

Mr & Mrs Ryan Godwin

# Holme Manor 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

About the service: Holme Manor Care Home is a residential care home and is registered to provide accommodation and personal care for up to 32 older people and people living with dementia. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 29 people were using the service.

People's experience of using this service: People told us they felt safe at the service. Processes were in place to make sure all appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support; we were told staffing arrangements were kept under review.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters. There were some good processes in place to manage people's medicines safely. Some improvements were made during our visit and the provider agreed to review medicines storage arrangements.

People's needs were being assessed, planned for and reviewed. Each person had a care plan which was designed to ensure their needs and choices were met. People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

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 at the service supported this practice.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

There were opportunities for people to engage in a wide range of group and individual activities. Visiting arrangements were flexible, relatives and friends were made welcome at the service. There was a suitable standard of décor and furnishings to provide for people's comfort and wellbeing.

People said they were satisfied with the variety and quality of the meals provided at the service. Their individual needs and preferences were catered for. We found people's mealtime experience could be better, we therefore made a recommendation for improvements.

People spoken with had an awareness of the service's complaints procedure and processes. They indicated

they would be confident in raising concerns. Arrangements were in place to encourage people to express their views and be consulted about Holme Manor. They had opportunities to give feedback on their experience of the service and suggest improvements. A variety of checks on quality, systems and processes were completed regularly. These systems were being further developed.

We found there were management and leadership arrangements in place to support the effective day to day running of the service. Progress was ongoing to ensure the management arrangements met legal requirements.

Rating at last inspection: At the last inspection service was rated Good (12 July 2016)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our Well-Led findings below.

**Good** ●

# Holme Manor Care Home

## Detailed findings

### Background to this inspection

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

**Inspection team:** This inspection was carried out by one adult social care inspector.

**Service and service type:** Holme Manor Care Home provides care and accommodation for older people, people living with a dementia and people with mental ill health.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** We inspected the service on 6, 7 and 12 February 2019. The first day was unannounced.

**What we did:** Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. We contacted the local authority contract monitoring team, the local authority safeguarding team and healthcare professionals. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. This information helps support our inspections and the completion of our planning tool.

During the inspection we talked with seven people who used the service and four relatives. We talked with four care staff, the registered manager, home manager, cook, housekeeper, two team leaders and a visiting healthcare professional. We looked around the service and reviewed a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Following the inspection visit, the provider sent us further requested information in a timely manner.

# Is the service safe?

## Our findings

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Their comments included: "Things are lovely for me. I have never felt like anything was wrong," "I feel safe they pop in to see me all the time" and "They check me at night and ask if I want a cup of tea." A visitor said, "[My relative] is very safe, never any shouting or anything like that."
- We observed people appeared relaxed and content in their interactions with staff and managers. A visiting healthcare professional said, "The staff here are very caring towards the residents."
- Staff spoken were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice. Staff had received training and guidance on adults at risk.
- Safeguarding incidents had been reported in line with local protocols.

Assessing risk, safety monitoring and management

- People's individual wellbeing and safety was risk assessed, risk management plans guided staff on minimising risks. People had individual evacuation plans for emergency situations.
- Processes were in place to maintain a safe environment for people who used the service, visitors and staff.
- Maintenance checks were completed and fire drills and fire equipment tests had been carried out.
- People's personal information and staff files were stored securely, they were only accessible to authorised staff.
- We noted some health and safety matters were in need of attention, including the security arrangements in rooms with shared en-suites. Following our visit, we received confirmation of the action taken to progress these matters.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- All the areas we saw appeared clean and hygienic. There were cleaning schedules, recording and checking systems to maintain hygiene standards.
- Staff had personal protective equipment, such as disposable gloves and aprons. Infection control and food hygiene training was provided.

Staffing and recruitment

- On the whole, staff recruitment procedures protected people who used the service. Most checks had been carried out of their suitability to support adults at risk. The process had not included requesting full employment histories and checking any gaps. This meant recruitment checks were not robust. During the inspection the home manager proactively took action to rectify this matter and prevent any recurrence.
- The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. Most people spoken had no concerns about the availability of staff. They said, "I think there are enough staff. They are there when we need them," "The staff are hardworking" and "Sometimes they seem short, but they always

come when I buzz for them." A relative said, "There are always plenty of staff around."

