

Holmhurst Care Homes Limited

# Holmhurst Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### Care service description

Holmhurst Care Home is a residential care home for up to 16 people with mental health needs. At the time of our inspection there were 14 people living at the home. Accommodation was in a converted older building in a residential area of Southampton close to shops and other amenities. There was a shared lounge and dining area, a quiet room, an outdoor smoking area and sitting area with barbecue.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated good.

People were protected against risks to their safety and wellbeing, including the risk of abuse and unsafe care. There were sufficient suitable staff deployed to support people safely. The provider had effective processes to make sure people's medicines were stored and administered safely, and to make sure people were supported in a clean, hygienic environment which reduced the risk of the spread of infection.

People were supported by staff with the relevant skills and knowledge. People's assessments and care plans were detailed and thorough. Arrangements were in place to support people to have a healthy diet. The provider worked with other services and agencies to make sure people had access to the healthcare services they needed. The provider took account of the legal protections in place for people who lacked mental capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were positive, caring relationships between people and the staff who supported them. The provider supported people to be actively involved in decisions about their care and support. Staff respected and promoted people's privacy, dignity and independence.

People's care and support reflected their needs and preferences. People could access leisure activities and interests both independently and with support from staff. People were satisfied with the service they received, but knew how to complain if they needed to.

There were effective management systems in place, and staff were motivated in a calm, supportive, empowering atmosphere. There were internal and external systems and a business improvement plan to monitor, improve and sustain the quality of service people received. People who used the service were

engaged positively by the provider. The provider worked actively with other agencies where this could lead to improvements in the service people received.

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.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Holmhurst Care Home

## Detailed findings

### Background to this inspection

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

This was a comprehensive inspection. It took place on 25 and 26 September and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who lived at Holmhurst Care Home. We observed care and support people received in the shared area of the home, including part of a medicines round and a shift handover.

We spoke with the owner, registered manager and three members of staff.

We looked at the care plans and associated records of four people. We reviewed other records, including the provider's policies and procedures, internal and external checks and audits, the provider's business improvement plan, quality assurance survey returns and reports, training and supervision records, and medicine administration records. We checked records concerning activities, incidents and accidents, safeguarding concerns, kitchen checks and food preferences, a Deprivation of Liberty authorisation, and recruitment records for four staff members.

## Is the service safe?

### Our findings

There were systems and processes in place to protect people from the risk of abuse and other risks to their safety and welfare. Staff were aware of the types of abuse, signs to look out for and how to report any concerns. There was information available to people living at the home about how to keep themselves safe and what to do if they had concerns. Information was also available in an easy read format.

The provider identified and managed risks to people's individual safety and wellbeing. The provider had adopted the local NHS Trust's system for assessing people with multiple or complex needs. People's care plans contained guidance for staff on how to manage risks relating to their mental and physical health needs. This included guidance on how individual medical conditions affected the person.

The provider managed risks in a way that protected people's rights and minimised any restrictions. People were supported to come and go into the community as they wished. One person had a personal safety alarm which they could use to alert the provider if they found themselves in an unfamiliar area. Another person had an alarm in their room to warn staff if they had a seizure. This allowed them to sleep without disturbance from staff checking on their wellbeing during the night.

There were general risk assessments in place for the safety of the environment people lived in. These included a fire risk assessment carried out by an external consultant, emergency contingency plans, and guidance from the local authority on how to manage extreme weather conditions.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff numbers were based on people's needs and dependency. We saw staff were able to go about their duties in a calm, professional manner. When recruiting new staff, the provider made all the necessary checks and kept the necessary records to show staff were suitable to work in a care setting.

Processes were in place to make sure people's medicines were administered safely and properly. The provider used an external supplier for medicines training, which was followed up by internal competency checks. People's care plans contained information about their medicines, dosage and the purpose of the medicine. There were policies for medicines prescribed to be taken "as needed" and medicines purchased over the counter for minor ailments. People's medicines records were up to date and complete.

The provider took appropriate steps to protect people from the risk of the spread of infection. There were sufficient supplies of protective equipment for staff to use, including disposable gloves and aprons. Staff completed checklists to show cleaning activities were completed on a daily, weekly and monthly basis as required.

Staff logged any accidents or adverse incidents which were assessed for any lessons with a view to preventing any recurrence.

## Is the service effective?

### Our findings

The provider assessed people's needs and choices and developed thorough and detailed care plans which took into account their mental and physical health needs. Care plans were informed by input from the local NHS community mental health team. Where relevant, standard NHS guidance and information were included for conditions such as an over-active thyroid gland and stroke. Effective outcomes for people included a reduction in one person's alcohol misuse, reduction in self-neglect, and a greater ability to access the community independently.

The provider made sure staff had the necessary skills and knowledge to deliver effective care and support. There was a comprehensive induction and training programme. Staff were satisfied their training prepared them to deal with any situations they met, and people were happy they were supported by staff who knew what they were doing. Staff training was supplemented by a system of appraisals and supervisions which covered their progress, any concerns, training completed and training needs.

Staff supported people to eat and drink enough and to maintain a balanced diet. People we spoke with were happy with the choice of menus. They were also supported to go out to local cafes and coffee shops. There were kitchen records of people's preferences and dietary requirements. One person had been prescribed supplements, which they received. The cook checked regularly that everyone was happy with their food and drink.

