Hallmark Healthcare (Holmewood) Limited

Holmewood Manor 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 effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 25 and 29 September 2015 and was unannounced. We had previously inspected the service in June 2014 and found no breaches in the regulations at that time.

Holmewood Manor Care Home is required to have a registered manager. The manager had been in post since September 2014 and had not completed their registration with the Care Quality Commission. 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 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 service is registered to provide nursing and residential care for up to 40 older people. At the time of our inspection 35 people were using the service and no-one had nursing needs.

Summary of findings

People were not protected from the risks of infection as staff did not always use and dispose of personal protective equipment in a safe way. People were also at risk from infection as a clean and hygienic environment had not been maintained.

Care was not always provided to meet individual people's needs, for example at lunch times when people required timely staff interventions. At other times staff were able to provide individual care and support.

Staffing was usually sufficient to meet people's needs, however on some occasions there had not been sufficient staff, and sometimes staff were not deployed to meet people's needs effectively.

We were not assured that some people, whose dementia needs could cause a risk, always received responsive care, suited to their individual needs, because monitoring of their behaviour was not completed as required. We were also not assured that people received appropriate health advice when they had special dietary needs.

Quality assurance systems were in place, however they were not always effective at identifying shortfalls in the quality and safety of the service. This included shortfalls in infection prevention and control, cleaning and areas of the building requiring maintenance and repair. Some potential risks associated with the environment were also identified for further risk assessment during the inspection.

Some existing practices, for example, not offering a person the option to receive their care and treatment in private, did not fully consider people's dignity and privacy. At other times staff were careful to promote people's dignity and respect their privacy and had contributed to developing dignity practices in the service.

People were cared for by staff that were caring and who respected people's views and choices. Staff had the skills and knowledge to meet people's needs and their skills were kept up to date and current through on-going and regular training. The manager had a good understanding of the Mental Capacity Act 2005, however staff practice in checking people consented to their care varied.

There was no registered manager in place, however the service was led by a manager who engaged people and had an open and approachable management style. Both the manager and senior managers had a clear aim for the service.

People received sufficient food and drink and people and families told us the food had recently improved with the new chef. The manager had further plans to develop the menu choices based on people's preferences.

People living at the service told us they felt safe using the service and we found people received their medicines safely. Staff understood what steps to take to safeguard people and knew how to raise concerns and report accidents. Risks to individuals, for example, risk of falling, were identified and kept under review.

People and families told us they enjoyed the trips out organised by the service. We also saw they were involved in meetings to discuss the service and they told us they knew how to make a complaint or suggestion.

At this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Improvements were needed to ensure people were cared for in a clean and hygienic environment and protected from the risks associated with infections. There had been times when sufficient staff had not been available and effectively deployed to meet people's needs. People felt safe and arrangements were in place to ensure staff working at the service were suitable to do so.

Requires improvement

Is the service effective?
The service was not consistently effective.

People had access to sufficient food and drink of their choice, however we were not assured professional advice had always been sought to ensure some people's diets were appropriate for them. The manager had a good understanding of the Mental Capacity Act 2005, however not all staff checked people consented to their care and treatment before commencing care. Staff had the skills and knowledge to meet people's needs and people had access to other health care professionals when required.

Requires improvement

Is the service caring?
The service was mostly, but not always caring.

Staff wanted to promote people's dignity and respect, however some established ways of working did not fully consider people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Requires improvement

Is the service responsive?
The service was not consistently responsive

People did not always receive the care required to meet their individual needs. Staff were not always confident on how to manage people's behaviour and records to monitor changes in people's behaviour were not effectively used. People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Requires improvement

Is the service well-led?
The service was not consistently well led

Requires improvement

Summary of findings

Although quality assurance systems were in place and used, they were not always effective at ensuring the quality and safety of services. The manager was not registered with the Care Quality Commission as required to do so. However, the manager did work with an open and approachable management style and engaged well with people, families and staff.

