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Hollin Knowle Residential Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Hollin Knowle is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Personal care is provided in one adapted building for up to 19 older people.

This inspection was unannounced and carried out by two inspectors. There were 16 people living at service and receiving personal care.

There was a registered manager for the service at the time of this inspection, who is also one of the registered partners [care providers]. A registered manager is a person who has registered with the Care Quality Commission. They are responsible for the day to day management of the regulated activity of personal care at the service. Like providers, as a registered person they have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2017 we rated the service as Requires Improvement. At that time the provider had made improvements to ensure people's medicines were safely managed. However, staffing arrangements were not always sufficient to ensure timely care or adequate environmental cleanliness, to protect people from the risk of an acquired health infection. We also found the provider did not operate effective management systems to inform and ensure related service improvements when required. These were respective breaches of Regulations18 and 17 of the HSCA (Regulated Activities Regulations) 2014. Following that inspection, the provider told us what actions they were taking to address this.

At this inspection we found the required action taken by the provider was to rectify the breaches. Resulting care and service improvements were made to an overall standard of Good. However, further improvement was needed in relation to how the service is led. As the provider now needs to demonstrate their ability to proactively and consistently ensure sustained, timely and continued service improvement.

Overall, people, relatives and staff felt people received safe care. Revised staffing, safe recruitment and environmental cleanliness and hygiene measures, were either made or in progress, to ensure this.

The provider had responded to local authority concerns to ensure people's safety at the service, following an increase in people's falls there. Revised falls prevention, reduction and management strategies were introduced in consultation with relevant external health professionals, to ensure people's safety at the service.

Staff supported people safely when they provided care. Risks to people's safety associated with their health conditions, medicines needs or, any care equipment used, were assessed before people received care, safely accounted for and regularly reviewed. People's medicines were safely managed.

Environmental upgrade, adaptations and repairs were either made or in progress. Emergency contingency planning and related risk management arrangements helped to ensure people's safety.

People received effective care. People and relatives were happy with the care and meals provided. Overall, people were supported to maintain or improve their health in consultation with relevant external health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained and supported to help ensure this.

Action was taken when required, via relevant health professionals, to review and inform people's care in their best interests. Important care and medicines information was shared with relevant external care providers, in the event of any transfer of people's care from the service.

People and relatives were happy with the care and had good relationships with staff. Staff understood and followed people's care and daily living choices; and promoted people's dignity, independence and rights when they provided care.

People received individualised, timely care from staff who knew how to communicate with them in the way they understood. People were supported to engage in home and community life and with family as they chose.

The provider complied with the Accessible Information Standard (AIS). They had begun to introduce and make sure people with a disability or sensory impairment were provided with care and service information in a way they could understand.

People and relatives were informed to make a complaint and the provider regularly sought their views about the service. Feedback and findings obtained from this were used to inform and make care changes or improvements.

Staff understood their role and responsibilities for people's care. The providers operational procedures; communication and reporting systems helped to ensure this.

Management were visible, accessible and worked closely with people, relatives and external care partners. A range of service improvements made, or in progress at this inspection, helped to better ensure the safety, quality and timeliness of people's care, to their benefit.

Records relating to management of the service, people's care and staff employed were often accurately maintained and they were securely stored and handled. People and visitors at the service were informed about the latest CQC inspection report.

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.

Service improvements and staffing measures were sufficient to protect people from the risk of harm or abuse and to ensure people received safe, informed care from staff who were safely recruited.

People's medicines and risks to people's safety relating to their health condition, environment or any care equipment used, were safely managed

Is the service effective?

Good

The service was Effective.

Care planning, delivery and staff supervision measures helped to ensure people's needs and choices were effectively accounted for. Staff were trained, informed and supported to provide people's care in the least restrictive way, which they followed.

Staff supported people to maintain and improve their health, through referral and consultation with relevant health and social care professionals when required.

Is the service caring?

Good

The service was Caring.

Staff were kind, caring and promoted people's dignity, choice, independence and rights when they provided care. Measures were introduced to ensure the consistent provision of accessible care and service information for people or their representative.

People or their chosen representative, were informed and involved to agree people's care, in a way they understood and which was helpful to them.

Is the service responsive?

Good

The service was Responsive.

