Margaret Anne Gallagher

Holmwood Rest Home

Inspection report

39 Chine Walk
West Parley
Ferndown
Dorset
BH22 8PR

Tel: 01202593662

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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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This unannounced inspection took place on 23 June 2016. Holmwood Rest Home provides residential care for up to 16 older people. There were 14 people living in the home at the time of our visit, some of whom had memory problems.

The owner was also the registered manager. 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 registered manager was supported by a manager who was responsible for the day to day management of the home as well as on-going improvements. The registered manager told us the manager would be applying to become a registered manager of the home.
There were systems in the home for recording accidents and incidents We saw that two people had several falls over a period of four months. We checked to see what actions had been taken. Peoples risk assessments had been updated and one person s risk of falls was increased in one month from a low risk of falls to moderate risk. There had not been amendments to the persons care plan to reflect the increase in risk. The manager told us they had discussed the person's falls with a healthcare professional. There was no clear follow up in the persons care records. Therefore it was not clear that all possible measures were taken to minimise the risk of the person coming to harm as a result of a fall.

One person needed to live in the home to be cared for safely and they did not have the mental capacity to consent to this. A Deprivation of Liberty Safeguard (DoLs) had not been applied for. The management team did not fully understand when an application should be submitted and therefore were not working within the requirements of the Deprivation of Liberty Safeguards. This meant people were at risk of having their liberty restricted unlawfully. The manager completed the DoLs application during our inspection and told us they would review all people living in the home.

Medicines were stored and administered appropriately, the Medicine Administration Record (MAR) were stored in a ring binder and several sheets had come loose. They fell out when we picked the folder up which meant there was a risk of either losing a MAR or mixing them up.

There was a relaxed informal atmosphere in the home. The management team were visible and accessible and staff told us they were supportive. People and their relatives were positive about the staff and we saw staff were kind and considerate to people.

Food was freshly prepared in the home and we saw the food was served hot. People told us the food was very good.

People had access to healthcare when they needed it and the manager told us they had weekly support

from GP's. We saw people had appointments with a range of healthcare professionals.

People were asked to give feedback on the home in a survey. Responses were generally positive and comments received were acted upon.

Staff told us they had enough training and support to carry out their jobs. There were systems in place to provide staff with regular supervision.

People were offered a choice to join in an afternoon activity. Some people were supported to maintain independent activities such as going to the shop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. One person had several falls which had been recorded and their risk assessment updated. However their care plan was not updated to reflect the change in their level of risk. There was not a record of discussions with a healthcare professional.

Medicines were administered and stored correctly. MAR were stored in a ring binder and fell out when we picked it up meaning MAR could potentially be lost or mixed up.

There were enough staff to meet the needs of people living at the home.

People were at reduced risk from harm and abuse. Staff understood their responsibilities for identifying and reporting potential abuse.

Is the service effective?

Requires Improvement

The service was not always effective. The manager had not completed an application for a DoLs for one person.

People had sufficient food and drink. Food was home cooked on the premises.

Staff had the necessary skills to meet people's needs.

People had access to healthcare when needed.

Is the service caring?

Good

The service was caring. People were cared for by staff who treated them kindly.

People had their privacy and dignity maintained.

Is the service responsive?

Good

The service was responsive. People had individualised care plans which reflected people's preferences, likes and dislikes.

People were provided with activities in the afternoon and people were supported to continue with their independent activities.

People and their relatives knew how to raise concerns.

Is the service well-led?

Good

The service was well led. People and staff told us the registered manager and home manager were accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were ongoing.

Holmwood Rest 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 took place on 23 June 2016; it was carried out by one inspector and was unannounced.

We did not request a Provider Information Return (PIR); we gathered this information during our inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the inspection we asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with four people and two relatives. We also spoke with four staff which included the registered manager, the home manager, one support worker and a member of the cleaning staff. We looked at four care records and the Medicine Administration Records (MAR) and two staff files. We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection We saw four weeks of the staffing rota and the staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Staff completed accident and incident reports as required and the manager monitored these on a monthly basis. Two people had several falls over a four month period. We saw their risk assessments had been updated to reflect the incidence of falls, for example one person went from low risk of falls to moderate risk of falls. However the care plan did not reflect any changes in how the person would be supported. The manager told us they reviewed people on a weekly basis with a visiting GP. Records did not clearly reflect that discussions had taken place following these two people's falls. This meant it was unclear if all possible interventions were considered to ensure the risk of people having a fall was minimised.

People told us they were safe living in the home. One relative told us they had no concerns and felt confident that staff would support their relation safely. People had their risks assessed, which included generic risk assessments such as: moving and handling, nutrition, pressure area as well as person specific risk assessments. Generic risk assessments were carried out to identify if people needed support to maintain their physical safety. For example people had a nutritional risk assessment, all the records we looked indicated people were at low risk of not having enough food and drink, people's care plans indicated weight was monitored on a monthly basis, we saw this had happened.

