

Derbyshire County Council

Holmlea Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Holmlea Care Home is a residential care home providing personal care to up to 40 people. At the time of the inspection there were 31 people in one adapted building which was organised across 4 wings. There were several communal areas, refurbished bathrooms and outside spaces.

Improvements had been made in some areas of the home and the care people received since our last inspection but the systems to monitor and continuously improve quality required further development. People were not always supported to have maximum choice and control of their lives. Staff didn't always support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not always implemented fully.

The systems in place to manage medicines were not always applied correctly. Outcomes from concerns raised were not always shared in a timely manner to ensure learning from them was embedded promptly. Individual preference and need was not always considered at mealtimes; however, at other times people did receive kind care which upheld their dignity.

There were now enough staff to support people safely and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and plans were in place for staff to follow which were regularly reviewed.

People were encouraged to be independent and staff understood their needs well. They were supported to maintain good health and for some people clear goals were set with other organisations. Creative activities were provided to engage people and keep them linked to their community.

There were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. There was a refurbishment programme in place to continue to improve it.

More information is in the full report.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 26 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We have found evidence that the provider needs to continue to make improvement. You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Holmlea 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Holmlea Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). 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 used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy managers, carers,

and the chef. We also spoke with three visiting healthcare professionals and a fourth professional on the telephone.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, were reviewed.

After the inspection

We asked the provider to send us further information related to staff training and they did this.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- When safeguarding concerns were raised the investigation was not always thorough to ensure lessons were learnt. On one occasion the review by another manager did not include all the information about the incident. This meant the registered manager did not have a full understanding to ensure lessons were learnt. After our inspection visit the registered manager gave us this information.
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
- Relatives and people who lived at the home told us they trusted all the staff and would be happy to raise any concerns with any of them.

Using medicines safely

- Medicines systems were not always well managed to ensure people were receiving their medicines when they should. We found errors in administration including managing how quantities of medicine to ensure there was sufficient for people.
- Some people were prescribed medicines to take 'as required'. Although people told us they could ask for pain relief when they wanted, we found the guidance for staff around this was not detailed. It was not in place for some medicines. This increased the risk that people may not get consistent support to have the medicines they needed; this is particularly relevant when people cannot ask for them. We have reported on the impact of this in effective domain.
- However, people said they did get their medicines when required. For example, one person told us they had pain relief prior to physiotherapy as prescribed.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.

Staffing and recruitment

- At our last inspection we found there were not always enough staff to flexibly meet people's preferences. At this inspection this had improved and there were enough staff to ensure that people's needs were met safely.
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- One person said, "I don't have to wait long if I press the buzzer for help. The staff are not rushed and are very nice."
- There were systems in place to plan staffing levels according to individual's needs. The registered manager told us the numbers of staff had increased since the last inspection and they also planned in some flexibility

as the needs of people who used the short term speciality service could be variable.

- The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- One person told us how staff supported them to move using equipment. They said, "I feel safe when they hoist me."
- We saw people being supported in line with their risk assessments; for example, being moved with the assistance of equipment or using cushions to protect their skin. One visiting health professional said, "The staff move people by the book, it is spot on. They are good at checking people's skin too. If there are any concerns they are quick to escalate for support and guidance."
- Staff knew about people's individual risks in detail. For example, they told us about specialist diets for people who were at risk of choking.
- The environment was checked regularly to ensure that it was safe and well maintained. For example, we saw that equipment in the home had been serviced recently.
- There were plans in place for emergency situations such as fire evacuation and these were personalised.

Preventing and controlling infection

- We observed the home was clean which reduced the risk of infection. However, there were areas of the home which required refurbishment and some bedrooms were very small and cluttered. There was a programme of modernisation in progress.
- Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