- Processes were in place to monitor and adjust staff deployment, in response to people's, needs appointments and activities. The home manager had recently increased the morning staffing levels.

#### Using medicines safely

- People were supported with the proper and safe use of medicines. One person told us, "My medicines are given to me on time. If there are any new ones they tell me what they are for."
- Staff providing support with medicines had completed training. Their competence in providing safe, effective support had been assessed.
- Medicine management policies, procedures and recognised guidance was accessible to staff.
- Processes were in place to complete regular audits of medicine management practices.
- Some guidance on 'variable dose' and 'when required' medicines was lacking in detail. However, action was taken to make improvements.
- We discussed best practice matters around ensuring medicines were appropriately and safely stored. The provider agreed to pursue these matters.

#### Learning lessons when things go wrong

- Processes were in place to monitor incidents, share outcomes and develop the service, to help prevent reoccurrences and reduce risks to people.
- Records were kept of accidents and incidents. Staff understood their responsibility to report and record accidents and incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and their care and support delivered to achieve effective outcomes.
- The home manager described how people's needs and abilities were initially assessed. One person told us, "[Home manager] came to see me and asked lots of questions."
- Comments from visitors included, "[home manager] met with us and then devised a care plan" and "[My relative] is so settled. Right from the start they have been really good."

Ensuring consent to care and treatment in line with law and guidance

- 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 for 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's overall capacity had been assessed and their capacity and consent to make decisions about care and support was reflected in their care plans.
- Appropriate action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice.
- We observed staff were patient and encouraging, when supporting people to make decisions. They involved people and got their agreement before providing care and support. One person said, "They involve me with things, they say would you like this or that."
- Staff understood the importance of gaining consent and promoting the rights and choices of people who lived in the home. One staff member said, "We constantly ask people. Everything is about their choice and enabling people as far as possible, to make their own decisions."

Supporting people to live healthier lives, access healthcare services and support

- People's health and wellbeing was monitored and they had access to healthcare services.
- Comments from people included, "They ask if I'm feeling well" and "I have seen the GP and nurse for a meds review."



- People were offered activities to promote their wellbeing, including gentle exercises.
- A visiting health care professional told us, "They do an awful lot for people's overall wellbeing. If they don't know something they always ask."
- The care planning process included people's health and wellbeing needs.

Staff working with other agencies to provide consistent, effective, timely care

- Records and discussion showed people had been assisted to receive care and attention from healthcare professionals. One person said, "I wasn't so good and straight away they sent for the doctor." A relative commented, "They let me know if there is anything, they keep me informed."
- A healthcare professional said, "They are really good with observations, which means people get much more timely treatment."
- The service was part of a scheme, to promote the effective sharing of information when people moved between services.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. All the people spoken with made positive comments about the food and catering arrangements. They told us, "The food is good most of the time," "They give us a choice of two or three things," "The food is alright if I don't like it, they make me what I want." A relative explained, "They asked about, diet, food likes and dislikes. They get a choice of two different things, they come round and ask people what they want."
- We discussed with the cook good practice matters around recording information on diets and promoting choices. They agreed to introduce recording systems to improve communication.
- Care records included people's specific dietary needs, likes and dislikes. People's food consumption was monitored as required. Weights were checked and recorded at regular intervals. Healthcare professionals were liaised with as necessary.
- We observed the meals service at lunch time. We saw instances of people being sensitively supported and encouraged with their meals. But we also noted occasions when people could have been supported more effectively, to promote their dignity, independence and choice. We shared our findings with the home manager who proactively took action to make improvements.
- We recommend people's dining experience be monitored in line with recognised good practice and any necessary action taken to make improvements.

Staff support: induction, training, skills and experience

- The service made sure that staff had the skills, knowledge and experience to deliver effective care and support.
- Relatives spoken with said, "The staff here are dedicated to their work" and "I think staff know what they are doing. They have been excellent with [my relative] she really likes it here."
- Staff spoken with said they had completed training. There was an induction programme for new staff. There was ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Staff had, or were supported to achieve nationally recognised qualifications in health and social care. We received information from a training provider, confirming there was ongoing training at Holme Manor.
- Staff received regular one to one supervisions and an annual appraisal.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of premises. People spoken with were happy with the accommodation. They had been supported to personalise their bedrooms and keep them as they preferred. One person said, "I have a little room of my own, it's really nice."

