

Ashberry Health Care Limited

Holmer Court Residential 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 

Overall summary

This inspection took place on 9 January 2015 and was unannounced. Holmer Court provides nursing care for up to 33 people. There were 33 people living at the home when we visited and there was a registered manager in post. 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 last inspection was on 14 May 2014.

People told us they felt safe living at Holmer Court and the relatives that we talked with agreed. People knew who to talk to if they had any concerns. There were sufficient numbers of appropriately trained staff to meet the needs of people and keep them safe.

Assessments had been completed so that staff had the information they needed to manage identified risks to people.

People's healthcare needs were met as they were supported to see healthcare professionals when needed. They received their medicines as prescribed.

Summary of findings

People's needs were met by staff who had the skills and knowledge to provide their care. People told us that the staff were kind and respectful. Relatives told us they were kept informed about their family member's care. We saw that staff involved people in their care giving people explanations of what could happen so that they could make informed choices. We saw that people were treated with dignity and respect.

People were able to raise their concerns or complaints and these were investigated and responded to. People were confident they were listened to and their concerns taken seriously.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to

protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection nobody was subject to DoLS. This meant that the provider had taken all steps necessary to protect the rights of people.

Staff meetings were held so staff could discuss the service provided to people. People and their relatives told us that the manager and the staff were approachable at all times. We saw that staff gave people choices and asked their opinions.

The provider had taken steps to assess and monitor the quality of the service which took account of people's preferences and the views of relatives and other professionals. These had been used to make changes that benefitted the people living at the home.

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 safe.

People felt safe living at Holmer Court. Staff knew how to safeguard them from the risks of abuse.

The risks to people had been assessed to make sure they received safe and appropriate care.

There were sufficient staff to meet people's needs.

There was a procedure for managing people's medication safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure their health and wellbeing was maintained.

Staff followed advice and guidance so people's health needs were supported effectively.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected. People and their relatives were positive about the care they received.

Staff showed an interest in people encouraging them to chat about everyday matters in ways that stimulated them.

People and their relatives were encouraged to express their views on the care they received and staff were knowledgeable about their needs.

Good



Is the service responsive?

The service was responsive.

People had their needs and wishes met by staff who responded appropriately.

People's wishes and preferences, their history, the opinions of their relatives and other health professionals were respected. This ensured people received the care and treatment that met their needs.

People were encouraged and supported to raise concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People and their relatives were confident that their concerns would be listened to and acted upon.

The provider had put systems in place to monitor the quality of the service which took account of people's preferences and the views of relatives and other professionals.

Staff were supported by a manager who had maintained up to date knowledge on changes in legislation so that steps could be taken to protect people's rights if necessary.

Holmer Court Residential 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 9 January 2015 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we looked at information sent to us by the provider and other bodies such as local authorities who fund the placing of people in this service and the local Healthwatch.

We had received information that gave us concerns about the staffing levels within the service. We looked at information sent to us by the provider and other bodies such as local authorities who fund the placing of people in this service and the local Healthwatch.

Throughout the inspection we talked with eight people, two of their relatives and five staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing how people interact with others to help us understand the experience of people who could not talk with us. We looked at three records about people's care, staff duty rotas, complaint files and records showing how the service was monitored by the provider.

Is the service safe?

Our findings

The people we talked with told us they felt safe and the staff treated them well. One person told us, “Yes, very safe,” and a relative said, “[name] is incredibly safe here”. Another relative told us, “That’s the reason she came– to be safe”. All of the people we talked with told us they felt confident that they could raise concerns with any of the staff if required. One person said, “I’d tell the senior or the manager”.

We talked with staff and they showed a good knowledge of what abuse was as well as the local authority and provider’s procedures for reporting concerns. They described how they would respond to allegations or incidents of abuse, and who they would report them to. One member of staff said, “If nothing gets done I would go to the local authority”.

Where risks had been identified the plans detailed how to minimise or manage them. For example, we saw where people were at risk of falling plans had been developed for staff to follow to reduce the risk of an accident. We saw that staff followed the written instructions about how to provide that support.

Before the inspection we had been told that there were not enough staff available to meet people’s needs. We talked to the staff and they told us that the assessed number of staff were usually available throughout the day. We saw staffing rotas which confirmed what they told us. The registered manager and the senior staff told us that the staffing levels had been calculated according to the assessed dependency levels of the people who lived in the home.

They told us that this calculation had been carried out recently and we saw records that confirmed this. During the day we saw that staff were available to support people when they needed assistance. One person said, “If I need them they are there”.

We saw that staff spent time talking with people. They told us that this was not only to stimulate people but to check their wellbeing and look for any signs that might indicate the person was subject to abuse. Staff answered call bells promptly ensuring that people’s needs and wishes were met as quickly as possible and they were not left in a distressed or undignified condition.