At our last inspection the provider had failed to equip staff with the time and skills to provide person centred care. This was a breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs and choices were met in line with national guidance and best practice.
- Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs. Joint assessments were completed for the short-term specialist care in partnership with healthcare professionals to ensure people's needs could be met with a good outcome for them.
- People told us staff had the skills and training to support them well with these conditions and with their recovery. One person said, "The staff are very good, and I feel safe with them."
- A newer member of staff told us they felt well supported through their induction. They said they had mixture of shadow shifts and training sessions over a few weeks to ensure they were confident.
- Other staff also had regular opportunities for training and they felt it was good. One member of staff said, "We have had to learn a lot in recent years to support the people in the specialist rehabilitation service. However, I feel this has benefited everyone who lives here."
- One health professional told us they had supported the staff team with some training and had more planned; for example in understanding delirium. Staff and members of the management team said this was really valuable, particularly as they often worked with the same people and so the training was tailored to their needs.
- Staff also told us they had regular opportunities to discuss their development and any issues through supervision meetings. One member of staff said, "The meeting is a good opportunity to say what's on my mind."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was not a thorough, consistent understanding of the MCA in the staff and management team. Information about who had a DoLS in place was not readily available and we were given differing information by different staff throughout the visit.
- One person had a DoLS application in place for a decision staff told us the person actually had capacity to make. They contacted the DoLS team and other professionals to review this decision with the person in their best interest on the day of our inspection.
- Other people did not have capacity assessments in place for specific decisions in line with the MCA because staff did not understand when this assessment could be completed; for example, when short term health conditions impacted on people's capacity. This meant one person was restricted without lawful authorisation.
- The information about other people's decision-making capacity was confused in their records as well as speaking with staff. For example, one person had a DoLS application in place for decisions including supervision of medicines, but their medicines records stated they had capacity. This could be confusing for staff providing support and increased the risk of medicines not being administered as prescribed. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to have balanced diets, and some made choices about the food they ate.
- However, when people were less able to verbalise their choice there were limited other ways for them to do this. For example, there wasn't photographs or pictures of the meals available. Meals were served from hot trolleys outside of the dining area so there wasn't the opportunity for people to look at the options to choose either.
- Some people were sight impaired and their meal was provided without explaining what was on the plate. One person told us, "I have a difficulty at mealtime because the staff put a plate down and I don't know what's on it unless they say. Some do tell you some don't."
- People told us the food was adequate. One person said, "It's okay; some days are better than others." Another person said, "The food's okay, they serve a lot of jacket potatoes though."
- Special diets were catered for and this included softened or pureed food. Staff were aware of people who were at risk of not eating enough to remain well. For example, when one person didn't finish their meal the member of staff provided them with a cup of coffee instead but added extra milk to this to increase its calories."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good relationships in place to ensure that people saw healthcare professionals when required. This was particularly strong for people using the specialist, rehabilitation service. Some of the healthcare staff were at the home on a daily basis to provide support and work in partnership to achieve agreed common goals.
- Other people also told us they had regular contact with a range of health professionals to monitor and

manage their wellbeing. We saw evidence of this in their care records.

- One healthcare professional said, "The staff know people very well and give good, informative handovers. They are always on top of asking for equipment etc and there is never a problem here."
- People and relatives told us prompt treatment and monitoring was provided after any accidents or when people were unwell. When we reviewed care records we found referrals made to other professionals for advice and guidance were made in a timely manner.

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

- People were involved in decisions about the premises and environment.
- There was signage throughout the home to assist people who were living with dementia to orientate them around the home.
- Some areas at the home required remedial work, and this was being completed whilst ensuring minimum disruption to people living at the home.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection people did not always have their dignity upheld when they received care. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Although we reported in Effective on some instances during mealtimes when people were not always treated with dignity for the majority of time we found people did have caring, kind supportive relationships with the staff who supported them.
- One person told us, "I would recommend this home as it is very friendly. Staff are all nice and are not rushed." Another person said, "I get on with the staff and they get on with me, if there's something I don't like I tell them. They're kind and helpful and I have no complaints."
- We saw caring interaction between staff and people throughout the inspection. They chatted and joked with people and had time to put people at ease when needed. They spoke kindly to people and touched their hands, arms and shoulders to offer reassurance which people responded positively to.
- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff supported people with personal care requirements discreetly and ensured they kept doors and curtains closed.
- People were encouraged to be as independent as possible. For example, staff supplied adaptations, such as plate guards at mealtime to support people to eat with minimal support.
- People who were staying for short term rehabilitation had very clear goals about improving their independence. They were supported daily with physiotherapy exercises to achieve these. Staff told us they felt they were more aware of encouraging everyone's independence since receiving training and support about this service.
- People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing. One relative said, "The staff are amazing. From the beginning, when [Name] first came here the staff brought them back to the person they were. When I ring they tell me everything, they don't just say 'they're fine' but they tell me what they've been doing, how they've slept, what they ate and I like to hear that. They give me peace of mind."
- People were supported to practise their religious beliefs and there were regular visits from local churches.

