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Hollybank Care Home

Inspection report

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14 August 2019

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

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

People's experience of using this service

People and relatives spoke positively about their experiences and the quality of care and support offered. We were told and saw that staff were kind and were aware of the individual needs and preferences of people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The home promoted people's choice and independence and ensured they had access to a range of activities and opportunities for engagement with the local community had increased. The monitoring of nutrition and hydration had significantly improved, and people enjoyed the homemade food offered. The home was visibly clean and tidy.

When taking on new staff the service ensured appropriate checks were carried out to check candidates' suitability to work with vulnerable people. Ongoing training was provided to staff both face to face and online to help ensure they had the knowledge and understanding of their care and support responsibilities. Staff thought team work was good and were complimentary about the visible management team and felt they were supported in their role.

More information is in the full report.

Why we inspected: This was a planned inspection based on the rating of good at the last inspection undertaken in November 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme.

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

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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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. 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 carried out by one inspector.

Service and service type

Hollybank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was registered to provide nursing care but was not doing so at the time of this inspection.

The service had two registered managers who were registered with the Care Quality Commission. 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. One manager was registered and responsible for the accommodation and personal care and the second who was also the general manager was registered and responsible for nursing care.

Notice of inspection

The first day of the inspection was unannounced. The first day of our inspection was on 24 July 2019 however this was an extremely hot day (heatwave) so we spent time talking with the registered manager and observing the support that people were receiving to ensure people were kept cool and hydrated. We returned to the home on 13 and 14 August 2019.

What we did

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought feedback from the local

authority. We requested a provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and four relatives and observed the care and support people were receiving in communal areas.

We also spoke with the registered manager, the general manager (also the registered manager for nursing), one of the registered providers, the team leader, a senior member of staff, a new member of staff, the chef, the housekeeper/activities co-ordinator and the second activities co-ordinator.

We reviewed the care records of four people, three staff recruitment files, the training matrix for staff and a range of records relating to the management of the service.

After the inspection we requested further documentation about risk and mental capacity assessments.

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 good. At this inspection this key question had remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure at the home. Relatives agreed.
- The provider had systems in place to ensure people were protected from the risk of abuse.
- Support workers received safeguarding training. They had a good understanding about how to raise concerns and were confident action would be taken if they raised any concerns. We saw evidence were this was the case.
- The general manager attended local clinical commissioning group (CCG) safeguarding and quality forums.
- Where a person was displaying behaviours that were challenging to others we saw that support had been made available from the social work safeguarding team and the mental health liaison team.

Staffing and recruitment

- We checked staff recruitment procedures were followed. We found that all the required employment checks such as criminal records were undertaken.
- There had been a high turnover of staff. However, we saw the home now had enough staff to meet people's needs. Records we saw supported this.
- The registered manager and staff said they were happy with the staff team who worked well together and ensured good team work. A staff member said, "We have an outstanding team now and we all pull together."
- The new sickness monitoring arrangements were said to have had a positive impact in reducing sickness levels.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Care plans showed risks associated with people's care and support had been identified and actions taken to minimise risks occurring.
- We saw that checks to the premises had been undertaken. There was an accessible 'grab bag' that could be used by staff in cases of an emergency.
- We observed wheelchair footplates being used by staff and people wore well-fitting shoes and slippers to help prevent the risk of falls.
- We watched staff working in pairs while transferring people using a hoist. We saw staff reassuring a person who was unhappy about being lifted in a sling whilst making sure their dignity was protected.

Using medicines safely

- The provider had a system in place to ensure people received their medicines as prescribed and in a safe way.
- At the time of this inspection the home had just started to use a new electronic system. The system had

only been in place for three weeks.

- The senior staff authorised to administer medicines had received training to use the system and had quickly adapted to it.
- The general manager explained the new computer system to us and how it would reduce the likelihood of errors and missed medicines. They were closely monitoring the system which could be accessed remotely and working with the pharmacist if improvements were identified.
- We saw that staff were do not disturb tabards whilst administering medicines. Staff were not rushed and spent time chatting with people whilst making sure they took their medicines.
- We saw that where one person had concerns about their medicines the registered manager took prompt action to address them.

Preventing and controlling infection

- We conducted a tour of part of the service with the registered manager and saw the service was clean and well maintained. No malodours were detected.
- One person said, "It is immaculate, clean bedding and the beds are comfortable too." A relative said, "The housekeepers are excellent."
- The local infection protection nurse had carried out an audit of the premises in August 2019 and given the home a green rating of 92%.

