing Home is registered to provide accommodation with nursing and personal care for up to 30 people. When we visited, 18 people lived there.

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

We received positive feedback from people, their relatives and healthcare professionals. All of the people we spoke with felt well cared for and spoke positively of staff.

People lived in a service that was well led by a provider with staff committed to promoting the ethos of the home. People felt safe at the home and with the staff who supported them. The staff understood their responsibilities and how to protect people from abuse. There were adequate numbers of staff to meet people's needs and keep them safe. Medicines were administered in line with people's needs. The environment was clean, and health and safety risks were monitored.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. We found improvements could be made in relation to the application and recording of the Mental Capacity Act 2005 legislation, we have made a recommendation about this.

People were cared for by staff who knew them well and were kind and compassionate. Staff were happy in their jobs and wanted to provide the best care they could. Our observations showed people and staff had positive relationships. Staff were trained and told us they were well supported by the provider and senior staff.

People received care and support in a way that met their personal needs and enabled them to follow their own routines, interests and beliefs. However, we identified that improvements in the process of obtaining and recording people's preferences about their end of life care wishes was needed. We have made a recommendation about this.

There were organised activities and we received positive feedback about this. People were supported to maintain contact with friends and family members. Whilst no complaints had been received in the last 12 months, people and their relatives felt able to approach the provider or staff to raise concerns.

There was an effective governance system in place to monitor the health, safety and welfare of people at the service. The provider had a system to improve care through continual learning. Good relationships had been built within the local community and with external healthcare professionals.

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 September 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not fully responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Holywell 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

Holywell Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The provider was a sole provider who worked within the service, there was therefore no legal requirement for a manager to be registered with the CQC.

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. 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 reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with six people who lived at the service and three relatives. We also spoke with six members of staff. This included the provider, senior staff members care staff and kitchen staff. We reviewed a range of records. This included some people's care records and medication records. We also reviewed records

relating to the management of the service such as incident and accident records, meeting minutes, training records, policies and audits.

After the inspection:

We received clarification from the service to validate evidence found. We contacted five members of staff and four external healthcare professionals who have had contact with the service to gain their views. We received feedback from three staff and three healthcare professionals which we have used to support our judgements in the report.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. A relative told us, "[I am] definitely confident he is safe and well looked after when I leave."
- Risks were reduced because staff were trained in how to recognise signs of abuse. Staff were confident that action would be taken if they reported a concern.
- The provider had systems which helped to keep people safe. Where concerns were raised, the provider and senior staff worked in partnership with relevant authorities during reviews and investigation of raised concerns.

Assessing risk, safety monitoring and management

- People received safe care because risk assessments were completed. Where required, action taken to minimise identified risks were recorded. Care plans detailed risks relating to mobility, falls nutrition and skin breakdown.
- Care planning for people's personalised medical conditions were in place, however we identified to the provider these could be further enhanced by following published national guidance.
- People had personal evacuation plans detailing the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire. We identified these were not stored in a manner that was easily accessible. The provider immediately addressed this.
- The service had dedicated staff to ensure the environment and equipment was well maintained. Records were kept of regular health and safety checks.

Staffing and recruitment

- There were sufficient staff to keep people safe and meet their needs. The provider and another senior member of the management team told us that staffing levels were adjusted to meet people's changing needs. Staff confirmed this happened.
- A dependency tool was used to aid in calculating staffing levels and rotas were planned well in advance to support staff.
- People, their relatives and staff did not raise any concerns about staffing levels. We observed people's needs being met promptly during the inspection.
- The provider had a robust recruitment procedure which ensured all staff were thoroughly checked before they began work. We identified to the provider where an additional risk assessment should be completed.

Using medicines safely

- People received their prescribed medicines safely from staff who had been appropriately trained. Medicines records we reviewed were completed accurately. We identified two people's photographs needed to be added to the front of their records. The provider told us this would be completed as a priority.
- People's medicines were stored safely. Medicines that required additional storage requirements were appropriately stored and stock balances checked were accurate.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. There were protocols in place detailing information such as administration guidance and maximum dosage for these medicines. Guidance was available for staff to aid them when people may not be able to verbally communicate they were in pain.
- There were internal audits to monitor medicines management and a recent external pharmacist visit had not identified concerns.

Preventing and controlling infection

- People lived in a clean service. There were dedicated housekeeping staff that ensured the service was clean.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons, and there were hand washing facilities available. This helped to reduce the risk of any infection being spread.
- There was guidance advising visitors not to enter the building if they were unwell and there was pictorial handwashing guidance in communal areas.

