

Wessex Care Limited

Holmwood 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

Holmwood Care Home provides accommodation and personal care for up to 21 older people. At the time of our inspection 20 people were living at Holmwood. The service is one of a number of services, run by Wessex Care Limited within Wiltshire.

The home was last inspected in February 2015 and was rated good overall. At this inspection we found the service remained Good.

A registered manager was employed by the service and was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected against the risks of potential harm or abuse. Staff had received relevant training and understood their roles and responsibilities in relation to safeguarding people from abuse and harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Feedback from people, their relatives and staff on their experiences was encouraged by the service and procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Feedback from people on the quality and choice of food was positive.

People's medicines were managed safely. People's health care needs were managed effectively in response to their changing needs and had access to health and social care professionals as required.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Safe recruitment practices were followed to ensure staff were of good character and suitable for their role.

There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received.

People's dignity, privacy and independence were promoted and people were treated with respect.

People were treated with compassion and kindness in their day to day care. Staff worked well together and had a good understanding of people's needs including how they expressed their individual needs and

preferences.

Care plans were personalised and contained information about the person's preferences, likes, dislikes and what was important to them. Staff were knowledgeable about people's care and support needs and acted in accordance with the guidance in their care plans.

People had a range of activities they could be involved in which they said they enjoyed. People were supported to form bonds with each other and had good links to the community.

Risks to people and their safety had been identified and actions taken to minimise these. Risk management plans were in place to ensure people received safe and appropriate care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

People were protected against the risks of potential harm or abuse. People said they felt safe because there were sufficient staff to support them who had the necessary knowledge to keep them safe.

Risks assessments had been completed and where risks identified regarding people's safety, actions were taken to help mitigate these.

People's medicines were managed safely.



Is the service effective?

Good ●

The service remains Good

People had sufficient to eat and drink and were supported to maintain a healthy diet.

Staff had suitable knowledge and skills to ensure they could meet the needs of the people they cared for.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to the most appropriate healthcare professional.



Is the service caring?

Good ●

The service remains Good

Staff had a good understanding of people's needs including how they expressed their individual needs and preferences.

People were complimentary about the care they received and told us staff were kind and caring.

People were supported to maintain and form new relationships with people who were important to them. ☐

Is the service responsive?

Good ●

The service remains Good

People and/or their relatives were encouraged to speak with staff or the managers if they had any concerns or a complaint. People were confident their concerns would be listened to and appropriate action taken.

Care plans were person centred and reflected people's preferences, likes and dislikes. People's care and support needs were regularly reviewed to ensure they received appropriate care.

People's social needs were met through a range of activities which were supported by staff members. People could choose which activities they would like to take part in.

Is the service well-led?

Good ●

The service remains Good

Relatives and staff spoke positively about the leadership in the home. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care.

Processes were in place to assess and monitor the quality of the service.

The management team had a clear vision for the service and development plans were in place for continual evaluation and improvement.

Holmwood Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 March and was unannounced.

One inspector and one expert by experience carried out this inspection. Experts by experience are people who have had personal experience of care, either because they use or have used services themselves or because they care or have cared for someone using this type of service.

The areas of expertise for the expert by experience during this inspection was care homes, care of older people and dementia care.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with nine people who use the service and one visiting relative about their views on the quality of care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included ten care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents.

We looked around the premises and observed care practices. We spoke with the registered manager, head of care, operations director, clinical director, managing director, activities coordinator, housekeeper, chef, four care staff and two visiting professionals.

Is the service safe?

Our findings

People continued to receive a safe service. People told us they felt safe living at Holmwood because they were confident that the staff were looking after them well. Their comments included "It (the service) is fine with safety. People are about when you want them", "The staff are wonderful; very good to me, I feel very safe" and "I am very lucky to be here. I feel so much better and safe here". People looked relaxed and comfortable when staff supported them and were confident asking staff for support when this was needed.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff told us they had received safeguarding training and training records confirmed this. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening.

