

Mrs S E Joyce

Holywell Nursing 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?

Good ●

Summary of findings

Overall summary

Holywell Nursing Home is registered to provide accommodation and nursing care to up to 30 people. The home specialises in the care of older people. At the time of the inspection there were 25 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good

The provider made sure all new staff were thoroughly checked before they began employment which helped to minimise the risks of abuse to people. People told us they felt safe at the home. One person told us, "There's no nastiness here. Nothing to worry about." There were adequate numbers of appropriately skilled and experienced staff to safely meet people's needs.

People's healthcare needs were constantly monitored by registered nurses. One person said, "No concerns on the healthcare front. Nurses come in to chat and sort things out." People's nutritional needs were assessed and met and people were very complimentary about the food served at the home. 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 home supported this practice.

People were supported by kind and caring staff who showed patience and understanding. Staff interacted well with people and provided on-going social stimulation. One person said, "There is always kindness and laughter." People's privacy and dignity was respected. The staff ensured that people were comfortable and pain free at the end of their lives.

The staff were responsive to people's individual needs and people were able to make choices about their day to day lives. There was a variety of group activities and trips out that people could take part in if they chose to. People told us they would be able to make a complaint if they were not happy with any aspect of their care or support. One person said, "I don't have any complaints but I'm sure they'd want to know if I did so I would certainly tell them."

People benefitted from a management team who were passionate about providing good quality care to people and committed to on-going improvements. Staff morale was good which created a warm and happy atmosphere for people to live in. One visitor commented they felt part of "One big happy family."

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service has improved to Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Holywell Nursing 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 checked 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 inspection took place on 22 and 23 August 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a 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 improvements they planned to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in February 2015 we did not identify any major concerns with the care provided to people.

During this inspection we spoke with 11 people who used the service and four visitors. We also spoke with nine members of staff and the registered provider. Throughout the inspection we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, three staff recruitment files, records of medication administration and records relating to quality monitoring.

Is the service safe?

Our findings

The service continued to be safe.

People felt safe at the home and with the staff who supported them. One person said, "I do feel safe here. I could talk to the girls [staff] if I had any worries." Another person said, "Security here is pretty good, so yes I feel safe." A visiting relative said told us they believed their relative was being well cared for. They commented, "I know they are safe and comfortable. It means I can sleep at night without any worries."

The risks of abuse to people were minimised because the provider had a robust recruitment system which made sure all new staff were thoroughly checked before they began work. Staff told us they had not been able to start work until references and checks had been carried out. Records seen confirmed this. This helped to make sure that only suitable staff were employed in the home.

People were further protected because staff had received training in how to recognise and report abuse. There was also information in the staff room about how to recognise different kinds of abuse. Staff said they were confident if they reported concerns, action would be taken to make sure people were protected. One member of staff told us, "If I saw anything I would report it straight away. It would be investigated immediately." One person told us, "There's no nastiness here. Nothing to worry about."

There were adequate numbers of staff to meet people's needs and keep them safe. During the inspection we saw staff supported people in a relaxed manner. People said staff responded to their requests for help promptly. One person told us, "They help me when I need help." Another person said, "Generally they come quickly if you ring the bell. If they are really busy, like first thing in the morning, you have to exercise a bit of patience, but I think that's perfectly understandable."

The provider kept staffing levels under review to make sure they continued to meet the needs of people. The provider had highlighted some times of the day when additional staff were required such as in the evening. In response to this a twilight shift had been introduced which meant there was an extra member of staff available to assist people in the evening with getting undressed and into bed.

Staff assessed the risks to individual people and care plans were developed to make sure they received care safely. For example where people were assessed as being at high risk of pressure damage appropriate equipment and care was in place. People's mobility was assessed and care plans outlined how people should be assisted to mobilise safely. During the inspection we saw a number of people were assisted to move using a mechanical hoist. Staff were competent when using this equipment and offered reassurance to the people being supported.

People received their medicines safely from registered nurses and other staff who had received specific training to carry out the task. One person told us, "They make sure you get the right pills." Where people required their medicines covertly (without their knowledge or consent) the correct procedures had been followed to make sure the practice was safe and in the person's best interests. Registered nurses monitored

people's well-being and offered pain relief to people to maintain their comfort.

Is the service effective?

Our findings

At the last inspection we found that staff did not have up to date knowledge of the Mental Capacity Act 2005 (MCA) and how to make sure people had their legal rights protected. The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

At this inspection we found staff had received training about the MCA and knew how to appropriately support people. People received care and support with their consent and staff told us how they supported people to be able to give consent. One member of staff said, "It can take patience. Sometimes you have to give people time to be able to make a decision. We can use pictures or show people things to help them make choices." Another member of staff told us, "If people don't have the capacity to make a decision we would involve people who knew them well, like their family, to make a best interests decision." Care plans gave information about how some decisions had been made in people's best interests when they lacked mental capacity in a particular area. There was evidence to show that family and professionals had been part of the decision making process. In one instance we saw an independent advocate had been involved in making a decision in the person's best interests. This showed staff were working in accordance with the principles of the MCA.

