

Integrated Nursing Homes Limited







Holmwood House Care Centre

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

We carried out this inspection on 7 December 2015. The inspection was unannounced.

Holmwood House Care Centre is registered to provide accommodation and personal care for up to 62 older adults and adults living with dementia who require nursing or personal care.

Our last inspection of this service was on 21 August 2013. We found the provider was not meeting expectations in relation to securing clinical waste bins. At this inspection we found the provider had taken the necessary action to resolve the situation.

There was a registered manager at the service. A registered manager is a person who has registered with

Summary of findings

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 were systems in place to provide safe care for people who used the service. There was a robust staff recruitment process and sufficient numbers of staff to meet people's needs. There were suitable arrangements for the safe storage, management and disposal of medicines. The manager arranged for equipment to be tested regularly and as required in order that equipment, was well maintained for safety purposes. The service monitored any falls that people sustained to identify any triggers and put additional safety measures in place.

The service provided training in the form of an induction to new staff and comprehensive on-going training to existing staff. The senior staff of the service were knowledgeable with regard to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service had made referrals and worked with the Local authority to support people who used the service with regard to (MCA) and (DoLS).

Deprivation of Liberty, best interest assessments were in place to provide staff with guidance to protect people where they do did not have capacity to make decisions and where there freedom had been restricted.

The manager ensured staff were supported through regular supervision. Training was provided to develop their skills and knowledge. This meant that staff had the skills they needed to provide effective care and support to people who used the service. In turn the manager was supported by regular visits from the provider.

People had their nutrition and hydration needs met through effective planning and development of nutritious menus which were varied and had been developed from assessing the views of people.

Each person had a care plan which was regularly reviewed and people's privacy and dignity had been respected. Prior to coming to the service people were given information to assist them to decide if this was the appropriate place for them while an individual needs led assessment was carried out. This was to determine if the service could meet the person's needs.

The service had a complaints procedure which was available for people to use if so required.

The service was led by an effective management team who were committed to providing a quality service which responded to individual needs.

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

Good



People had a recorded risk assessment and supporting plans in place.

The staff had received training in safeguarding adults and were aware of how to report safeguarding concerns they might have.

There were sufficient numbers of staff to provide care to the people who lived at the service.

There was a medicines policy and procedure and staff were trained to administer prescribed medicines.

Is the service effective?

The service was effective.

Good



Permanent staff were employed who knew people well and were aware of their individual care needs.

There was a training programme in place for all staff which included understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 and training in Deprivation of Liberty Safeguards.

People were consulted about their choice of food and staff monitored food and fluid intake appropriately regarding the individuals needs

People were supported to maintain their health by visiting professionals such as chiropodists, dentists and GP's.

Is the service caring?

The service was caring.

Good



People were involved in contributing to their own care plan.

Staff were understanding and attentive to people needs including psychological needs and a range of activities were available seven days a week.

People told us that the staff listened to them and treated them with respect.

Is the service responsive?

The service was responsive.

Good



People's needs had been assessed and this information was used to construct their care plan.

The service had a complaints policy and procedure and people told us they would have no problem of using it if the need arose.

Is the service well-led?

The service was well-led.

Good



Summary of findings

There was an experienced registered manager in place who was well supported by the provider.

There was a variety of systems in place to seek the views of people and this information was used to develop and make improvements to the service.

Staff were supported and valued by the service.

Holmwood House Care Centre

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.

The inspection was unannounced and carried out by two inspectors and an expert by experience on 7 December 2015. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was older people.

We considered all the information we held about the service. This included the conclusions from our previous inspections and statutory notifications received by the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send to us by law

At this inspection we talked to eight people who used the service, five relatives, the registered manager, a registered nurse, a chef, a senior carer and three care assistants. We looked at various policies, records and files. We observed medication being administered, and looked at ten medication records and reviewed seven care plans. We carried out a Short Observations Framework Inspection (SOFI), during the morning in a lounge and over the lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not express their views and experiences with us.

Is the service safe?

Our findings

At our last inspection of 21 August 2013. We found that there were arrangements in place to safely dispose of general and clinical waste. However, during our tour we found that the clinical waste bins situated outside of the home were not housed in a secure area or locked in line with best practice. This meant that the staff, people who used the service, visitors and the environment were not protected from the risk of these soiled items and products.

An action plan of what the service had done was supplied to us regarding how this was to be resolved. At this inspection we saw the work that had been completed and the bins were now stored in a secure area.

People who lived at the service told us they felt safe. One person said, "Oh yes, I feel safe here, there are always staff around." Another person told us, "I do feel safe here because when I press my buzzer, the staff come quickly."