The provider worked in cooperation with other organisations to deliver effective care and support. At the time of our inspection, they were in regular contact with one person's GP and the community mental health team because the person had declined to take some of their medicines. There were emergency care plans in place which contained the necessary information about people's care if they had to go into hospital.

Staff supported people to have healthier lives and to have access to healthcare services where necessary. Where people chose to smoke or manage their alcohol consumption, there were plans for this developed with the community mental health team and agreed by the person. When people had visits from their GP or a mental health practitioner, staff recorded the outcome of the visit. Records showed people could access services such as their optician and dentist, and were supported to attend outpatient services.

The provider had decorated the home in line with guidance on how colour choices could improve and lighten people's mood. People had personalised their rooms according to their own choices and preferences. The registered manager said they had the "freedom to express themselves" in their rooms.

The registered manager and staff were aware of the obligation to make sure people consented to their care and support, and of the legal protections in place where people lacked capacity. 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 Mental Capacity Act 2005. The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Where a person was at risk of being deprived of their liberty, the provider had made the necessary application under the

safeguards.



## Is the service caring?

### Our findings

People were treated with kindness and compassion. Some we spoke with said they received "service with a smile", and described staff as "very nice". Staff showed they knew people well and were aware of their needs and preferences. Staff joked with people as they went about their tasks. One staff member said, "You can't help getting attached." Another staff member described the people living at Holmhurst Care Home as "all characters". People's daily notes recorded their mood as well as their physical health and support received.

Staff supported people with their emotional needs by helping them to maintain relationships with people outside the service, and to visit family contacts abroad. When one person was in hospital staff visited and took the person's friends from within the service. Another person who had moved out of the home into more independent living had maintained their friendship with a person still at the home. He came back to visit and ate meals with his friend.

The service supported people to be actively involved in their care and support. There was a key worker system in place, which meant people had a named staff member they could talk with about their support. Records showed people were involved in their care plan reviews. The registered manager told us in one case they carried out the person's review in a number of short sessions because the person found it difficult to concentrate on one thing for longer periods. The provider adapted its processes to suit people's needs.

The provider supported people in their contact with other services. The registered manager had identified examples of where a person had not received care and support that reflected their current needs and preferences at hospital. They had raised a detailed complaint on behalf of the person, most of which had been upheld.

The provider respected and promoted people's privacy, dignity and independence. They prompted people to maintain their own personal hygiene and to wear suitable, clean clothes, which promoted their dignity. There was a diverse population of people living at the home, supported by a diverse staff team. Staff training included a module on equality and diversity, and people were supported in line with equality legislation.

## Is the service responsive?

### Our findings

People's care was based on individual care plans that took into account their needs and preferences. People we spoke with were satisfied they had appropriate support and their choices were respected. They were able to follow their own preferred routine, and were supported to take their medicines at the right time. One person who was living with diabetes had the condition under "the best control it had ever been". Where appropriate people had access to other healthcare services, such as a visiting chiropodist. People's mental and physical health needs were met.

People were supported to keep up hobbies and their chosen leisure interests. In some cases people did this independently. One person went to see the local football team, and another attended a day service where they could pursue crafts such as metalwork and woodwork. There were two vegetable beds in the home's garden which were tended by a person who enjoyed gardening. One person we spoke with said they "got out a lot", and had been out to lunch at a garden centre café the day before.

There were also more organised leisure activities. The service's activities coordinator took small groups of people to local shops and cafes. There had also been boat trips and visits to a holiday camp. An entertainer visited the home once a month. People told us they also liked watching TV and listening to music in their room.

People were aware of how to complain about the service if they needed to but told us they had "no complaints". The complaints procedure was clearly displayed in the dining area and near the entrance to the home. There had been no recent complaints.

If people were happy to discuss choices for their future care and support, their care plans included information about how they would like to be supported at the end of their life, and their preferred funeral arrangements. At the time of our inspection nobody was receiving end of life care.

# Is the service well-led?

## Our findings

There was a registered manager in post. The owner was also registered as a 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.

There was a clear, shared vision for the service, which included empowering staff to deliver high quality care in a calm, supportive atmosphere. The registered manager was complimentary about the staff team, and staff members felt supported by the management team. Staff were motivated to provide a good service. A senior staff member had recently been made up to deputy manager, which showed the provider developed staff's skills.

The registered manager was aware of their regulatory responsibilities, including the requirement to display their current ratings in the home and on the home's website. They had processes in place to notify us of certain events that affected the service. The registered manager kept their own knowledge up to date through membership of local support groups and online information. They felt supported by the owner.

The provider had engaged external consultants for their health and safety, and quality audits, which was another source of information about the latest developments and current good practice in care.

People who used the service were engaged and involved in their care through daily contact with staff and the registered manager, monthly reviews of their care, and a quality survey. The last quality survey had been in August 2017, and most responses gave the service a score of "good" or "excellent".

Outputs from the external and internal quality audits were used to inform the provider's business development plan. This identified and tracked actions to improve the service people received and make sure improvements were sustained.

The provider worked closely with the local NHS community mental health team to make sure people's support met their needs and reflected current professional guidance. They had also participated in an "enhanced health in care homes" pilot organised by the local clinical commissioning group. This had involved training staff to carry out routine health checks and observations over and above what is usually expected in a residential care service. This meant changes in people's physical health conditions could be identified sooner, and when people were referred to other healthcare services a more detailed and up to date history would be available. They were the only mental health service to take part in the pilot. This showed the provider's willingness to benefit from new developments in the health and social care sector where they could improve people's care and support.