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.) Where people required this level of protection applications had been made to make sure people's legal rights were respected.

People were effectively supported by staff who had the skills and knowledge to meet their needs. Staff received training according to their role which made sure they were able to effectively carry out their job. One member of staff told us when they began work they had received a good induction and had been able to spend time getting to know people before they were asked to provide intimate care. They told us, "I was able to spend time chatting to people so they knew me. I don't think I'd want to be washed by someone I didn't know so we don't expect people to just accept that." One person said, "The staff here are excellent I couldn't fault them." A visitor told us, "I have found all the staff to be very good and the nurses are very efficient, but also very caring."

People had their health needs monitored and received effective treatment from registered nurses who were available throughout the day and night. Care staff said they reported any concerns about a person's health to the registered nurse on duty to make sure any issues were dealt with quickly. There were care plans in place which showed how healthcare needs were met at the home. For example, if someone had a skin wound there were care plans that set out what treatment would be given and the frequency of the treatment. Running records showed when dressings or treatments were carried out and when a wound had

healed and did not require further treatment.

Where people's healthcare needs could not be treated by registered nurses other professionals were involved. The staff supported people to attend appointments outside the home and a local GP visited on a weekly basis. One person said, "No concerns on the healthcare front. Nurses come in to chat and sort things out."

People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. Some people required their meals to be served at a specific consistency to minimise the risk of choking and these people were provided with appropriate meals. People told us there was always a choice of food and those we spoke with were very happy with the standard of meals provided. Comments included; "Food is gorgeous," "You get very nice food here" and "Food is generally pretty good."

People were provided with the support they required to eat. Some people required staff to physically assist them to eat and at lunch time we saw staff took time to support people in a dignified and respectful way. Staff told people what the meal was and chatted to people as they helped them. This helped to make meal times a pleasant and sociable experience for people. One person who required support to eat told us, "I never expected my life to be like this but they make it OK."

Is the service caring?

Our findings

The service continued to be caring.

People were supported by staff who were kind and caring towards them. There were excellent interactions between people and staff which created a happy and warm atmosphere. We saw that staff never walked into a room without acknowledging people and stopping for a quick chat, this included care and ancillary staff. People in communal areas were alert and engaged because there was constant social stimulation. One person said, "There is always kindness and laughter."

Some people were extremely frail and were being nursed in bed. We visited everyone who was cared for in their rooms and found them to be warm and comfortable. Staff told us they visited people who were in their rooms throughout the day to support them with their care and ensure their comfort and safety. One person told us, "They look after me very well. I have absolutely no complaints."

People spoke very highly of the staff who supported them and told us they were always kind and considerate to them. One person said, "I find all the staff extremely charming." Another person said, "They are always kind and gentle with you." During the inspection we watched staff support a person to move to a comfortable chair using a mechanical hoist. The staff were gentle and reassuring and explained exactly what was happening to ensure the person felt safe.

Visitors were also very complimentary about the staff team and said they were always made to feel very welcome. One visiting relative told us, "They get wonderful care and I am absolutely happy with everything. The staff could not be any kinder to them or to me." One visitor said they were able to eat meals with their relative each day and commented they felt part of "One big happy family." They told us they thought staff often went the extra mile and they felt staff cared about them as well as their relative who lived at the home. They described an occasion when they had not been able to visit and staff had sent them a photograph of their relative with staff to reassure them they were ok.

People were treated with respect and their privacy and dignity was promoted. Each person had a single room where personal care was provided. We noticed staff never went into a room without knocking and announcing themselves. People told us staff respected their privacy. One person who liked to remain in their room said, "I'm not a big socialite. They respect that's how I am and make sure I'm comfortable and have everything I need."

Staff were able to provide care to people at the end of their lives and some people came to the home from hospital to receive palliative (end of life) care. The provider told us they wanted people to feel they had 'Come home' when they moved to Holywell Nursing Home. They said they aimed to provide as many home comforts as possible whilst ensuring they received a good standard of nursing care. During the inspection we saw registered nurses monitored people's pain levels and provided prescribed pain relief when required to maintain people's comfort.

The home had been awarded the Gold Standards Framework award which is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The provider was also in the process of developing their own care pathway for people at the end of their lives. Registered nurses said they had good links with local hospice services who provided advice and support when needed.

The staff had received a number of thank you cards from relatives and friends of people who had stayed or lived at the home. Comments on cards included; "Thank you for you excellent care and love" and "They received compassionate, loving and thoughtful care." One card thanked staff for the care they had provided to the person at the home and the support they, as a relative had received."

Is the service responsive?

Our findings

The service continued to be responsive.

The provider assessed anyone who wanted to move to the home to make sure it would be the right place for them. Pre admission assessments we read showed they had been carried out with the person and contained information about how the person felt about moving into the home as well as comprehensive details about their needs. The pre admission assessments also contained information about a person's capacity to consent to the move and any important people who needed to be involved in the decision making process. One visitor told us how reassuring, efficient and personal this process had been.