During our inspection we observed people summoning staff regularly by using the calls bells to summon assistance. We noted that these were usually answered within two minutes and although there were many lounges and places where people could frequent in the service. Staff regularly visited the communal areas to talk with people and to ensure they were comfortable. We discussed with the manager the staffing compliment regarding qualified nurses on duty at anyone time, staffing skills and the numbers and skills of staff. They explained to us how the dependency scores were carried out to determine the number of staff required to be on duty and any one to one care. They informed us that this was kept under regular review to ensure the number of staff on duty was sufficient and staff were consulted upon this in staff meetings. A relative told us, "Staff seem rushed at times but are professional and polite, providing good care." Another person told us, "I visit most days and my [relative] is cared for in bed much of the time, the care is good they are in the right place and there are enough staff." A member of staff told us, "We can get very busy at times, but there is a lot of teamwork so we manage."

The training records confirmed that staff had received training in various subjects including infection control and safeguarding. Staff also had access to guidance about whistle blowing policies and bullying and harassment. The staff were knowledgeable about how they would recognise

abuse and how they would protect people and hence the risk to people of experiencing abuse was minimised. Two members of staff explained to us their understanding of the safeguarding policy, they described the different types of abuse and how they would report any concerns. One member of staff said, "Safeguarding is our number one priority and we are told at every training session to report it."

The manager explained to us the emergency plans in place for evacuation in the event of an emergency. Staff were reminded of this at some team meetings and supervision. This meant that the manager had identified risks and plans were in place to reduce the impact. The manager recorded any falls that people sustained, incidents and accidents and discussed with members of the staff team what lessons if any could be learnt.

People were not restricted in their movement and could freely move around the service. We saw that there was a passenger lift in place and there were also stair lifts and handrails, so that people were able to access all areas of the service safely.

A person with communication and swallowing problems had been assessed by health professionals as a result of a referral from the service. There was a care plan in place which included daily records. A nurse explained to us how information was raised and discussed via handovers, this was recorded and the care plan would be reviewed if necessary and altered.

The manager explained to us the recruitment process that was in place and how it was designed to protect people from harm by employing staff that were suitable to work in this setting where both nursing and dementia care was provided. A staff member told us, "I have worked in other places and this is the best, because the nurses are kind and helpful to the staff." We spoke with a person recently employed who confirmed to us that their references had been sought and the service had also checked with the Disclosure and Barring Service to ensure they did not have a history that would make them unsuitable to work with older people. They also informed us about their induction process and training they received regarding how to keep people safe, which all confirmed the recorded information given to us by the manager.

People were supported to take medication by staff trained to administer medicines safely. One person told us, "I

Is the service safe?

always receive my medication on time.” The manager explained to us that with the large amounts of medicines that people required at the service it was important to ensure there were enough staff competent to administer.

We looked at the policy and procedure for the management of controlled drugs and saw that the records in the controlled drug book agreed with the medicines in store.

Staff told us that all staff designated to administer medicines had received training in the safe handling and administration of medicines. There were suitable

arrangements in place for the safe storage, management and disposal of people’s medicines. We spoke to a nurse about the medicines policy and procedure and we observed the administration of medicines at lunch time. We observed that medication was administered in a safe manner and following the provider’s policy and procedure. Regular planned audits were carried out and there were further random audits designed to provide a safe administration system. The temperatures of the medication room and fridge were recorded daily to confirm the temperature was within safe limits.

Is the service effective?

Our findings

People we spoke with told us they considered the service was effective because the staff were well trained and knowledgeable. One person said. "The staff know I need a wheelchair and times and a zimmer frame at others, they are helpful and well-organised and kind." A relative told us. "The staff team are effective because they do everything in a calm and caring way as well as keeping me well informed."

Staff were trained in order that they had the knowledge and skill to carry out their duties. A person told us. "They know me very well and my ways, that is why I am content here, you can have a laugh and joke with them." We saw from records that all staff received an induction when first commencing at the service and then on-going training. Staff also had regular supervision with a senior member of staff who in turn was supervised by the manager. All staff had an appraisal.

Staff we spoke with confirmed that they had supervision with the manager or senior staff member and an annual appraisal. The manager explained to us the way in which training was organised and how they planned supervision and annual appraisal sessions. We spoke with a member of staff who told us about their induction and considered it was comprehensive and well organised, in order that they could work upon any unit in the service

We spoke with the manager about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They confirmed that they and the staff had received training and further training was planned.

Care records confirmed that MCA assessments of people's capacity to make day to day decisions had been carried out. We saw that where it had been considered that people did not have the capacity in a certain area, a record had been made that best interest assessments had been carried out. We saw that the service had considered and involved family members in the decision making process. The manager had a good knowledge of MCA and informed us that the service would seek to use advocates if so required.