Holmewood Manor 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 inspection was unannounced and took place on 25 and 29 September 2015. The inspection team included an inspector, a specialist professional advisor, with experience of nursing and an expert by experience, with experience of caring for an older person. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We also spoke with representatives from the local authority.

We spoke with four people who used the service, however not everyone who used the service could fully communicate with us. We therefore completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we also spoke with eight relatives of people who used the service. We spoke with six members of staff, as well as the manger and two visiting senior managers. We looked at six people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, staff training and recruitment records. We also spoke with two social care professionals.

Requires improvement

Is the service safe?

Our findings

Some procedures designed to help ensure protection from and control of infections were not followed. During our inspection we observed staff disposing of gloves used for personal care into open topped waste bins. We found other used aprons, gloves and used continence products had been disposed of in other open topped waste bins in people's bedrooms and in communal areas. The manager confirmed staff were required to dispose of any personal protective equipment in the clinical waste bins, however this practice was not being followed. Additionally we observed a member of staff administer eye drops without wearing gloves, neither did they wash their hands before or after administering the person's eye drops. People were at risk of infection because procedures to mitigate the risks of, and prevent infections were not being followed.

During our inspection we found areas of the service had not been cleaned effectively and had an unpleasant odour. For example, in one person's bedroom, although the commode had been emptied it had not been washed out. In another person's ensuite we found faeces on the side of the toilet bowl and on the wash hand basin. We found people's bedding, as well as chairs and floors in communal areas were not always clean. When we reviewed cleaning records we found cleaning staff had recorded regular occasions when they had not been able to complete the cleaning tasks allocated to them. On the morning of our inspection no cleaning staff had been available to work on the early morning shift, which meant the manager was having to complete some cleaning tasks when we arrived. We spoke with the manager regarding our concerns who acknowledged the issues raised and confirmed action plans would be developed in response.

People had not been protected from the risk of cross-infection. These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was usually, but not always, sufficient staff to meet people's needs. One person told us that they had made a request to go to bed, and staff had not had the time to assist them until later in the evening. Another person told us, "It's lovely here you just have to learn to be patient, sometimes it takes a while." People and families had mixed views on whether there were enough staff. One person told us, "There's not enough staff, ring the buzzer, depending on what you want you'll get, 'back later,' or, 'in a minute'. I know they're busy at times." Another family member said, "There's always enough staff." We identified a period of time on the staff rotas when there were insufficient numbers of staff on duty to meet the requirements of people using the service. We discussed this with the manager who confirmed that shortly after our inspection the levels of staffing had been increased during this period of time to ensure people's needs would be met.

People received their medicines when they needed them and people's medicines were safely stored and managed. Staff observed administering medicines were seen to explain what the medicines were for and to stay with people while they took them. One family member told us, "Medication always seems to be the same times and the GP visits if there is any problem." We saw that staff were accurate in their recording of medicines administered and used topical medicines charts for prescribed creams. Guidelines were in place for people who required medicine 'as and when required'. These guidelines helped ensure these medicines were given consistently. We discussed with the manager where one type of medicine had been incorrectly checked in and this was investigated and rectified during our inspection.

People told us they felt safe living at Holmewood Manor Care Home. One person told us, "I like it here, there are different characters and the person next door can be a problem, but I don't feel unsafe." Families we spoke with also told us they had no concerns. One family member told us, "[My relative] is perfectly happy here and safe. They look after them well." We saw that staff had received training in how to identify and report any concerns for people's well-being and safety under local safeguarding procedures. When we spoke with staff they told us they would be confident to raise any concerns should they need to. Staff recruitment records showed the provider had completed checks to assure themselves people employed were suitable to work in the service. This meant the provider had taken steps to protect people's safety while they used the service.

We saw the provider had business continuity plans in place to deal with emergencies. We also saw people had 'personal emergency evacuation plans' in place, to assist with keeping people safe should there be an event, such as a fire that required the premises to be evacuated. However, these had not always been kept up to date. We made the

Requires improvement

Is the service safe?

manager aware of two people who had recently moved rooms and their personal emergency evacuation plan had not been updated. The manager confirmed this would be completed.