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 good. At this inspection this key question had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support; induction, training, skills and experience

- Staff we spoke with confirmed they had received appropriate training and support to ensure they could carry out their role effectively.
- A new induction programme and updated employment handbook had been introduced for new staff and for those taking on the role of senior. A new member of staff said, "I love it. [The registered manager] is fantastic and everyone has made me feel welcome."
- All staff had signed up for the dementia awareness course. Moving and handling training using equipment such as a hoist was undertaken with the local authority.
- Thirteen staff had completed a nationally recognised qualification in health and social care and six staff had recently enrolled on the course.
- The provider had a training record which showed appropriate subjects were covered as part of their training requirements. The training record showed that most training had been completed but there were some overdue refresher training highlighted. A letter had been sent to the staff concerned to ensure that they completed it as soon as possible.

Assessing people's needs and choices;

- People's needs were usually assessed by the registered manager prior admission to help ensure that their needs and preferences could be met
- The general manager was working with other registered managers on the trusted assessor pilot for the local area. The aim of the project was to determine the suitability of people being admitted from local hospitals into care homes to determine if their needs could be safely and effectively met.

Delivering care in line with standards, guidance and the law; 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and DoLS applications had been made as required.
- A tracker was in place to ensure that DoLS authorisations which were in place did not expire.
- People's whose records we saw had a mental capacity assessment in place.

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

- On the first day of our inspection there was a heat wave and it was a very hot day. We saw that staff were offering people plenty of drinks, ice lollies and water bottles to prevent people becoming dehydrated.
- People and relatives said the food was excellent. People said, "You could throw a potato at [chef] and she would turn it into something great" and "The food is great I can have what I want." A relative said, "She is a super chef. [Relative] has not been eating but will eat fried eggs and that is what [relative] is having but always has a choice."
- We saw that significant improvements had been made in the management and oversight of nutrition and hydration with the nutrition champion and chef working closely together to monitor weights. Hostess staff were available to monitor eating and drinking.
- Two people were at risk of choking and had prescribed thickeners and modified diets. There were clear speech and language therapist (SALT) guidance available for staff to follow.
- The chef was passionate about healthy eating as well as ensuring people had what they wanted chose to eat. Food was locally sourced to ensure freshness and all meals were home cooked.
- The home had recently won a Healthy Eating Excellence Award. Hollybank was the first home in the Greater Manchester area to receive this award since the initiative started. The home was very proud of this achievement.

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

- The registered manager told us that the home had a good relationship with the local doctor. They also received support from a nurse at the practice who helped them to identify and manage infections that people might acquire in order to prevent hospital admissions.
- District nurses came into the home to administer insulin injections. No-one had pressure area care at the time of our inspection and we saw on the care plan for a person at risk that interventions had been put into place to mitigate them.
- The home had been involved in a recent 'triage' project. This project was designed to help care homes assess whether a person needed to go into hospital to prevent unnecessary admissions.
- We saw a dentist visiting the home during our inspection.

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

- People had disabled access, user friendly gardens and equipment was used to promote people's independence.
- The service was bright, light, and furnished to a high standard. The air conditioning was effective in keeping the main lounge area cool during the significant temperatures of the heatwave.
- Since our last inspection the atrium had been fully completed and was used for families to meet, hold parties and other events.

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 good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared well cared for and wore age appropriate clothes of their choice and items of jewellery were appropriate.
- The atmosphere at the home was calm and relaxed. Relatives said they were made to feel welcome during their visits.
- During the inspection the staff we spoke with were kind and caring. One person said, "It's nice here. [Staff] are all alright but I have my favourites."
- We saw two people celebrating their birthdays with delicious individualised birthday cakes and presents from staff.
- Staff told us they enjoyed working at the home, had good relationships and engaged positively with the people they cared for and their relatives. A staff member said, "I like to make people happy and help them have a good day."
- People were supported to maintain contact with family and friends. A staff member told us that some people did not have any family or friends, so they went shopping for them, ensured they had birthday presents and were included in events such as Easter and Christmas.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People's choice and independence were promoted.
- Staff knew people well and ensured people were involved in decisions about their care.
- We saw staff explaining the task they wanted to carry out and they only proceeded when they had consent from the person to do so.
- People's likes, and dislikes were recorded in care plan documentation and we saw staff had a good understanding of people's preferences.

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 good. At this inspection this key question had remained the same. 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.

- People's care plans described the support required. The registered manager had already recognised that care plans could be more person centred. The registered manager and general manager were working towards this.
- Since the last inspection the service had adopted the resident of the day system. This was an opportunity to review with the person that they were happy with the care they received and make changes if necessary.
- Checks were also made to ensure care plan and risk assessments were accurate, changes made by professional visitors, medication, accidents and incidents, weight checks had been recorded. Checks were also made around the quality of housekeeping in the persons room and that the person was happy with the food provided.