From the initial assessment care plans were written to show how people's individual needs would be met. These plans of care contained information about people's needs and their likes and dislikes. For example one care plan stated "Loves a joke." Another said "Likes to have a bath." This information helped to make sure staff had the information they required to provide personalised care to people.

The staff responded to changes in people's needs and adapted the care they provided to meet these. Staff said there was a handover meeting every day and they were told about any changes to people's health or well-being. A visitor told us the person they visited had changed over the time they had been at the home but staff had continued to provide appropriate care. They said, "They communicate really well with me and they provide whatever care is needed at the time."

People were able to make choices about their day to day lives. All the staff we spoke with had a strong commitment to providing care that was personalised to each person. One member of staff said, "Of course everyone has choices. We want people to do as they please." Another member of staff told us, "We have a real variety of people here. We have to adapt to each person because they don't all want the same things."

People felt able to express their views and make decisions about their day to day care. One person said "I tell them what I want and they do their best to make it happen." Other people told us how they followed their own routines. One person said, "I do what I want. I like to have meals in my room because I don't like crowds. They don't mind. My choice."

People told us they would be comfortable to make a complaint if they needed to and felt anything they were unhappy with would be sorted out. One person said, "I don't have any complaints but I'm sure they'd want to know if I did so I would certainly tell them." Another person said, "If I wasn't happy I would talk with matron [provider] She'd get it sorted."

People were able to take part in a variety of activities and trips out according to their interests and hobbies. Activity staff spent time with people in the communal areas and with those who were being cared for in their rooms. Throughout the inspection we saw people received a good level of social stimulation.

Activity workers had completed a document called 'This is me' with each person. This gave information

about the person's personal history, the people that were important to them and their interests and hobbies. This enabled staff to provide activities in accordance with their preferences and interests. Photographs around the home showed the different activities people had taken part in which included growing vegetables in the garden, celebrating the Queen's birthday, visiting museums and viewing sand sculptures at a nearby beach.

The home was located within a small community and people attended local events and clubs. One person said they had lived in the village for many years and staff supported them to keep in touch with people. They said, "They take me down the local pub, I've gone there for years so I know most people."

People were supported to continue to practice their faith if they wished to. Staff told us they had helped to arrange for one person to continue to take part in prayer meetings that were important to them. One person said, "We have a church service which is very nice. The vicar goes to see people in their rooms as well."

Is the service well-led?

Our findings

The service continued to be well led.

The service is run by a sole provider. As a sole provider they were not required to employ a registered manager. Instead they had opted to manage the service themselves. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team consisted of the provider, a care standards manager, a business manager and an administrator who together provided a cohesive unit. The management team maintained relationships with professional bodies and led on family liaison. There was a registered nurse on duty 24 hours a day and they were supported by an on call system. This meant people and staff always had access to experienced staff who could assess their well-being and respond to any difficult or emergency situations.

People benefitted from an open and inclusive management team. The management team were described as open and approachable by people, staff and visitors. One person said, "Matron [provider] knows everything that goes on, you can ask her about anything." A member of staff said, "I know people talk about open door management but that really is what it's like here. You can talk to any of the managers about anything."

The provider had an excellent knowledge of the people who lived at the home showing they spent time observing care and communicating with people. One visitor said, "She [provider] is always available to talk to you about anything. She is passionate about people's care."

Staff felt well supported which led to a relaxed and happy atmosphere for people to live in. One member of staff said, "It's the nicest place I've ever worked." Another member of staff told us, "I think we are a good team. Happy staff means happy people, that's what we aim for." One person told us, "It's a very friendly place. Staff seem happy to do anything you ask. Their smiling faces make my day."

The management structure in the home had changed since the last inspection and some of the systems in place were new and had not had time to embed into everyday practice. The care standards manager had begun to carry out observational audits to enable them to observe the actual care provided to people and address any poor practice. They told us they hoped these audits would highlight where staff required additional support or training which would help to ensure people received a high standard of care from all staff.

There were systems to monitor the quality of the care provided and a commitment to on-going improvements to the service. There were regular audits including infection control audits and audits of medication practices. Completed audits showed a high level of compliance with good practice guidelines. Where audits identified areas for improvement these were actioned. For example, an infection control audit had highlighted the need to replace some clinical waste bins and these were being sourced.

During the inspection we identified shortfalls in how staff recorded the care they provided to people being nursed in bed. However, when we discussed this with the management team we found that this had already been identified as an area for improvement. The provider had begun to identify more suitable paperwork which they hoped would make recording easier for staff to complete and more reflective of the actual care provided to people. This would help to make sure that care provided to people could be regularly reviewed to assess its effectiveness in meeting people's needs.

There were systems to make sure the building and equipment used were maintained to a safe level for people. A maintenance person was employed who carried out regular checks which included checks of the premises, the fire detection system and hot water temperatures. Records of these showed audits and checks were carried out regularly. The provider had contracts in place with outside contractors who carried out regular servicing on equipment such as the lift and all portable lifting equipment.