Staff told us fire alarms were regularly tested and records we saw confirmed this. Staff told us they reported any accident or incident to managers and we saw that they had completed relevant records regarding any accidents and incidents. We saw managers reviewed these reports and included them in reports for review by senior managers. This meant that risks to people were reviewed to help prevent future incidents.

Risks to people were identified and steps were taken to mitigate risks. For example, one family member told us, "[My relative] has a history of falls so she has a special mattress and a fall mat; she was moved to a different room to make sure it was the right bed." We saw people at risk of falls had sensor mats in place to alert staff should the person fall from their bed. We saw other risk assessments in place for people's care and we saw these had been regularly reviewed. Where one person had been assessed as requiring a pressure relieving mattress we saw this was in place. We made the manager aware of some other potential risks regarding the possibility for ensuite doors to block the entry to a person's bedroom, staff leaving baths running unattended and risks associated with cord pulls. The manager acknowledged these and confirmed they would be considered and risk assessed where necessary. Plans were in place to manage and reduce risks identified to individuals, and the manager agreed to review potential risks associated with the environment.

Requires improvement

Is the service effective?

Our findings

We could not be assured that people who required specific dietary needs had those needs met. The manager told us diabetic ice cream and yogurts were available for people who were on diabetic controlled diets, however we observed one person with diet controlled diabetes not being offered these diabetic alternatives. Instead, they had standard sponge pudding and later, biscuits. Their care plan stated staff were to ensure they received a balanced, healthy diet and that there may be risks if this was not followed. We spoke with the manager regarding this and they advocated that the person was often tempted by sweet foods and it was better for them to eat something. However, we did not see any professional advice had been sought to confirm this was the best approach to take, neither did we see staff offering alternatives that were both sweet and suitable for people with diabetes. This meant there was a risk that care was being provided that did not meet people's health requirements and the manager agreed to obtain specialist health advice to inform this person's care.

On the day of our inspection we saw people enjoyed their dinner, and alternative meals were served if people wanted something different to the main meal option. One person told us, "The food is okay but there's not a lot of variety. The fish is more batter than fish." People also told us the new cook would cook some of their favourite foods and freeze them in batches so it was always available for them. One family member told us, "The food recently has improved now there is a cook. Before it was agency and it seemed to change all the time." People had access to drinks and snacks throughout the day. The cook had a good understanding of how to fortify people's nutritional intake and records showed that people's weights were monitored and managed.

We observed that staff practice on checking if people consented to their care and treatment varied. We observed staff checking with people whether they were ready to take their medicines, and at another time we observed staff apply a cream to a person without first checking they consented to this. Care plans recorded where people had signed their consent to things, such as photographs being taken and used in their care records. Staff we spoke with had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff we spoke with told us they understood the principles of this legislation. This legislation ensures people who lack capacity and require assistance to make certain decisions receive appropriate support and are not subject to unauthorised restrictions in how they live their lives. We spoke with the manager regarding the MCA and DoLS. They had a good understanding of the DoLS process and recognised when restrictions on people required lawful authorisation. We saw the manager had applied for DoLS for people identified as having restrictions placed on them.

We observed staff assisting people and we saw they had the knowledge and skills required to provide effective support and care. Staff also showed an awareness of how to help people with dementia effectively. For example, we saw one staff member orientate a person with dementia to the dining area when they began to show an interest in setting tables. At another time, staff members joined in with a person singing. One family member we spoke with told us, "[Staff] do things like the life story for people, to help them remember things." People received care from staff who had an understanding of dementia. Training records showed that staff had received training in areas relevant to people's needs. For example, in dementia care, first aid and medicines administration. Staff demonstrated the skills and knowledge required to provide effective care to people.

During our inspection people received care and treatment from a visiting GP. One family member told us, "The GP is there the same day when needed." Staff we spoke with told us, and records confirmed, that other healthcare professionals, such as chiropodists and dieticians were involved in people's care when needed. This meant people received appropriate care and support for their health and care needs.