People told us that they were happy that staff looked after their medicines for them. They said they got their medicines at the same time every day. One person said, “They sort it for me”. We saw that people’s medicines were managed so that they received them safely.

Staff told us that their ability to give medicines was regularly assessed by the senior staff. The quantities and type of each person’s medicine was clearly recorded to avoid confusion. Guidelines had been written for the staff to follow to make sure that people were given their medicines correctly.

We saw that medications were stored and handled in a way which helped to ensure that only the correct person would be given them. Staff told us that regular audits of the medication systems were carried out to check to make sure that medicines were administered correctly. We saw records that confirmed this.

Is the service effective?

Our findings

People told us the staff helped them in the ways that they preferred. One person told us that they had been involved in planning their care. They told us, “Yes, they talked to me about what I need”. We looked at people’s care plans. We saw that they contained information about people’s care as they had either described or we had observed.

We saw that staff showed skills and the knowledge of procedures that enabled them to meet people’s needs. Examples of this were how they were able to help people from one chair to another using specialist equipment or to comfort and reassure people who may have become confused or upset. Staff we talked with understood their role in providing the care people needed. They told us that they had received training that helped them to do this. The manager told us and the training plan showed that training for staff, such as manual handling, was ongoing so that they would be aware of the latest guidance to meet people’s needs.

Staff talked about how they supported and prompted people to make decisions as independently as possible. The actions they described and demonstrated throughout the inspection showed how they maintained people’s rights under the Mental Capacity Act 2005. Staff were also able to describe their duties should a person become subject to a Deprivation of Liberty Safeguarding (DoLS).

We talked with the registered manager and the senior staff team. They all showed a comprehensive understanding of their duties within the Mental Capacity Act 2005. They had a clear understanding of when and how to make an application for a DoLS should the need arise. This showed manager and staff’s awareness of the need to provide care to people in the least restrictive manner.

People told us that they enjoyed the meals they were offered. One person said, “I enjoy them” and another said, “I always eat it so I must do” and smiled. They told us that staff asked them what foods they liked and disliked. Staff told us that they also found out what foods people liked and disliked by asking their families when they first came to live at the home. Relatives that we talked with confirmed this. Staff also said they monitored what people chose when offered choices at meal times. Staff told us that people could all make it clear if they did not want a particular food. One staff member told us, “We can offer an alternative on request”. People also told us that special diets for cultural needs or reasons were catered for. This enabled people to continue with their chosen cultural practices as well as eat foods that would keep them healthy. We saw that if a person required a special diet for medical reasons then one was provided. For example, some people were provided with a soft food diet.

People and their relatives told us that they had access to health professionals. Staff confirmed and records showed that people saw various health professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with a speech and language specialist, their doctor and dentists. On the day of our visit, we saw a healthcare professional visited the home. They told us the home had good clinical systems and processes to monitor people’s health and provided good care and was very responsive to advice. Details of these visits, including guidance for staff to follow, had been recorded in people’s care files. This meant people’s health was monitored regularly so that healthcare could be arranged when necessary.

Is the service caring?

Our findings

People told us that they were treated with kindness and compassion. One person said, “Yes, they are very caring”.

We saw a number of people visit their relatives. They told us, “We were recommended to look here as they are very kind” and “The care [name] received was wonderful”.

As some people had difficulty expressing themselves we spent time in the communal lounges and dining rooms of the home and observed the care provided. We saw that staff regularly checked and reassured people. We saw staff listened to people make choices, responded to them and encouraged them to take part in activities such as knitting or crocheting. People that we talked with told us that staff spent time with them asking what their likes and dislikes were.

We saw that if someone became unhappy staff responded by quietly talking with them and this helped to provide reassurance to the person. We heard the staff quietly talking to each other about what may have been wrong and why, as well as discussing ways to comfort and reassure person.

We saw that a number of people who used this service had memory and cognitive related issues. We saw staff consistently provided a caring, supportive and sensitive response to this people’s needs. We heard some people had difficulty remembering events when talking to staff about their hobbies and past work life. Staff encouraged

them by reminding them of these events. This resulted in the people smiling and saying such things as, “Oh yes, it’s come back to me”. This showed staff took the time to listen and talk with people and make them feel they mattered.

When we talked with people and their relatives they told us that they had been involved in planning their family members’ care. One person told us how they had talked to staff about their needs and aspirations and said, “I’ve arranged all the support I need”. One relative told us how they regularly talked with the staff involved in their family member’s day to day care. They said this enabled them to feel involved in the person’s care. They also told us they found the manager and the senior staff to be approachable about any concerns.

Relatives also told us that they were able to visit at the times that they chose. We saw that the staff greeted them in a friendly and relaxed manner. We saw that they were able to stay with people in the privacy of their relatives’ bedrooms or in the communal areas.