Learning lessons when things go wrong

- The provider and senior staff had a system in place to ensue accidents and incidents were monitored as a way of learning and improving practice.
- Records evidenced staff understood how to report accidents or concerns.
- A monthly analysis of falls was completed as part of the providers governance system. This ensured patterns or trends would be identified.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met.

- Where people who lived at the service were able to make decisions, consent had been sought and recorded. During the inspection staff sought permission from people and respected their choices.
- When people lacked capacity to make certain decisions, an assessment and best interest decision record had been completed. However, we identified to the provider the capacity assessments completed were not decision specific as required.
- The provider had made 12 DoLS applications for people. At the time of the inspection no person had an authorised DoLS and all were pending local authority progression.

We recommend the service seek advice and guidance from a reputable source to ensure that MCA practice and systems are aligned to current best practice and legislation.

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

- Each person had an assessment prior to moving into the service. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments, care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met people's needs.
- Nationally recognised tools were used to support staff in delivering people's care and treatment.

Staff support: induction, training, skills and experience

- The staff team at the service felt supported and there was a regular provision of training. Staff said training

was useful. A record was maintained of training provided to ensure training was current.

- Staff comments about training were positive. One staff member commented, "There is an ongoing mandatory training plan, and everyone is encouraged to attend relevant courses." Nursing staff told us they received clinical training.
- Staff told us they received support with supervision and appraisal. We saw records of supervision and appraisal that had been completed. We identified to the provider there was no clear structure to supervision frequency. The provider was addressing this.

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

- People were complimentary about the food at the service. All of the comments we received about the food was positive.
- People received food in accordance with their needs and preferences. We saw that where required, appropriate healthcare professionals had been contacted to ensure risks associated with nutrition and swallowing were reduced.
- During the inspection people received their lunch of choice in line with individual guidance about safe eating and drinking. Kitchen staff were aware of people's risks and meals were prepared accordingly.
- There were governance arrangements in place to monitor people's weight and concerns were escalated when required. Nationally recognised tools were used to monitor malnutrition and obesity risks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to range of healthcare professionals to meet their individual needs. We received positive feedback from the healthcare professionals we contacted.
- One professional commented, "[Provider] and her team have a very person-centred approach to all their residents and their families and use an open and honest approach with professionals."
- Staff worked with other healthcare professionals, such as GPs and speech and language therapists, to ensure people received the care and support they needed. Records were clear about when contact with healthcare professional had been requested and received.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were additional communal areas that people could use, we saw people using the communal areas during the inspection. There was a passenger lift in operation to support people to access the first floor.
- There were dining areas for people to use and people had access to different lounge areas on both the ground and first floor. There was a communal courtyard area people could access.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were observed being offered day to day choices throughout our inspection. These included choices related to how they wanted to spend their time, where they wanted to be, what they wanted to wear and eat.
- People spoke positively about their independence being promoted. One person commented, "Really looking after me here - helped me settle very well."
- People said staff always listened to their views and they received care and support in accordance with their wishes. One person said, "[I can] talk to any of the staff. I can have time to myself if I like."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Interactions we observed between people and staff were very positive.
- Feedback from people and their relatives reflected the observations we saw. Comments about the staff from one person included; "Staff are brilliant, Matron [provider] is a scream -she's brilliant, she is and amazing with all of us."
- Staff spoke positively about people. One staff member commented, "I feel that even if you can make a difference no matter how small, it gives me satisfaction and emotional reward."
- People's individuality and beliefs were respected. Where people wanted to be involved in local groups and religious organisations this was supported.
- A range of compliments had been received by the service. One read, "I cannot begin to thank you for all your kindness and care that you gave. I think you do an amazing job."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Each person had a single room where they were able to spend time in private or with guests of their choice. Staff respected this private space and waited to be invited before entering.
- Where people required support with personal care this was provided discreetly. We observed a dignity curtain being used in a communal area when the need arose.
- People said staff were respectful when they helped them, and their privacy and dignity was maintained. We spoke with people who had their doors open who told us this was their preference.
- People were encouraged to maintain their independence where they chose to. Observations we made evidenced staff supported people, but whilst encouraging independence. For example, when people were

mobilising or eating.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant there was a risk people's needs were not always met.

