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Hollybank Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hollybank is a residential and nursing care home providing care and support for up to 49 older people some of whom are living with dementia. No nursing care was being provided by the service at the time of this inspection. Accommodation and support were provided on two floors which were accessible by passenger lifts. At the time of the inspection there were 40 people living at the home.

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

The service had a range of audits and checks to help monitor standards within the home. However, these were not sufficiently robust in helping to identify the shortfalls found at the inspection. Records also showed where shortfalls had been identified, action required had not been identified and implemented.

Good staffing levels were provided. However, not all information and checks were completed prior to new staff commencing employment. Staff spoken with felt supported in their role and the team worked well. Staff were able to demonstrate a good knowledge and understanding of the people's individual needs and wishes, interactions were respectful and caring.

Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe. Outstanding checks regarding gas safety and profiling beds were being addressed. Suitable aids and adaptations were available to aid people's mobility and promote their safety.

People were provided with spacious, comfortable accommodation. The home was clean and well-maintained. Immediate action was taken with regards to the storage of slings and pressure aids to help minimise the risk of cross infection. We received mixed feedback about visiting arrangements due to COVID-19. We were assured that open visiting in and away from the home had resumed.

The management and administration of people's oral medicines were managed safely. Improvements needed to the records for topical creams, when required medication and fridge temperatures were addressed immediately following the inspection visit.

Positive feedback was received from people, their relatives and third parties about the care and support provided. People told us they were happy living at Hollybank and were seen to enjoy a good rapport with staff. People followed routines of their own choosing and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Further activities and opportunities were being explored following the lifting of COVID-19 restrictions.

Good systems in place with regards to safeguarding people, end of life care, handling of complaints and concerns and care planning.

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

Rating at last inspection and update

The last rating for this service was good (published 17 October 2019).

Why we inspected

We received concerns in relation to staffing levels, medication and risk management. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollybank Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality monitoring systems and staff recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hollybank 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.

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 three inspectors 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 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 is a care home registered for nursing care, however this is currently not being provided. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post for the regulated activity of Accommodation for people requiring nursing or personal care.

A separate manager application had been submitted for the regulated activity of Treatment for disease, disorder and injury.

Notice of inspection

We gave a short period notice of the inspection because of a recent COVID-19 outbreak at the home. Inspection activity started on 6 April 2022 and ended on 20 April 2022. We visited the service on 11 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team who work with the service. 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 five people who used the service and seven members of staff. These included the registered manager, operations manager senior care staff, carers, kitchen staff and the volunteer. We also spoke with a visiting district nurse and the Expert by Experience contacted five relatives by telephone to seek their feedback about the service.

We reviewed a range of records. This included care records for three people, medication management, four staff files in relation to recruitment, audits and monitoring systems and health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Staffing and recruitment

- Relevant information and checks were not always completed prior to new staff commencing employment.
- On review of four staff files we found unexplained gaps in employment for one applicant, references, were undated and unsigned and one reference was from a family member. In addition, interview records were incomplete and did not show how decisions had been made about the suitability of applicants.

We found robust systems were not in place when recruiting new staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- From our observations and on review of staff rotas we found high levels of staff provided to support people. One staff member told us, "Things have been difficult due to COVID-19 but there is a good sense of teamwork and staff pitched in to cover."
- People and their relatives had high praise for the staff and commented on how some staff went, "above and beyond." We were told, "The staff are great" and "I'm well looked after, everything is done."

Using medicines safely

- The management and administration of people's oral medicines were managed safely.
- Improvements were needed with regards to the completion of topical cream records, reviews of when required medication and fridge temperatures. The registered manager confirmed this had been addressed immediately following the inspection.
- Staff said they had good support from the community nursing team, who offered advice and support when needed. The visiting nurse told us the team were responsive and they had no concerns.
- People we spoke with said they received the medicines they needed. One person told us, "We always get our medication on time." Another person, who self-medicated said "Staff check to make sure everything is fine."

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People's relatives told us, "The home is spotless" and "The bedrooms are lovely and there were no

unpleasant smells."

- We raised concerns with the registered manager about the storage of slings and pressure cushions due to the risk of cross infection. Immediate action was taken to address this.

Due to several outbreaks at the home, family and friend visiting had not always taken place. We were told people were encouraged to maintain contact with family and friends through porch, window or garden visits. However, this was not reflected in the experiences shared by some relatives we spoke with. We raised this with the registered manager. Visiting both in and away from the home has now resumed.