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

- People were enabled to make choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms.
- People felt listened to and that staff responded to their requests. For example, one person told us they now had cheese with their evening glass of wine. Another person said, "When I was washing recently my legs felt wobbly. I told the member of staff and they got me a sloping stool to help immediately."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection people did not have enough opportunity to participate in activities. At this inspection this had improved, and people were engaged and interested.
- There were group activities arranged and regular entertainers visited. For example, there was a game of bingo on the day we inspected.
- We also saw a visit from young children from a local school. This was a project organised to promote inter-generational relationships and links with the community. The children visited monthly and everyone we spoke with told us how much they enjoyed it. One person said, "We enjoy the laughter and fun so much!"
- One professional supporting the project told us, "The children are so excited to come. The parents are pleased as well because they go home and tell them all about their friends here."
- There was also a gardening project which some people were involved in. One person told us, "I like gardening. I won some prizes this year for my flowers and vegetables. I've got two big bags of compost and I want to save them for new troughs for next year. The manager agrees."
- People also told us how much they enjoyed the ducks in the garden and we saw some people sitting at a window watching them. The registered manager told us they had them from eggs to watch them hatch. They said, "Once the chicks were here everyone wanted to keep them. So, next years plans include working with the community to get some permanent ponds dug in."
- This showed us that there were creative projects happening to develop people's interests and keep them engaged.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated.
- Staff told us they met regularly to discuss what support people required. One member of staff said, "We have a handover every day to find out about people's needs."
- When people were staying for short term rehabilitation their plans clearly demonstrated their goals. Their progress was reviewed in a weekly multi-disciplinary meeting with the other professionals involved in their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how information should be shared with them. Although we reported in effective this required improvement at mealtimes, we did also see staff understood how people communicated and adapted their approach for individuals.
- There was information displayed in the home in pictures and symbols so that those people who were no longer able to read could understand it.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and were confident that they would be listened to. All the people we spoke with said they had found no reason to complain.
- There was a complaints procedure in place which was shared with people.
- Any complaints received were managed in line with the providers procedure.

End of life care and support

- People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
- At the time of our inspection there was no one receiving end of life care although some people had medicines in place in preparation of their health deteriorating.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found quality monitoring required improvement. At this inspection, although some improvements were embedded, the systems to oversee the management of the home still required development.
- We found errors in recording of medicines administration. When we spoke with a member of staff who was aware of this, they told us they hadn't reported this error to managers. The registered manager told us medicines errors were usually picked up during auditing and then reported back through a medicines error report. However, this system did not immediately address the concern, so action could be taken to reduce the risk and support staff who made the error.
- The hygiene rating of the kitchen was assessed in October 2018 and did not meet the required standard. Although immediate support was given to the registered manager and catering staff by a specialist employed by the provider there was little evidence of ongoing review. Some of the actions set required ongoing monitoring by the managers; however, there were no competency observations completed and no actions related to this on the home's improvement plan.
- Some of the concerns we raised at our last inspection were still not fully addressed; for example, the mealtime experience for some people still required improvement.
- The oversight of MCA implementation was not sufficient. There was no clear easily accessible information relating to capacity assessments and DoLS applications and staff had differing understandings of their responsibility.
- Some concerns were being managed outside of the home and the registered manager had limited information about the progress of these. This meant there could be areas of learning required to ensure people received consistent, good care which were not known in a timely manner.
- The registered manager was aware of their responsibility to enter management information into the providers electronic system; for example, about falls and audits. However, they were unsure what oversight there was of this information and did not receive feedback on it. When we asked the provider to share their quality assurance processes with us we were informed this was being reviewed and developed and a defined procedure was not currently used. This meant there was not an agreed approach to reviewing and comparing management information across the provider's locations to identify risk and areas for development.

The provider failure to ensure systems were fully embedded and the lack of clear guidance meant this was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities)

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Notifications of incidents were not all sent to CQC in line with the requirements of the homes registration. Notifications of outcomes of DOLS applications had not been made. The registered manager was also not aware of all of their responsibilities to notify us of safeguarding concerns raised for people living at the home and that this was not dependent on who raised the concerns.

This was a breach of Regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009

- People and staff told us there was an open culture.
- Staff told us they felt confident they could raise any concerns about practice in the home with the registered manager and these would be listened to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Other improvements had been including reviewing the number of staff available to support people. The registered manager told us they had spent a lot of time recruiting new staff and building a coherent team. This was reflected in staff feedback. One member of staff said, "I am happy working here. The registered manager is good, she sorts out any problems quickly and we all get on and are here for the people who live at the home."
- There were very close, effective relationships with other professionals to support people with their rehabilitation in the specialist service. This had achieved good outcomes for people. A recent review by the health funding authority rated this outstanding in many areas, including clear goals assessed and reviewed in a partnership model.
- Community links had also been established with a school, church and other community groups to improve people's contact with others and engagement in activities.

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

- There were staff meetings in place. Staff felt they were good and informative. They also said minutes of meetings were available if they were unable to attend.
- People had the opportunity to give feedback on their care through meetings and regular reviews.
- An annual summer fair was held to build relationships with the public.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured people's capacity to consent to their care was always assessed and legal safeguards sought when required.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems to ensure good governance were not always effective.</p>