Service improvements were evident to ensure people received timely, individualised care. Staff knew how to communicate with people in the way they understood and followed people's views and wishes for their care. This was done in a way which helped to promote people's inclusion and engagement in home and community life as they chose.

People and their representatives were informed to make a complaint about the service if they needed to. The provider also regularly sought their views about the service. Findings and feedback from this were used to help inform service improvements.

Is the service well-led?

Requires Improvement

The service was not always Well Led.

The required action taken by the provider since our last inspection, was sufficient to ensure resulting care and service improvements were made to an overall standard of Good. Responsive partnership working with relevant external health and social care authorities helped to ensure this. However, the provider had not yet demonstrated their ability to proactively and consistently ensure sustained, timely and continued service improvement. Therefore, further improvement was needed.

Management were visible, accessible and approachable for people, relatives and external care partners; who were regularly consulted and involved to inform people's care. Records were mostly accurately maintained and they were stored and handled securely.

Hollin Knowle Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive, unannounced inspection, which took place on 31 July 2018. The inspection team consisted of two inspectors.

Before our inspection the provider sent us their completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with local authority care commissioners for people's care at the service. We also looked at all the key information we held about the service. This included written notifications about changes, events or incidents that providers must tell us about.

We spoke with four people, three relatives and three community professionals. We also spoke with four care staff, including the deputy manager, a cook, a domestic and the registered provider who is also the registered manager for the service. We looked at four people's care records and other records relating to people's care and the management of the service. This included, staffing, medicines, complaints and safeguarding records; the provider's checks of the quality and safety of people's care and related service improvement plans. We did this to gain a representation of views of people's care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we found the provider's staffing arrangements were not sufficient to ensure timely, individualised care or adequate environmental cleanliness; to protect people from the risk of an acquired health infection. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following our inspection, the registered provided told us about their action to address this. At this inspection we found improvements made were sufficient to rectify the breach.

We saw the service and equipment used for people's care was kept clean and hygienic. People and relatives, we spoke with were happy with standards of cleanliness at the home, including their own rooms. One person said, "It's kept nice and clean." A relative told us, "I find the home clean and tidy and always smelling nice." Staff responsible for cleaning at the service, said they were provided with the equipment, instruction and time, to help maintain safe standards of cleanliness at the service. We saw staff were provided with and used personal protective clothing, such as gloves and aprons when required. This helped to protect people from the risk of an acquired health infection through cross contamination.

Records showed the provider made regular visible checks of cleanliness and hygiene standards at the service. They had also introduced revised cleaning schedules for staff to follow and record their completion of cleaning tasks. However, we found these were not always accurately maintained by staff responsible. We discussed our findings with the registered manager, who agreed to take the action required to ensure the cleaning schedules were consistently recorded.

People and relatives felt people were safe. One person said, "Staff usually come straight away, when I need them; if not, I don't have to wait too long." Another person said, "If I need to use the call bell, there is an immediate response from staff who come straight to my room. A relative told us, "My [person receiving care] is safe; they [staff] respond to call bells." Another relative said there had witnessed a few occasions when staff were not always continuously visible for people in communal lounge areas. Staff felt people were safe, but said they could sometimes be stretched at some parts of the day on some shifts each week, which meant they could not always ensure their continuous visibility to people in communal lounge areas. However, all said that when this occurred they ensured people had call bells to hand and checked people at regular intervals to make sure they were safe, which we also observed.

We discussed our findings with provider and found some care staff had recently left the service and that additional care staff recruitment was in progress. This included the recent appointment of two experienced care staff. With a further two care staff due to commence at the service, pending receipt of appropriate employment references and disclosure and barring service (DBS) checks. The DBS is a national agency that obtains records of criminal convictions. Employment checks are required, to help an employer ensure that staff are safe to provide care to vulnerable adults, or children as may be relevant to the care service. The recruitment records we looked at for staff employed contained most of the required employment checks, but for two long serving care staff, only one instead of two references. We discussed our findings with the provider, who has subsequently confirmed their action to address this. This helped to ensure safe staff recruitment and deployment for people's care at the service.