We saw that staff knocked and waited for an answer before going into bedrooms and bathrooms. Staff told us that during their everyday working and supervision meetings their managers made helpful comments to them about how to maintain people’s privacy and dignity. We saw that when people’s care and personal issues were being discussed conversations were carried out away from the hearing of other people and their visitors. We also saw that people’s personal records were kept securely and only looked at by people who were authorised to do so. Staff told us that the managers joined them in carrying out day to day tasks and made helpful comments to them about how to maintain people’s privacy and dignity.

Is the service responsive?

Our findings

People told us that they were involved in the planning of their care. One person said, “Yes, they are very good. They talk to me about what I need”. One person told us that when they moved to the home the staff had asked them about their past, including their hobbies and interests. They had identified the different types of needlecraft that they had enjoyed in the past. They told us that staff had responded to that information by regularly sitting and helping them with their wools whilst chatting about the progress they were making with a piece of work. This showed that people were encouraged to carry on with their hobbies and interests.

We saw that the provider had asked people to complete a satisfaction questionnaire. One of the questions was, ‘Do you have the opportunity to become involved in the planning of your care?’. The responses were either ‘always’ or ‘usually’.

The relatives of people using the service told us that they had been asked to provide information about their family members’ likes and dislikes. They told us that this had happened before the person came to live at the home and since then they had regularly been asked further questions.

One relative told us, “They must have listened because they seem to know what [person’s name] needs are”.

Some of the people who use this service had difficulty expressing themselves and would have difficulty taking

part in a formal needs assessment. As part of their everyday support for people staff were asking them questions about their likes, dislikes and preferences in how they liked to be cared for.

At lunchtime we saw that the seating plan had been arranged in a particular way. One person said, “We like to sit together” and indicated the people sat around the table. We also saw that when some of the people were assisted into the dining room another person was waving to them and pointing to a chair next to them. The people being assisted into the room were relaxed about being taken to the chairs indicated. Staff told us that people regularly sat in the same places at meal times and had indicated that they enjoyed the regular company of the same people.

Staff told us that they were kept informed of any changes to people’s needs during the meetings that were held at the start of each shift. We also saw that changes were entered in people’s care plans so that staff had up to date information to refer to should they need to. Examples of this were seen after a visit by the doctor. We saw that these changes reflected what we had seen and been told and they had all been updated recently. This ensured that staff had up to date information about the people they were caring for.

People and their relatives told us that they knew how to make a complaint if they needed to. One relative explained how they would do this but said that any concerns that they had were addressed immediately by the staff. They told us this meant that they did not need to use the formal process outlined in the home’s complaints policy. Staff told us that they knew how to raise concerns or complaints on people’s behalf of people.

Is the service well-led?

Our findings

People and their relatives, told us that they were able to talk to the manager and the staff if they felt there was something that could be improved. One person told us how they had talked about how their dietary wishes were catered with the manager and the staff. They told us their wishes had taken these into account when sourcing the ingredients for their meals.

When we talked with people who were visiting their relatives they told us that they regularly saw the unit manager around the building talking with people. One relative told us about meetings that were held where relatives could discuss ways in which the service could be improved. Staff also told us that the manager often helped out with day to day care and would talk with them about any issues they may have. One member of staff said, “[name] will always be around to give us advice”.

We saw that feedback surveys were carried out. We saw completed analyses of the latest questionnaires. People who lived in the home, staff and visiting professionals had been asked for their views. The provider had responded to issues that had been raised. An example was a healthcare professional had commented about improving staff knowledge of diabetes. The manager told us and the training plan confirmed that training had been planned to meet this need.

The manager told us they spent time each day in the communal area of the home observing how the staff went about their duties. The manager told us this gave them information they could use to discuss and improve people’s care provided by the staff.

Staff told us that found feedback from the manager to be useful. A comment from the feedback the service received from the staff was, ‘I feel we work together as a team and that we put the resident’s needs as a priority’. They told us that they were clear about what was expected of them through daily handover meetings. Staff told us they had opportunity to discuss any concerns about people’s care.

The manager showed that they clearly understood what their legal duties and responsibilities were. They talked knowledgeably about their duties under The Mental Capacity Act particularly in relation to the Deprivation of Liberty Safeguarding process. This meant that people’s rights and liberty were monitored and maintained.

The manager told us and staff confirmed that they were regularly visited by their line manager. We saw copies of the reports that the line manager had written. The documents identified areas that needed checking to make sure people’s needs were being met. Examples of issues that were identified were around arrangements for end of life care as well as incomplete information in people’s records. This showed that the provider was actively monitoring how well people’s care was being delivered.

Our records showed that the provider had sent us notifications of incidents that allowed us to monitor the service’s performance on an ongoing basis. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.