People were supported to have sufficient to eat and drink. One person said. "The food is very good." Another person said. "I like the food it is served at the right temperature and tastes good."

Our observations during and after lunch showed that staff supported people with their assessed needs. Staff spoke with people at eye level by sitting next and helping them to enjoy their meal. Staff offered salt, pepper and sauces and did not assume what people wanted add to their meal. We saw that those people cared for in bed arrangements were in place for staff to have time to support them with their dietary needs and to record where appropriate their food and fluid intake.

The cook told us there were at least two main choices of meal per day plus light alternatives if required like sandwiches and soups. The menu was planned by consulting people and was planned four weeks in advance, whilst people chose on the day what they wanted to eat. There were various choices for breakfast and evening meals. We saw that staff asked people if they wanted tea or coffee and did not assume what drink the person would like to consume. People could choose to have their meals in their rooms if they so wished and some people took up this option. A relative told us that they considered the service could be more imaginative over the weekend meals, it was good to have a roast but thought other choices would also be good.

Three people told us that a dining room was very cramped for space and other thought that some music would be nice at meals times. We discussed this with the manager and they said they would review this again. In the past arrangements had been discussed including offering the lunch time meal in a lounge to ease space but people preferred to dine together.

Risks to people's health regarding having sufficient to eat and drink had been assessed and information recorded so that the staff could monitor their weight and well-being.

The service worked with people in order that they had their own GP and other professional staff such as dentists and opticians. A member of staff told us the handover is very important so that we can keep an eye on people's well-being and although we are a nursing home we do call upon other services to help. I relative told us. "I am impressed with the way that they keep me involved about my [relatives care] it is quite complex and I feel fully involved. A person told us. "When I came here I got a new GP which was difficult as I like my old one, but this is too far away. They came to see me and we have got on alright, so there is no problem there." The manager told us that the service provided nursing care but was not stand alone and

Is the service effective?

importance was given to work with other professionals to ensure the correct support and care was planned for the people using the service. We saw in the care plans that notes were recorded of professional's visits, actions to be taken and by who and records of referrals kept.

Is the service caring?

Our findings

Positive caring relationships had been developed between the people and the staff. One person said, "I really like the staff, I can talk to them about anything, they treat me with care and compassion. Another person said, "The staff are very kind. They help me dress and do not hurt me because they are caring about my hands."

We saw the activities staff engage with people in activities over seven days including some time at the weekend. One person told us, "We do something different everyday, the activities people are thoughtful." We saw that the interactions between people and staff were supportive and friendly which achieved a relaxed atmosphere. We saw that staff did not rush and treated people with dignity and respect, asking them questions to respect their choice and explaining to them what they were doing in order to assist them. One person said, "The entertainment person is brilliant." They explained they had supported their relative to teach other people some skills they had and this was appreciated by all.

People were supported to express their views. People told us about the meeting when everyone came together to discuss the service and suggest any improvements. The manager informed us that meetings were set in advance but additional meetings would be held if people wanted

them. One person told us, "I go the meetings and they listen to what I have to say." A relative told us, "Caring is not a strong enough word here, it is like a caring family. People are supported and also listened to as people."

Care was individualised and centred upon each person's individual need. People were involved with writing their own care plan. One person told us, "Never thought I would come to a place like this, it is very good, no complaints and they see me every so often to check the writing is all in order." The person confirmed for us that this was their care plan. Staff told us that they were involved in people's care review. We looked at the care records and saw that they contained information about the person's history, their choices a needs assessment and an action plan of how to meet the person's needs. A relative told us, "It is marvellous to be able to speak with the staff they know us and treat us with respect as they do my [relative]."

People's privacy was respected and as we observed staff closing people's personal doors and bathroom doors prior to administration of person care. A person told us, "The staff have got the knack they encourage me to do things for myself but they will never see me struggle too much, as I vary from day to day." A member of staff told us that they knew how a person liked to dress in the past and unfortunately they were no longer able to make decisions about what to wear and to co-ordinate colours. They told us, "We try to ensure they dress as they would have liked to do so."

Is the service responsive?

Our findings

People received personalised care that was in response to and designed to meet their needs. One person told us, “I asked before I came here if I had to get up at a certain time, they said no and that is how it is, so they have kept their word and I have real choice.” Following an initial assessment to determine if the service could meet the person’s needs. A care plan is developed detailing the care, treatment and support needed to ensure personalised care is provided to people. There was evidence that people’s wishes and preferences were included in their care plans wherever possible. A relative told us, “Before coming here, we discussed how [my relative] could become socially isolated, they have worked upon that by encouraging while respecting they do like some time on their own.”