In January 2018, local authority care commissioners shared information with us regarding an increase in the number of falls at the service. This included two people whose falls had resulted in a significant injury requiring hospital treatment, which the provider also notified us about. Information we subsequently received from the provider and the local authority; showed the provider's action to help reduce further risk to people from falls. At this inspection we found the provider had introduced revised falls prevention measures. This was done in consultation with relevant external health professionals involved in people's care at the service. One of them told us, "I was asked to get involved in February due to an increase in falls here. They [provider and staff] have been very receptive; They have followed my suggestions and instigated better checks, risk assessment and ongoing liaison with us. Falls have reduced; it's working well now." The provider said, "We held our hands up; we are always willing to accept help and learn." Further work was in progress to ensure the consistent ongoing management monitoring of falls and incidents; to check for trends and patterns to help inform people's care and related staffing needs. This showed the provider had acted to ensure service improvements for people's care and safety.

During our inspection we saw that staff supported people safely when they provided care. For example, by helping people to eat and drink, take their medicines or move safely. Risks to people's safety, associated with their health conditions or any care equipment they needed to use, were assessed before people received care and regularly reviewed. Related safety instructions were recorded in people's care plans for staff to follow, which they understood. A summary of people's care information relating to their individual safety and medicines needs was provided; to go with the person if they needed to transfer to another care provider.

People's medicines were safely managed. People said they received their medicines when they needed them. We observed senior care staff giving people their medicines safely, and in a way that met with nationally recognised practice. Medicines were safely stored, including at the correct temperatures required for the effectiveness. Records kept of medicines received into the home and given to people by staff, showed people received their medicines in a safe and consistent way.

The environment was well lit and generally free from observable hazards. Arrangements were in place for the regular servicing and maintenance of care related equipment. Following our inspection, the provider has told us about their action to replace some items of broken furniture and secure a potential trip hazard we drew their attention to.

Good

Is the service effective?

Our findings

People received effective care and were happy with this. Staff supported people to maintain or improve their health and nutrition when required. One person said, "I am very happy here; I am well cared for; And the meals are very good." A relative told us about one person who was experiencing their second short care stay at the home. They said, "[Person] forgets to drink at home and then is a risk of falls; The care here is always excellent; [Person] enjoys the choice of food here and eats a good diet.

People were supported to access relevant community professionals when they needed to. This included for any routine or specialist health screening. For example, for foot or eye health checks, or mental health reviews. One person said, "I get my feet done nicely." Another person said, "I see my doctor and social worker."

Each person had a 'Red Bag.' This is a nationally recognised care pathway that is used to transfer standardised paperwork, medicines and personal belongings with the person if they need to transfer to another care provider, or in the event of a person's admission to hospital due to ill health. This information stays with the person and is returned home with them. It can also be added to. For example, to ensure accurate discharge and ongoing care information. This helps to ensure that everyone involved, has the necessary information to provide the person with consistent, informed and effective care. It also helps to reduce the amount of time taken for ambulance transfer times and for accident and emergency assessment time; and avoidable hospital admissions

Staff mostly understood people's individual health conditions and how they affected them. People's related personal care needs and support requirements, were assessed and regularly reviewed in consultation with them, or others who knew them well. However, some staff felt they needed further training and guidance to ensure a more consistent approach to one person's care, relating to their emotional and behavioural needs associated with their mental health condition and type of visual impairment. The person's care plan contained basic personal care and related health needs information, but did not wholly inform their care in a way that met with nationally recognised practice guidance. We discussed our findings with the provider and we also spoke with the person's social worker about their agreed care. We found action was in progress to review and inform the person's care, including any alternative placement needs; in consultation with relevant external health and social care professionals.

Otherwise, staff felt they received the training and support they needed to carry out their roles and responsibilities for people's care. A few staff felt that provision of additional, more in depth training in dementia care, would help to further their knowledge to benefit people's care experience. Staff said they received regular supervision for their role, which they found to be structured and helpful. However, related records were not well maintained as they did not accurately reflect this. We discussed our findings with the provider, who agreed to review individual staffs' needs for additional dementia care training and ensure thorough record keeping for staff supervision.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's consent or appropriate authorisation for their care was sought in line with legislation and guidance. Regular management checks of this, helped to ensure people received care that was lawful and ensured their rights and best interests.