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

- We saw that there were two part-time activities co-ordinators. During our visit some people went out for lunch at the local pub.
- We saw the home had worked hard to ensure people had access to the community and local facilities and services. For example, some people had been involved in the carnival procession with their wheelchairs dressed to look like mini cooper cars. Photographs showed they were having great fun.
- The service also went to a local community café and a local event that was held involving people from other care homes.
- People in the local community had been involved in the recent summer fair, holding stalls to raise money, including a memory stall and an ice cream van which people enjoyed.
- Entertainers and other organisations came in to entertain people for example singers and Zoo Lab who brought in a range of exotic creatures.
- Where a person preferred to be at a distance from other people and had a limited diet had their own lounge and enjoyed eating 'jam butties'. We saw that this person was gradually starting to integrate themselves more in the home at their own pace.
- We saw that people enjoyed listening to music, bingo and quizzes. People also liked exercise classes and the main lounge was big enough to hold a mini Olympics session. People also enjoyed arts and crafts sessions and some work was on display. One person had taught staff and other people how to make fingerless gloves.

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.

- An activities co-ordinator talked about the need to get to know people who lived with dementia well and understand facial expressions and gestures to help with communication.
- The activities co-ordinator was in the process of putting together scrapbooks with people to help encourage discussions by using photographs and pictures of things that interested the person.
- One person who was hearing impaired wore a helpful 'speak to me clearly' wristband. Care plans also made reference to communication and being aware of people's needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was available for people to raise concerns about the service.
- People and relatives we spoke with told us they were happy with the service but felt they could speak with the registered manager if they had a problem. The registered manager was frequently described throughout our inspection as a person who 'got things done'.
- The registered manager met with some people and relatives regularly to discuss and deal with any concerns they had.

End of life care and support

- The registered manager was thoughtful and compassionate about how they supported people receiving end of life care and worked in partnership with other professionals to ensure comfortable and considerate care was provided.
- There was an end of life champion who had undertaken the Six Steps training and more recently end of life training at Bury Hospice. They talked about ensuring that people's wishes were met and how a priest had been called last night to give the person the last rites.
- We saw that facilities were available for relatives and friends to stay if a person was nearing their end of life or they were poorly.

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 good. At this inspection this key question had remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team consisted of two registered managers who had good administrative support. The registered manager for residential care registered with us in May 2019 though they had worked at the home for many years.
- The new registered manager had recently achieved their Level 5 in leadership and management. The registered manager took a very 'hands on' approach to their role and was a visible presence who knew people well.
- They were supported by a general manager (also the registered manager of a sister home and registered general nurse) a team leader and a group of senior and care staff. A whole team approach was encouraged making sure care, catering, housekeeping and activities all worked together.
- People and relatives told us, "If I have a problem I will speak to [registered manager] and she will sort it out very quickly", "If anything goes wrong [registered manager] puts it right straight away. I would not want to move", "[The registered manager] is committed to going above and beyond. [Registered manager] is in the right job." Staff said, "[The registered manager] understands and knows everyone", "I have learnt loads from [registered manager] and I would do anything for [registered manager]."
- The general manager carried out monthly visits and produced reports of their findings which were underpinned by the regulations which are also the fundamental standards. They had also recently carried out an unannounced night visit and found no concerns.
- The general manager was working hard to ensure new systems introduced at the sister home were in place at Hollybank. Both managers were in regular contact with each other, had a good working relationship and complimented each other.
- The registered providers visited the home on an almost daily basis to offer support and advice if needed.
- The service had systems in place to monitor the quality and safety of the service. Regular audits were undertaken to ensure the service maintained good standards.
- The registered manager was in the process of sending out satisfaction surveys to people, relatives and health and social care professionals to gain their views about the service.

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

- The registered manager told us that their biggest challenge had been recruiting the right staff. They said, "I want good carers." They said they were confident that they now had a settled staff team in place. A staff member said, "[Registered manager] is awesome. One of the best carers I have ever met. [Registered

manager] sees potential and encourages you to improve."

- Staff said there had been a big improvement in team work with a whole team approach. They said that take 10 (minute) meetings across all departments had improved communication. There were more activities and the food provided was significantly better.
- The registered manager was held in high regard and everyone attended a 'big birthday' celebration for her recently.
- The service had taken part through the local authority in the 'Disability Confident' Scheme supporting employers to make the most of the talents disabled people can bring to the work place.

Working in partnership with others; engaging and involving people using the service the public and staff, fully considering their equality characteristics.

- The service worked closely with relatives and professionals such as health care professionals, social workers, commissioners and others to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
- The local authority had recently undertaken a Quality Assurance exercise which they found some shortfalls in recording. An action plan was already underway to address the findings.
- The clinical commissioning group CCG told us that the home participated in all new initiative which included 'React to Red' pressure area care training. They were also involved in the 'red bag' hospital scheme and had been part of a recent media promotion campaign.