One person had specific risks which were personal to their individual situation. We saw records reflected that staff had reviewed the person's risks with a healthcare professional and were reviewed on a monthly basis, the person had agreed with how they were supported to minimise the risk of harm, this included a contingency plan. People had personal evacuation plans with guidance on how to support them to leave the building in an emergency situation, such as a fire.

People and relatives told us there were enough staff. The registered manager told us they had on-going delays in starting new staff in employment because of delays in pre- employment checks being completed. They were currently waiting for checks to be completed on two staff. The manager told us they covered the duty roster between the staff team and used some regular bank staff. They told us they never used agency staff. The manager told us they monitored staffing levels through observation and feedback from people and staff and could make changes if necessary.

Medicines were stored securely and administered by staff who had received appropriate training. The home manager told us they had recently updated the medicines policy following a pharmacy inspection. Medicines had been signed as given on the Medicine Administration Record (MAR) and there were no gaps in recording. The MAR were stored in a ring binder and loose sheets fell out as we picked the folder up. This meant there was a risk of loose MAR getting mixed up or lost. The manager told us they had tried alternative ways of preventing the MAR from escaping from the folder. People's prescribed creams were labelled and stored centrally; staff signed the MAR to record people had either declined or had cream as prescribed. We saw one person regularly declined their prescribed cream. The manager told us they had discussed this with the person's GP and the person had capacity to refuse.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable

adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice.

The environment and equipment was safely maintained. There was a maintenance schedule which showed some checks had been carried out such as the stair lift, drains cleaned and replacement of white goods, there were also records confirming checks had taken place on the fire alarms and exits. We saw tests had been carried out on personal electrical items. Following our inspection the manager provided us with confirmation that checks had been carried out on the assisted bath and that legionella checks had been carried out on the water.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so by themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

As part of a pre assessment people were assessed to establish if they had any problems in their understanding or memory. One person's records stated they had difficulty retaining information and was forgetful. The person's care plan stated the person may become confused and they may try to open the door to go outside. A member of staff told us the person was unable to go outside unescorted "In case they got lost." A DoLs application was required to ensure the correct processes had been followed in order that the person was restricted of their liberty lawfully and in their best interests. The manager was unclear if a DoLs was required. We spoke with them and they completed a DoLs application during our inspection. They agreed they would review each person to ensure all people living in the home had the capacity to consent to be at Holmwood Rest Home.

People had sufficient food and drink. Food was home cooked on the premises. People told us the food was good. During lunch one person told us "This won't be on my plate for long- it's delicious." Another person told us "The food is wonderful." The registered manager told us they served an assortment of fresh vegetables daily and people could choose how they wanted their potatoes. There was a three weekly menu and people were asked for their preferences during their assessment. People views on the food were included as part of an annual survey.

Staff told us they were a small team and could have informal supervision if they needed it. Formal supervision was provided on a quarterly basis, appraisals were due to be conducted during August. Staff told us they were supported with training. One member of staff told us they were completing a level two health and social care qualification and the home manager had just completed a level five qualification. Staff had annual training in a range of areas which the provider had identified as mandatory. This included first aid, food hygiene, safeguarding and infection control. We saw staff were up to date with their training or were booked to complete it. Training was either by DVD and workbook or some was delivered face to face such as first aid. New staff underwent an induction and were on probation for a six month period. The manager told us they assessed new staff by observing them in practice and by feedback from people and other staff.

People had access to healthcare when they needed it. The home manager told us they were supported well by their local GP practices, which included a weekly visit to review some people and a weekly phone call to

review others. One relative told us they were confident that staff would alert a healthcare professional if there were changes to their relation's health. We saw people had appointments with a variety of healthcare professionals such as mental health team, district nurses, optician and chiropodist.

Good

Is the service caring?

Our findings

People were treated with kindness. One person told us "I want to give this home a glowing report, the care is fantastic." Another person told us "I love it here." We saw staff interacted with people in a friendly and informal manner. Staff spoke with people when they entered the room and there were discussions related to topical issues. One relative told us "It's like a home from home, I like it as everyone is so friendly."

One relative told us they considered the size of the home a key factor in how well their relation had settled in. They told us their relation had built up close relationships with some of the other people in the home and they were "protective of each other-they look out for each other." This was evident in the communal areas as we heard people asking about each other and conversations taking place between people.

People's privacy and dignity was maintained. People were supported with personal care discreetly and staff were able to describe to us how they respected people's privacy and ensured they provided care in a dignified manner. One member of staff told us they sought peoples consent and gave them a choice. One person told us "I had a nice bath this morning, the girls helped me, I feel wonderful now." Several people in the home had equipment to assist them to walk independently; we saw they were labelled to ensure people only used their own.