People were supported by staff to eat and drink sufficient amounts of food they enjoyed, which met with their assessed dietary needs. People and relatives were happy and made positive comments about meals provided at the service; which included, "I enjoy the food; al the meals are good;" and "The meal choices are very good; [person] is eating very well here." Staff knew and followed people's dietary needs, preferences and any related health requirements concerned with people's nutrition. This included ensuring people received the correct type and consistency of food. People were provided with adapted crockery and drinking cups if required, to support their independence when eating and drinking. Food menus, included picture menus, which helped people to recognise and choose their meals.

A number of environmental improvements and adaptations were made since our last inspection. This included re-decoration and provision of adaptations and equipment to support people's independence, orientation, privacy and safety needs. People said they were comfortable and satisfied with their environment and their own rooms, which they could personalise as they wished. People could access a choice of communal lounge space. People could access a small, tidy garden area, following risk assessment with any required supervision from staff, due to its location near a busy road.

The environment was well lit and generally free from observable hazards. Arrangements were in place for the regular servicing and maintenance of care related equipment. Following our inspection, the provider has told us about their action to replace some items of broken furniture and secure a potential trip hazard we drew their attention to.

Good

Is the service caring?

Our findings

People and relatives were happy with the care provided by staff. All felt staff had good relationships with them and made to feel welcome at the service. Results from the provider's most recent care questionnaire survey with people and relatives, also showed this. One person said, "Staff are wonderful; it's a nice place to live; they don't treat us like children; if they did they wouldn't last." Another said, "My general overview of this place compared to some others is excellent; staff care – it means a lot." A relative told us, "I am always made welcome and kept informed; I am happy with the care."

Throughout our inspection we saw that staff treated people with care, kindness and respect. Staff supported people in a way that ensured their dignity, privacy, independence and choice. For example, by closing doors before providing personal care; offering choices about what to eat and drink, or where and how to spend their time; and making sure they adjusted people's clothing after assisting them to move. Staff checked with people to make sure they were comfortable and had their personal items to hand, such as drinks, call bells or walking frames before leaving them.

People's agreed care and preferred daily living routines were detailed in their written care plans for staff to follow. Staff understood and followed what was important to people for their care and personal relationships. People were supported to maintain their contacts with family and friends as they chose, either within or outside the home. Information was available, to enable people to access lay or specialist advocacy services, if they needed someone to speak up on their behalf.

The provider had started to review the service against nationally recognised standards for accessible information. These are standards to inform people living with a disability or sensory impairment, in a way they can understand. Laminated food menus in pictorial as well as large print word format were recently introduced. They were colourful and clearly showed the meals that were being served, so that people could choose and point to what they wanted to eat, if they were unable to communicate using the spoken word.

Picture formats were also used for some people's care plans, to help them understand what they could expect form the service and their related care; and to show recreational activities or entertainments planned, which they could join. The provider had published and displayed their Aims and Values of Care, which informed people about the principles of care they could expect to receive in relation to their dignity, privacy, independence, choice and rights. Although there was no-one who needed this, the provider also advised that service information could be adapted to make it accessible in other ways, such as braille, large print or other language.

Good

Is the service responsive?

Our findings

People received individualised care, which met with their choices and assessed needs. This information was recorded in people's written care plans for staff to follow. Some people were not able to give accurate information about their personal, social and familial history, to help inform their care and daily living arrangements, because of memory, cognition or communication difficulties relating to their health condition. A care document validated by the Alzheimer's Society, known as 'This is Me,' was used to help gather and record this information for staff to follow. This helped to inform a personalised approach to people's care.

During our inspection we saw that staff responded in an individualised and timely manner, to provide people with the assistance and support they needed. This included supporting and motivating people to accomplish routine daily living tasks. Or, supporting people to rest and spend time in the way they preferred.

Staff knew people well and understood how to interact, support and communicate with people, in a way that was helpful and meaningful to them. For example, staff told us about one person living with dementia, who was known to be a proud person, who had always valued their independence. Staff explained that because of their health condition, the person had difficulty speaking and making their views and choices known. Staff told us they had initially tried using pictures to help them to communicate with the person and obtain their views and choices, but they found the person did not respond to this method. During our inspection we saw staff took time to communicate with the person, by ensuring their eye level contact and using key words, phrases and short questions, which the person understood. This enabled the person's choices relating to their daily living arrangements, meals and comfort, which staff understood and followed. This helped to ensure the person's autonomy and inclusion.