Requires improvement

Is the service caring?

Our findings

People had mixed views of how their privacy and dignity was supported. When we spoke with one person about their privacy being respected and their dignity promoted, they told us, "Dignity and privacy? You have to accept things are different when you come in one of these places, after the first week you get used to it, I'm okay with it." One family member told us, "Her privacy and dignity is okay, there's enough staff around and they know her as an individual." During our inspection we found that some ways of working did not always support people to maintain their privacy and promote their dignity. We observed medicines, including eye drops and topical creams being administered in the main lounge areas, with lots of other people around. People receiving these treatments were not asked whether they would prefer their eye drops or creams administered in private and nothing was noted on the records to say people had been asked for their preference. We also saw that at other times, staff were attentive to people's dignity and privacy. For example, staff noticed when an item of clothing did not quite fit and they accompanied the person to go and choose something different. When we spoke with staff they were very positive about supporting people's privacy and dignity and they had contributed their ideas of what privacy and dignity meant to them to a display board promoting dignity in care. People were cared for by staff that were keen to support people's privacy and dignity, however some established ways of working did not fully consider people's dignity or privacy.

People we spoke with, told us staff cared for them in a friendly way and the interactions between people and staff that we observed were caring. We observed carers offering support to a person who had become upset. One staff member was comforting the person and saying, "It's alright, don't cry." One person told us, "Some of the [staff] are terrific, always smiling. [Staff member] is one of my favourite, she's bloody good." One relative we spoke with told us the best thing about the service was, "The friendliness." Another relative told us, "[The staff] are very pleasant and aware." One relative told us the manager visited their family member when they went into hospital. They told us they thought this was very good of the manager. Relatives told us they were free to visit when they wanted and during our inspection we saw lots of families attend a charity coffee morning organised at the service. We could tell from the cheerful atmosphere that people using the service enjoyed the event. Staff supported people in ways that were caring, friendly and understanding.

We saw staff checking with people how they felt throughout the day and we saw staff supporting people if they expressed a view to be in a different area of the building. One person we spoke with told us they felt, "Treated equally." We saw that some people chose to spend time in their own rooms, or in different areas of the building and these choices were respected by staff. We saw that people and their families had been consulted with and their views included in care plans. One family member told us, "[My relative] has a care plan. We were consulted and also when it was recently revised." Information was on display for people, staff and families promoting people's choice and control. The service was supporting people to express their wishes for their care and treatment.

Requires improvement

Is the service responsive?

Our findings

People did not always receive care that was responsive to their needs. For example, due to one person's confusion, we observed them pour a drink over their dinner and continue to eat their meal. Staff were present in the room, however they were engaged in putting out other people's meals, and were not at that time free to sit with the person concerned. Later, when a member of staff did sit with them, the staff member was able to intervene and so the person was able to eat their pudding without it being mixed with their juice. We also observed another person was served their lunch while sitting on their own in the lounge rather than in the dining room. This meant they did not receive the natural prompts to eat from being included in a dinning environment; in addition they were not reminded by staff about their meal for over 15 minutes by which time their meal had gone cold. Another person told us they preferred showers, however they did not receive a shower as often as they liked. They told us of one day when they had specifically requested a shower and staff had not been able to arrange this. Records we saw confirmed this person did not receive a shower on this day. They also told us of one recent occasion when staff had not been able to support them with their wish to be assisted to bed at their time of choosing. Staff were not always able to provide responsive care that met people's needs.

We were aware of some recent incidents where people's dementia needs had resulted in them causing harm to themselves or others. Staff we spoke with shared different views on what actions to take to manage such incidents. When we reviewed the care plans for these people we found that the instructions for staff to follow were not always practical, and as a consequence not always followed. In addition, the required monitoring of people's behaviours to enable managers to analyse and identify any changes in behaviour had not been completed as required. There was a risk people had not received responsive and personalised care because behaviour management plans were not clear and monitoring of behaviour patterns had not been completed as required.