- There was a good standard of furnishings. People had access to the enclosed garden with summerhouse. Some consideration had been given to providing a suitable living environment for people living with a dementia, including floor coverings and signage to help with orientation.
- We found some areas would benefit from review, including a bathing facility and wheelchair storage. There were no processes in place to monitor and support a program of ongoing refurbishment and adjustments to facilities, we therefore advised this matter be given attention.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion and that they were given emotional support when needed.
- People who used the service made positive comments about the staff. They told us, "The staff have been wonderful" and "They are very caring with us." Comments from visitors included, "They are very friendly," "They treat people nice, they don't ignore them" and "They are considerate. We know the staff and they know us."
- We observed sensitive and respectful interactions between people using the service and staff. Staff showed understanding and consideration, when providing reassurance and responding to people's care needs.
- Peoples care records had 'all about me' and 'supporting my identity' profiles. Included were people's background histories, religious needs, lifestyles choices and cultural heritage. This provided staff with information to assist with forming positive caring relationships.
- There were 'jewel' profiles which sensitively illustrated the experiences of people living with a dementia.
- Staff and managers knew people well. They were aware of their individual preferences and personalities. They described how they provided support to meet people's diverse needs. One staff member said, "We treat everyone with the same respect, but differently as individuals."

Supporting people to express their views and be involved in making decisions about their care

- People were consulted and involved with day to day matters. They described how they made decisions about their care and lifestyle choices. One person told us, "They involve us with everything."
- People spoken with were not familiar with their care plans. However, we found where possible, they had been involved and consulted about the content of their care plans and with ongoing reviews.
- Staff had time to spend listening and talking with people. We observed people were offered choices. One staff member explained, "We always explain things and out what people like."
- There was an 'information pack' for people about the service. Information was also available, on other services which could provide support. This included, health and wellbeing advice and details of local advocacy services. Advocates are independent to the service, they can speak up for people and provide support with making decisions in their best interest.

Respecting and promoting people's privacy, dignity and independence

- People we talked with said their privacy and dignity was upheld. They told us, "They always knock on the door," "The staff are pleasant with me" and "They are very respectful and kind."
- Bedroom doors were fitted with suitable locks and the service had a locked door policy to promote

privacy of private space. People's needs and preferences on using their own door key were managed individually.

- People were supported to be as independent as possible. One person said, "We can do what we want. I can go to bed when I want and get up when I want."
- Staff spoken with explained how they encouraged independence, in response to people's individual abilities, needs and choices. One told us, "If people can do things for themselves we encourage them." We discussed with staff and managers, practical ways of further promoting independence, empowerment and involvement.
- Positive relationships were encouraged and visiting times were flexible. People told us of the contact they had with families and friends. Relatives said, "They have made me feel welcome" and "This place is so friendly."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. People said, "They can't do enough for us" and "They [staff] do what we want." One visitor told us, "[Family member] wouldn't be here today without the care of these people," another said, "They look after [My relative] well. They are nice people. They phone me straight away if they need to." A healthcare professional commented, "I think [staff member] is excellent, she knows people inside out."

- Each person had a care plan which was designed to meet their individual needs. The care plans and other records we reviewed, included people's needs, choices, hopes and dreams.

- The care plans had been regularly reviewed and updated where necessary, to respond to people's changing needs.

- Daily records were kept of people's well-being and the care the support provided to them. There were additional monitoring records. For example, related to specific health care needs and behaviours. A healthcare professional said, "Care management plans are followed methodically."

- Staff said they had access to people's care plans. There were staff 'hand over' discussion meetings were held to communicate and share relevant information.

- We discussed with the home manager, ways of supporting people to have shared ownership of their care plans and ongoing reviews.

- People spoken with were satisfied with the wide range of activities and opportunities for stimulation and engagement. One person said, "There's always something going on." We observed various group and one to one activities throughout our visit.

- The activities coordinator described people's experiences of in-house and local community activities. We were given specific examples of how people had engaged with activities, in response to their emotional and intellectual needs.

- People had been consulted individually on their interests, life experiences and skills. Records were kept of people's interests and their involvement and experience with activities. A visitor said, "They asked all about [my relatives] background."