End of life care and support

- At the time of our inspection, one person within the service was currently nearing the final stages of their life.
- Care records evidenced that people had records relating to their resuscitation status. These identified treatment escalation plans. There was a governance system in place to ensure these were present and covered the required information.
- There was no current system in place to create a specific, personalised end of life care plans for people. Whilst we found no impact to people, this presented a risk that people at the end of their lives may not receive care in line with their final wishes or preferences.
- We found that where people were identified to being at the at the end of their lives, people close to the person had been supported to be with the person within the service environment.

We recommend the service seek advice and guidance from a reputable source to ensure end of life care planning is undertaken with a person-centred approach.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to make choices about their day to day care. People were observed being offered choice for when they got up, when they went to bed and how they spent their day.
- One person said, "My visitors are always welcomed – it's an absolutely lovely home." A person's relative told us, "They understand things, it's not home from home but they do their very best to make it so."
- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Staff knew people well and engaged with them individually.
- People's had information about their previous occupations, interests and lifestyle choices within their rooms. This helped staff to understand what was important to each person and plan their care and support accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in touch with friends and family and visitors were always welcomed. People and their relatives commented positively about this, and it was clear staff had a good relationship with people's relatives.
- Staff supported people to take part in activities at the home and trips out. All of the people we spoke with were positive about the activities they could be involved in. People we given a schedule of activities and this was also available in communal areas.

- People, their relatives and other staff at the service spoke positively about the activities co-ordinator and the activity provision.
- We observed people interacting with the activities co-ordinator during the inspection. They were clearly engaged and stimulated. The activities co-ordinator explained how they allocated 'one to one' time for people cared for in bed. They understood the people they supported well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded within their care plans in line with the AIS.
- Information about activities that had taken place were available in picture form to prompt memory and discussion.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People felt confident they would be listened to. All of the people and relatives we spoke with told us they would be comfortable raising concerns with staff or the provider.
- The provider and senior staff told us that no formal complaints had been raised in the previous 12 months. We were told that when minor matters were raised by people or their relatives these were dealt with promptly.

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 Good. At this inspection this key question has remained the same. The service was consistently well-led. Leaders and the culture promoted high-quality, person-centred care.

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

- The service had an extensive range of effective clinical and non-clinical governance arrangements in place. Audits of care records, medicines management, and regular health and safety and infection control checks were undertaken, with continuous improvements made in response to findings when required.
- The provider and staff within the service were clear about their individual roles and responsibilities to ensure good quality care.
- The provider had clearly displayed the current rating at the service location and on their website in line with regulatory requirements.
- Staff were happy in their role and felt well supported. All of the feedback we received from staff about the service management was positive.

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

- The provider said they wanted the service to feel, "Like home" and people and their relatives said this was the case. One person said, "I'm so lucky to be here – staff are so good to me."
- Feedback from staff showed that the kind of service the provider wanted to achieve was embedded into staff. One staff comment was, "I love the relaxed but professional atmosphere and the passion the home has to provide quality care."
- Staff morale was high. This evidently promoted a positive atmosphere for people to live in. This created a happy atmosphere for people to live in. When asked about their employment one staff commented, "Staff morale is good, it is a good all-round team."
- Staff told us the provider was approachable and supportive.

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. Relatives felt the service were open with them and no concerns were raised about communication.

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

- People felt involved in choices about their daily living at the service. We made observations to support

this.

- The service had a 'Resident of the Day' scheme where people were involved in a review of their records, likes and preferences.
- People's views were sought regularly on an informal basis and there was also a satisfaction survey for people and their representatives. Results of the last surveys were positive.
- All staff we spoke with felt well supported and able to share their views. Staff surveys were completed across all roles to receive feedback. Staff meetings were also held to facilitate communication.
- Staff we contacted all told us they would be comfortable to recommend the service as a place to live to their own family and people they knew.
- The provider produced a monthly newsletter to involve and engage with staff. This gave information about new people at the service, activities, new staff, training and business matters.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and learning was undertaken where needed.
- The provider evidenced additional learning had been undertaken in relation to concerns raised by other professionals and medicine administration consistency. This aimed to improve care provision.
- The service management had community links with the local church, school, local community members and choirs. The local public house supported the service with wheelchair skittles and provided an overflow car park for visitors when needed.
- Staff worked with other professionals to ensure people's needs were met appropriately. The provider and staff commented positively on their relationship with other professionals.
- The feedback we received from healthcare professionals was positive. One commented, "I have always found the care, empathy and compassion towards service users and their families excellent and second to none."