People did not always receive care the met their needs and reflected their preferences. These were breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we saw some examples of where care was more responsive to people's needs. For example, staff noticed one person had mislaid their shoe and went to find it for them. One family member also told us, "[My relative] gets up and goes to bed whenever she wants. On Saturday she was talking to staff at 11pm."

During our inspection some people played bingo with staff, and we saw other activities were arranged such as gardening groups and chances to participate in everyday activities such as washing pots. Families told us that the service organised trips out. One family member told us, "They do lovely trips; Yorkshire Wildlife Park, Cleethorpes, lunch at pubs. They have entertainers like magicians and do something special for days like Mother's day and other events." The senior manager told us they were attempting to recruit an additional member of staff who would be dedicated to providing personalised activities and further developing the environment for people with dementia.

We saw meetings with people and their families were regularly organised and provided the opportunity for people to contribute their views. Recent discussions had included people and their families in plans to re-decorate their bedrooms and develop corridor areas. People and families had also been included in discussions aimed to increase people's understanding of dementia and the process surrounding DoLS. We saw that people using the service and staff had been asked their views in a recent customer survey and these had identified areas where people were satisfied as well as areas where improvements could be made. We also saw where positive reviews of the service by people and their families had been received by an external organisation. People had opportunities to discuss issues and provide feedback on the service.

People we spoke with told us they would know who to talk with should they have a concern or complaint. One family member told us, "We've no complaints, but would know what to do." We saw a copy of the complaints process was displayed in the reception area, along with an invitation for people to make comments and suggestions. The location of the suggestions box was unclear and we made the manager aware so that they could make it clearer. The manager told us no formal complaints had been made since our last inspection in June 2014. People were provided with information on how to make suggestions and complaints.

Requires improvement

Is the service well-led?

Our findings

Quality assurance systems were in place and used, however these were not always effective as they had not identified that staff practice was not following best practice guidelines in relation to infection prevention and control. Nor had the quality audits identified areas for repair and maintenance. During our inspection, we identified some areas of the building required maintenance. Some of these were due to recent plumbing work, however some were not. These included, a hole in a person's ensuite bathroom door, stained plaster next to a person's bed, cracked shower tiles and a damaged bathroom tap. Whilst we could see maintenance jobs were recorded and completed, we could not see how the items we identified had been identified and scheduled for repair. We saw other audits were effective in ensuring quality and safety. For example, medicines audits checked medicines were safely managed. Therefore, quality assurance systems were effective, however they had not always identified shortfalls.

Holmewood Manor Care Home is required to have a registered manager, however at the time of our inspection this requirement was not being met. The manager told us they would be applying to register with the Care Quality Commission. The manager understood their responsibilities and had sent appropriate written notifications when required to tell us about any changes, events or incidents at the service. Families we spoke with reported the management at the home was good. One person commented, "The management are excellent." The manager was supported by a deputy and senior care staff. Other senior managers from within the provider's group also provided support to the manager. Staff working at the service were supported by a variety of senior and management staff.

The manager had a clear aim for staff to provide personalised care to people and to involve people and families in the development of the service. One family member told us, "[The manager] really cares, it's not a job, it's a profession." Staff we spoke with were motivated in their job role and told us they enjoyed working at the service. One member of staff told us, "It's an enjoyable job." Staff who had specific responsibilities, for example medicines administration, were able to clearly tell us about the systems in place. This meant staff were motivated and understood their role and responsibilities.

People using the service and their families knew the manager. People we spoke with told us the manager was very approachable. We observed people using the service were relaxed and comfortable with the manager, and their staff team throughout our inspection. One family member told us, "[The manager] is very approachable." Another person said, "We are perfectly happy since [the manager] has been here." People experienced the service being managed by a person who was open and approachable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Processes were not being followed to assess the risk of and prevent, detect or control the spread of, infection, including those that are healthcare associated. Regulation 12 (1) and (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment was not effectively designed so as to be appropriate, achieve service users' preferences and to ensure their needs were met. Regulation 9 (1) (a) (b) (c) and (3) (b)