Staff supported people to be independent whilst ensuring they were safe. Staff ensured they were present to support people and only intervened when they felt there was a risk to their safety. People we spoke with told us they were independent and able to move around the home freely. People told us how they were able to do things on their own and enjoyed their freedom and independence but knew that staff were available to support and keep them safe if required.

There were sufficient staff to support people in line with their needs. Call bells were responded to promptly and at mealtimes there were enough staff to serve meals and support people as necessary. People had access to call bells in their rooms and in addition some people had pendants which could be used in any location of the home to call staff for assistance if required.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

People continued to receive the support they required with their medicines and medicines were managed and administered safely. We observed a medicine round. The person administering medicines explained to people what they were for and gave them in their preferred way for example, tablets placed into their hand or off a spoon. Where people were prescribed 'as required' medicines, there were protocols in place detailing what they were for and when and how often they could be administered. When medicines were administered, a medicines administration record (MAR) was completed in line with the service's medicines policy.

The premises remained well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment (PPE) such as gloves and aprons to minimise the spread of infection. Staff were careful to follow good hygiene practice by washing their hands and using the PPE available to them. Cleaning schedules were in place to ensure all areas of the home were kept clean and control the risk or spread of infection and housekeeping staff had received training in

infection control and the safe use of cleaning products.

Is the service effective?

Our findings

People continued to receive care from staff that had the skills and knowledge to meet their needs. Staff received specialist training to enable them to deliver appropriate care to people living with a number of medical or mental health issues. Staff also had the support from community teams including a mental health team, care home liaison and Parkinson's Disease specialist nurse. People told us they had confidence in the staff's ability to care for them and said staff always knew what they needed to do. As well as receiving mandatory training such as moving and handling, safeguarding and health and safety staff told us they also received training specific to people's needs which included training in dementia and Parkinson's disease. Staff told us they received regular face to face and online training and said face to face training was preferred as this gave them the opportunity for discussion to gain an even more in-depth understanding of the areas covered.

New staff members received a comprehensive induction to their role and were equipped with the skills they needed to support people appropriately. Induction included the completion of mandatory training and an understanding of the service's policies and procedures. Staff also observed and shadowed experienced staff members before working on their own and were allocated a mentor who was available to support them.

Staff received regular supervisions and annual appraisal (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff members spoke positively of these meetings saying they were a good opportunity to express any new identified training needs and whether there were any issues. Staff felt supported by the registered manager and said they could approach them outside of these formal meetings for guidance and advice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

The registered manager and staff remained knowledgeable about the MCA and demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. All necessary DoLS applications had been submitted by the registered manager and were pending assessment by the local council. Staff gave examples of how people's best interests were taken into account if they lacked capacity to make a decision. We saw capacity assessments had been completed where necessary.

The service continued to support people to eat, drink and maintain a balanced diet. Procedures were in

place to ensure people had the correct meals and were supported in line with their individual nutritional needs. On the day of the inspection, an agency chef was present. They were knowledgeable about people's individual's dietary needs and provided people with the correct meals.

People continued to have access to support from health and social care professionals in accordance with their needs. People had access to services including chiropody, dentist and optician and were provided with specialist support when required. Staff responded promptly to people's changing needs, for example, seeking consultation from their GPs when required.

Is the service caring?

Our findings

People were complimentary about the care they received. They told us staff were kind and caring. One person told us "I wish that all old people were as happy as I am. How wonderful to be here, beginning a new life". One visiting health care professional we spoke with told us Holmwood always had a "lovely warm feeling" where people "looked happy". We saw staff responded to people sensitively and in a caring way. Staff knew people well and were able to tell us how they liked to be cared for and our observations and care records confirmed this. One staff member told us about a person they were supporting who had recently had a deterioration in their mental health. They told us how they had learnt to recognise patterns leading to a decline in their mental well-being and how to effectively respond to this.