- The service was part of a local 'activities forum' to share ideas, support good practice and bid for community funding.

- Resident's meetings had been held. The records of meetings showed various topics, such as menus and activities. We discussed ways of holding meetings and acting upon shared decisions, to help empower people and promote their rights.

- The service understood and had responded to The Accessible Information Standard.

- People's sensory and communication needs were included in the assessment and care plan process.

- Any specific support with communication needs and sharing information was provided if required.
- Some written information had been produced in a 'user friendly' style and illustrated menus were being developed.
- There was Wi-Fi throughout. People had been supported with to keep in contact with relatives, computer tablets were used to access customised music for therapy and reminiscence.
- The managers used the internet to promote good communication, access relevant information and staff training.
- Alarms had been fitted to external fire doors to respond to people's safety and security.

#### Improving care quality in response to complaints or concerns

- People spoken with indicated they would feel confident if they had concerns or wished to make a complaint. They told us, "I have never needed to complain," "I would go to [home manager]" and "They have asked if I had any complaints." A visitor described the registered manager as very approachable and said if they had a complaint or concerns, they could easily talk to them.
- The complaints procedure was included in the 'information pack' and was on display in the service.
- There were processes in place to record, investigate and respond to complaints and concerns. Records showed appropriate action had been taken to investigate and resolve previous concerns.

#### End of life care and support

- End of life care was provided when necessary, in response to people's preferences and changing needs. We talked with one visitor about their experiences during difficult circumstances. They said the care and support was provided in a considerate and personal way and their relative couldn't be in a better place.
- Any advanced decisions were sensitively obtained, agreed and recorded, to ensure care was delivered in line with the person's wishes.
- The service worked with other agencies as appropriate, when responding to people's specific needs.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the provider and was qualified and experienced to manage the service. He spent regular time at Holme Manor Care Home. As the home manager was responsible for running the service on a day to basis, they were required by regulations to be registered. During the inspection, the registered manager confirmed the home manager was to apply for registration with CQC. We will continue to monitor progress on this plan of action.
- Staff had been provided with job descriptions, a staff handbook and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies.
- Staff spoken with were knowledgeable and enthusiastic about their working roles. They told us, "Things are great here" and "I really enjoy my job."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found Holme Manor Care Home had a very welcoming, friendly and homely atmosphere.
- All the people spoken with expressed an appreciation of how the service was run. Visitors said, "This home has always had a good reputation and I have found them to be 100% good," "They [managers] are on the ball," "We know everyone here, therefore it's very personal for us" and "This place is so friendly."
- Staff commented, "The managers are great, [registered manager] is lovely and so caring. He just gets things for people. He [registered manager] has their best interests at heart" and "They [managers] are doing a good job, [home manager] is on top of everything."
- The provider's vision and philosophy of care was on display and was reflected within the service's written material.
- We found some established routine care management practices, needed review as they did not always promote a person-centred response. We therefore discussed with registered manager and home manager, ways of further promoting person centred care by involving people and offering additional choices.
- During our visit the provider was proactive in their response to our findings and the inspection process. They were committed to ongoing developments and fulfilling their legal responsibilities, including if something was to go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's opinions and experiences of the service were considered in care reviews and resident's meetings. There was also a 'suggestion box' available for people's comments.

- There was an annual quality assurance consultation for people who used the service and their families. We were given specific examples of how the service had been developed, resulting from responses in consultation surveys.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement. One staff member said, "We get listened to, they take our views into account."
- The service worked with local schools, churches and community organisations for the well-being of people using the service.

#### Continuous learning and improving care

- Governance audits were in place to monitor matters including, medicine management, accidents, falls, care plans, staff training, health and safety, finances, staff attendance and the control and prevention of infection.
- The auditing systems were being further developed, to show how any required actions were monitored and followed up.
- As this inspection highlighted some good practice matters for development. We discussed ways of ensuring consultation processes, research and checking systems, were embedded into the quality monitoring systems and future planning. Following our visit, we received information to confirm updated systems were being introduced. We will continue to monitor progress during subsequent inspections.

#### Working in partnership with others

- The service worked well with relatives and other agencies, including health care professionals and social services.
- Procedures were in place for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.
- The service's CQC rating was on display at the service and their intent website.