We saw the pre-admission assessment used by the service and saw that in each of the care plans that this process had been completed and related to the care plan. This meant that people’s care was individual to them. The assessment identified how the person liked to be addressed; identified their needs and what was important to them. We saw that discussions had been held about items the person wished to bring with them to the service.

We noted in the care plans that time had been taken to record individual preferences, which included favourite television programmes, newspapers and times people liked to get up and go to bed. One person told us, “I get up and go to bed when I want to and also take a stroll outside.” We observed that these people’s choices had been respected. The cleaning rota was organised in such a way as to not disturb people who liked to get up later in the day. The cleaning staff would return later in the day to do a person’s room if they chose to get up later that day.

The manager showed us around the service and asked for people’s permission to look at their rooms. We saw that rooms contained people’s personal items including

photographs and ornaments. One person told us that they had chosen the pictures on display. One person told us that their family visited them often and the staff always made them welcome. They said, “My family have noticed that I have taken an interest in my old hobbies again and the staff talk to me and encourage me, it came out of when they did this assessment and we talked about what I use to do.”

The service listened to learn from people’s experiences and to comply with their wishes. The people we spoke with told us they did not have any complaints. One person informed us, “I have no complaints and if I did I am sure they would sort them out.” A member of staff told us that we are encouraged to resolve any problems as they occur but if we cannot to report to the nurse or manager and to remind the person that they can make a complaint. There were no current or outstanding complaints and the manager considered this was due to reacting quickly and positively to such events. They talk us through what they would do if a complaint was raised which was laid out in the procedure. The manager also told us about the compliments that the service had received.

When we arrived at the service to commence the inspection, the manager was touring the service to determine if there were any problems in need of their attention. The manager told us that they saw it as part of their duty to tour the service whenever they were on duty, and by so doing they had regular contact with the people living in the service. The manager explained to us that the service did have a complaints process in place if so required and people were informed of this both verbally and in written information part of the service induction pack. The manager told us that the provider would support them and become involved with resolving issues and complaints as required. A relative told us, “I would complain to the manager if I needed to, no fear because they would understand and would want to put things right.”

Is the service well-led?

Our findings

The service provided a culture that was open, inclusive and empowering. One person said. "I would recommend this place to anyone." Another person said. "The nurses seem to know and do everything a good place." A member of staff told us. "The manager has an open style we meet every month to discuss everything and anything and they are approachable and help to resolve any issues."

We found that there were systems in place for the monitoring and reviewing of the service provided to people. The manager held meetings with senior members of staff both individually and collectively to discuss issues including clinical to plan the smooth running of the service and learn from events. There were audits of cleaning and these had been carried out on a daily basis. Issues identified had been immediately worked upon for the benefit of people living in the service.

There was also a monthly care review system in place for the monitoring of care. The manager or senior staff having carried out the review then identified actions to be taken either by themselves or delegated them to other staff members. They then checked this had occurred within a reasonable time period. The service demonstrated positive management. A relative said "There are meetings every so often but the manager talks to me, whenever I see them and both they and the other staff are pleasant and effective."

The manager provided visible leadership within the service. They demonstrated a very caring and person-centred approach. During our inspection the manager was approached regularly by people and staff for support or to inform them of information. The manner of being approachable encouraged staff to emulate them and provide the best quality care. The manager told us that they periodically carried out observations of staff interactions in order to monitor standards within the service. They also encouraged the nursing staff to do this.

There was an auditing process in place that monitored the safety of the environment. We looked at the fire records and saw the fire-fighting appliances had been checked and fire alarms were checked weekly. Records for checking that smoke alarms were working were carried out monthly. There were cleaning audits in place which supported by the clean appearance of the service.

Staff told us about the keyworker system and that they were involved in the review of care plans with people which happened on a regular basis. This meant that as well as caring for all the people who lived at the service, they could pay particular attention to build up a relationship with the person for whom they were a designated keyworker. The service was also working with other professionals to support people with their individual needs and well-being. The manager explained to us how the service was working with other professionals regarding the care of people at the service with diabetic needs. This was so that their diabetes was regularly monitored and actions taken as required.

The manager informed us that they received support from the provider. The manager wrote a regular report which was a snap shot of what happened in the service so that the provider was aware and actions could be discussed at supervision. The provider visited the service regularly to support the manager and they spoke regularly on the telephone. The staff felt that the manager was not only approachable but also supportive and helpful to them, which made it easy for them to speak to the manager if they had any questions or concerns. One staff member said. "The manager is very helpful."

The manager had implemented an on-call policy so that staff in charge of the service could contact a senior colleague at anytime for support. There was a whistle-blowing policy in place and the staff we spoke with felt that the manager was approachable and they could discuss and resolve any issues. A person told us. "It is well managed here." They explained that it could never run like clockwork because it is such a big place and so many people but the day to day events were managed and resolved.