The provider complied with the Accessible Information Standard (AIS). The AIS was introduced to make sure people with a disability or sensory impairment are given information in a way they can understand. People were provided with service and care information in a format to help them understand.

People and relatives were supported to engage in home, community life and with family as they chose. People and relatives said activities and entertainments were organised, for people to join if they wished. For example, crafts, manicures, board games, singing and visiting entertainers. Seasonal celebrations were organised and held, which friends and family could attend. A London based theatre group also visited the home periodically, to perform for people

During out inspection, two people went out, as they regularly did, either with or to visit family in the local community. We also saw staff engaging five people to do chair based exercises, which they say they regularly enjoyed. The staff member doing this provided people with gentle encouragement and made sure any body stretches were within their individual movement range. They also checked with people that they weren't over exerting themselves and whether they found benefit from the sessions. Two other people were regularly supported to access the local community; where one visited their chosen church and regularly

spent time with friends from there. The other visited a local hairdresser of their choice.

Regular community meetings, individual care reviews were held with people and their representative(s) and periodic care questionnaire type surveys were held. This enabled the provider to check and provided regular opportunity for people and relatives to express their views about the service and care provided. People and relatives were informed, to raise any concerns or make a complaint about their care if they needed to. People's and relatives' views about the quality of care provided were regularly. Findings from complaints and feedback obtained from people was used to inform and make care changes or improvements.

We have not reported on end of life care for people at the service, as there was no one receiving this, nor anticipated at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service in April 2017, we found people were not always protected from risks associated with unsafe or ineffective care because the provider did not operate effective systems to ensure the quality and safety of people's care. This was breach of Regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Following that inspection, the provider told us about their action to address this. At this inspection we found the provider had made improvements, sufficient to rectify the breach.

Service improvements either made, in progress or agreed at this inspection, helped to better ensure the safety, quality and timeliness of people's care. This included staffing, communication and information sharing measures and improvements to environmental safety, cleanliness and hygiene. Some record keeping improvements were also agreed with the provider at this inspection. However, some of the provider's service improvements had not always been pro-actively determined by them, from their service monitoring systems. This included improvements made for falls prevention and management; and improvements agreed or in progress for items of furnishing repair or replacement; and to ensure accurate record keeping for staff supervision and environmental cleaning schedules. As, these were respectively raised with the provider by the local authority, from a complaint and by the Care Quality Commission at this inspection. This meant the provider now needs to demonstrate their ability to proactively and consistently ensure sustained, timely and continued service improvement.

There was a registered manager for the service, who is also one of the registered partners [care providers]. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered personal have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. manager and said the provider and senior staff were visible, approachable and accessible.

People, relatives, staff and visiting professionals knew the registered and also the deputy manager, who they said worked close with them. People, relatives and external care professionals confirmed management were visible and accessible to them.

Staff understood their role and responsibilities for people's care. They followed the provider's stated aims and values for people's care, which included to promote people's dignity, privacy, independence and rights. Related staff training and management monitoring of care practice helped to ensure this. People and relatives were involved in developing and improving the service through regular care reviews, meetings held with them and annual care questionnaire type surveys. Results from the last survey in 2017 showed overall satisfaction with the service and people's care provision. The provider advised that the 2018 survey was due to be carried out.

The provider had worked in consultation with local authority care commissioners and relevant health and social care professionals to help inform and improve the service and people's related care experience. This included care arrangements for falls prevention and management and for individual care reviews and needs assessment. This helped to inform and ensure people received safe, effective care

The provider had established a range of operational policies and procedures for staff to follow to help ensure people's care and safety at the service. All of the staff we spoke with confirmed that management or senior staff held regular meetings with them, such as individual or group meetings and also for care handover information at the start of each work shift. This helped to ensure staff were informed and supported to deliver people's care safely and effectively.

Records relating to people's care and staff employed, were usually accurately maintained and they were securely stored and handled. The provider had usually notified us about any important events or incidents when they happened at the service. However, whilst the provider had verbally told us about one incident, relating to an event that stopped the service, and taken the action required to rectify this. They did not send us their related written notification for this. We discussed this with the provider at our inspection and found they had taken the action required at the time of the incident to rectify this for people's care.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and their website where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. There is no website for the service. The latest CQC inspection report was conspicuously displayed in the home.