Assessing risk, safety monitoring and management

- Records to evidence the servicing of the premises and equipment were reviewed. The operations manager confirmed outstanding action regarding gas safety and profiling beds were being addressed.
- An update legionella assessment and checks had been completed.
- Housekeeping and maintenance staff took responsibility for health and safety checks and maintenance. A weekly checklist was completed covering the environment, hygiene, security and equipment. We saw a maintenance log used by staff to record any issues; actions were signed off once completed.
- Weekly and monthly fire safety checks were undertaken. Personal emergency evacuation plans (PEEPs) were in place and easily accessible in the event of an evacuation. The registered manager confirmed these had been reviewed and updated. This meant staff had guidance on how to support people to evacuate safely. A recent fire drill had also taken place.
- Staff were clearly aware of people's individual needs and areas of potential risk. This was supported by our observations and discussions with staff. Where risks had been identified these had been assessed and planned for. Additional monitoring records were completed to help recognise and respond to changes in need, so their health and wellbeing was maintained.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding procedures were in place along with staff training. Staff spoken with confirmed they had completed relevant training. Staff were able to explain the signs of abuse and what they would do if they had concerns.
- The registered manager had worked with the local authority safeguarding team to address safeguarding concerns. Additional checks had been put in place to help minimise risks and keep people safe.
- People we spoke with told us, "I feel safe and well looked after by staff" and "They [staff] come quickly if I need them." Relatives spoken with felt their family member was safe. Comments included, "Without a shadow of a doubt the safest place" and "As a family we feel my loved one is safe at Hollybank."

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.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Electronic care records were in place to record all the care and support provided.
- Care plans were personalised and included people's wishes and preferences. Daily notes and monitoring records were also completed to help maintain people's health and well-being.

● Records had been reviewed to make sure they reflected the current and changing needs of people. However, the relative of one person who had recently moved into the home felt they had not been involved in developing the care plan for their family member. The registered manager acknowledged this had been difficult due to COVID-19 and said this would be addressed as visiting resumed.

- We observed warm, polite interactions between people and staff. Staff clearly understood the individual needs of people and were responsive to people's requests for help. People assisted to move with the aid of equipment were seen to be supported in a gentle and respectful manner.

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

- Care staff were responsible for providing activities and opportunities people. They were assisted by a volunteer who provided additional social interaction and one to one activity with people. They told us, "We aims to plan activities in line with people's likes and needs."
- During the inspection we saw a group of people making Easter cards, whilst other relaxed reading the paper or knitting. Two people we spoke with felt other opportunities could be made available. The registered manager acknowledged restrictions had impacted on activities in and away from the home; these were to be reintroduced.

Improving care quality in response to complaints or concerns

- Records were maintained with regards to any complaints and concerns brought to the managers attention. Information showed these were reviewed and recorded along with any action required.
- People and their relatives felt able to raise any concerns with the staff and management team. People told us, "I can speak up and out with all the staff" and "I would always talk with the manager." The relative of one person also commented, "If I needed to complain I would speak to the management or even the owner as they visit occasionally."

End of life care and support

- The service had a designated 'end of life champion'. Their role was to share information and good practice with the team to help ensure they provided the best possible care.
- A private bedroom was made available for family members to use should they wish to remain close to

their relative.

- The relative of one person spoke positively about the care shown to them and their relative at the end of their life. They said, "They [staff] were there for us when we needed them and that gave us great comfort, we were grateful we could be there at the end." Another relative commented, "We've met with the GP and care team, so we are fully informed and aware of the process."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was made available in a way that people could understand, depending on their individual needs.
- The provider had introduced a portal to help facilitate video calls, so people unable to use the telephone could maintain contact with their family.

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; 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

- Internal audit and checks were carried out. However, these were not sufficiently robust and had not identified the shortfalls found during this inspection.
- Following a review of safeguarding concerns, themes were identified in relation to nutrition and falls. A review of training records showed refresher training in these areas had not been completed to help promote continuous learning and promote good practice.
- We looked at the additional monitoring checks completed to help maintain people's well-being, such as food and fluid charts and repositioning. These were reviewed monthly by the registered manager. However, where shortfalls were identified, we saw no evidence action had been taken to resolve the issues. Additional electronic records were to be implemented. It was anticipated these would help reduce any gaps so that records were kept up to date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate clear management and oversight of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a long-standing registered manager who was aware of their legal responsibilities. This included seeking lawful authorisation to deprive people of their liberty as well as ensuring CQC were formally notified of events within the home.

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

- People's relatives were complimentary of the management team. We were told they all knew the managers and felt they were able to talk easily and express their views. One relative told us, "As a family we are kept well informed through contact by telephone." Another relative added, "Due to the lockdowns and lack of visits, we not had relative's meetings." The registered manager was to reinstate these. Evidence was provided following the inspection that meetings had been held with some families.
- We saw, and staff spoken with confirmed they were kept informed and were able share their views about the service. This was done through the daily morning meetings, shift handovers as well as individual supervisions and team meetings.

- Staff we spoke with told us, "We can make suggestions and management will take them into account", "The manager is approachable, you can raise anything" and "Handovers set you up for the day', I feel staff are supported."

Working in partnership with others

- The management team worked with local authority quality monitoring team and health and social care professionals to help ensure a good standard of care was provided.
- People's records showed that additional advice and support had been sought from health care professionals where people's needs had changed. Feedback from a visiting community nurse was positive about the care and support provided by staff. We were told, "Evidence of improvements over the last six months" and "People are looked after, staff don't hesitate to ask if they need anything."

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate clear management and oversight of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust systems were not in place when recruiting new staff.