People were supported to remain independent for example one person went out independently on a daily basis. We saw that people had been involved in their care planning for example people had completed a form to list their food preferences and people had signed plans to minimise their risks.

The staff were attuned to people in different ways, for example they were attentive and showed their concerns when one person was not feeling well. At another other time they were joking with people and using humour in an appropriate way. We saw staff checking on people and were unhurried in their approach when supporting people.

People were asked about how they would like to be treated when they were at end of life. A plan was developed which was referred to as a wishing well. It included any specific wishes the person had including the type of pain relief and food and drink they would prefer.

Good

Is the service responsive?

Our findings

One person told us that staff knew them well and had a good understanding of their needs. People had personalised care plans which provided staff with information about each individual. This included biographical information such as where the person was born, their occupation and family. People were asked to identify their likes, dislikes and their preferred daily routines. For example one person's food preferences included beef and cabbage; they liked to go on regular walks and preferred to get up early in the mornings. Staff had a good knowledge of people's care plans and were able to tell us about people. This meant people received care and support from staff as described in their care plan. One person told us staff were respectful of their preferred routine and told us "They let me be."

Activities were provided in the afternoons. In the most recent survey, people had identified bingo and exercise to music as the most popular activities. People were supported to maintain independent activities such as going to the shops. People's participation in activities was recorded on an activity sheet and we saw people had been offered to join in activities and it was recorded if they had accepted. Some people chose to spend time in their rooms and we saw staff approached them and asked if they would like to join in with the activity. One person complained about the volume of the music being played, staff responded by turning the volume down. During our inspection we saw there was an external activity person who was running a motivation to music group.

Staff completed a daily record on each person which provided an update on the care and support the person had received and how they were. This was signed each time staff completed it. As well as the daily record staff completed an activity sheet, we saw staff completed this daily although did not sign it. This meant it was difficult to identify who had written the record. We asked the home manager about this. They said they would ensure staff signed the activity sheet each time they completed an entry.

People were able to give feedback on the service through an annual survey. The most recent one dated January 2016 was generally positive. We saw comments had been acted upon for example one person wanted to get up earlier, records showed this had happened.

Staff handed over important information to each other in people's daily records as well as on a handover sheet. This meant key information was easily available to staff coming on the next shift. For example one person was on a chart to record how much drink they were having.

The registered manager had two dogs which she bought in on a regular basis; one person told us they enjoyed seeing them. During our inspection one dog was in the home part of the day, we saw people responded to the dog positively, including smiling and stroking it, one person was talking to the dog by name.

The provider had a complaints policy which detailed how complaints would be dealt with, a relative told us they knew how to make a complaint but had never had cause to. The manager told us they had not received any complaints in the last 12 months. One relative told us they felt comfortable addressing small issues such

as, the wrong item of clothing in their relations room. They told us when they had mentioned anything to staff it was soon sorted out.

Good

Is the service well-led?

Our findings

The registered manager told us the home was very important to them and they maintained daily contact with people and the staff. They were visible during our inspection and we saw them talking with people informally. They told us the manager had responsibility for the day to day management and that they were applying to the Care Quality Commission to be a registered manager. The manager engaged with us during our inspection and provided us with information as we requested it. The management team were open and relaxed and we saw this was reflected in how staff carried out their work. There was a relaxed atmosphere in the home and staff told us they were happy in their work and with how the home was run. Staff told us they considered management to be accessible and supportive.

People and their relatives told us management were approachable. One relative told us communication with the manager was good and they had confidence in the management. There was 24 hour on –call which meant staff could make contact with the registered manager or manager if they needed advice or support.

Appropriate notifications had been made to the CQC to report important incidents and information.

There were systems for monitoring the quality of the service. The manager told us they checked people's care plans on a monthly basis when they were reviewed. Actions were recorded within the documentation, the manager told us they followed up each month to ensure actions had been completed. There was a room cleaning checklist which we saw confirmed the cleaning schedule had been completed. There was also a monthly check of MAR with no observed actions identified. The manager told us the home was small enough to be able to informally monitor the quality of the care being provided. They were able to talk with people daily and worked closely with staff.

Staff told us they enjoyed working in the home, one member of staff described the staff team as close and that they mutually supported each other. They told us they had worked in the home for a number of years and had never had a day off sick which they attributed to the close team work and support they received and the job satisfaction they got from supporting people with their care. Staff told us they had regular meetings which they described as one to one and as a staff group they told us they felt comfortable making suggestions and discussing ideas they had. Another member of staff told us they wouldn't change anything about the home.

The registered manager told us many people had lived in the home for a number of years. They identified benefits of living within a smaller environment such as a smaller staff group. They told us the ethos of the home would mean they would be unable to support people with complex needs such as a person living with advanced dementia and behaviours that challenge.