We received positive feedback from community healthcare professionals who told us staff cared for people in a person centred way. One professional gave the following feedback "I have always been struck by how well the staff know the residents which, of course, enables them to respond appropriately when needed" and another told us "I found the staff to be knowledgeable about their residents - fully aware of what their needs and treatment plans are. The care shown was person centred - with all reasonable adjustments accommodated for".

Staff worked well together and had good systems in place to ensure people were treated in a person centred way. Staff carried around mobile devices which they used to communicate with each other when they were in different areas of the home. We saw examples of when this led to people being given prompt advice or support. One example was when a person told a staff member they were still hungry following their breakfast. The staff member who was in the process of administering medicines was able to call another staff member for support to promptly rectify this. Another example was when a person asked a question the staff member was unable to answer. The staff member was able to call another for confirmation which meant the person received a quick response to their query.

People told us staff always sought their consent prior to providing support. Comments included "They (staff) always ask before they do anything, they are very good like that here, they listen to you and They (staff) do anything, always asking, 'would you mind if we...?'". On the day of our visit, lunch was a relaxed, social occasion. People chose to sit where they preferred and the quiet, calm atmosphere meant people were able to hold conversation whilst eating their meal.

People's privacy and dignity was respected and promoted by staff who considered what people wanted and treated them with respect. Staff knocked on people's doors and waited for a response before proceeding to enter. Staff addressed people by their name, listened to what they said, and were respectful in their actions. Comments from people included "Staff treat you with respect, treat you with love" and "The staff are very good. I like to meditate so staff have made a sign so people don't disturb me during the 20 or so minutes it takes".

People continued to be supported to maintain important relationships with people and form new relationships within the home. At the time of the last inspection, the management team were in the process

of establishing a discussion group, to be facilitated by a dementia care specialist for people to talk about feelings and discuss their experiences of living at Holmwood and their lives prior to living at the home. One the day of our visit, this had been established and we were invited to join the group.

People involved in this group were positive of its benefits and that it had enabled them to meet other people living at Holmwood and helped them to form new friendships. For people new to the home, the group had allowed them to adapt, feel involved and supported by people around them.

Is the service responsive?

Our findings

Care plans continued to be tailored to meet people's individual needs. Care plans provided comprehensive, detailed information about people including their personal history, individual preferences and interests including their preferred daily routines, likes and dislikes and hobbies. People were involved with the planning of their ongoing care and told us staff listened to what they wanted. Care plans also included information on maintaining people's health, and information to guide staff how to support people according to their individual risk assessments and were reviewed regularly and as required.

People told us they knew how to complain and would speak to staff if there was anything they were not happy about. People were confident any concerns or complaints they raised would be responded to and action would be taken to address any problems. Comments from people included "I have no complaints at all. I am happy to be in such a good place. I could talk to anyone and know they would do something" and "I once complained that I needed another mattress. I got a new one pretty quickly".

The service had a complaints procedure, which was provided to people when they moved in. This was also clearly displayed and detailed internal and external bodies to go to if people wished to escalate a concern or complaint.

Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Complaints received had been thoroughly investigated and a prompt response provided to the complainant.

The service had good links with the local community including local schools and the college. This included links with the health and beauty department of the local college where, with permission of people using the service, students provided therapies such as hand massage and nail treatments. People told us how much they enjoyed this experience and the opportunity to chat to these younger adults.

People were supported to take part in activities of their choice and there was a good variety of activities on offer on a daily basis. Details of these activities were clearly displayed in the entrance to the dining room. Activities included visiting musicians, entertainers, clergy and a fitness instructor who provided exercise programs. Craft sessions, bingo, a knitting group, flower arranging and were also on offer. Activities were organised and overseen by a full time coordinator and a volunteer. Comments from people on their experience of the activities on offer included "I can join in with lots of things, like painting and drawing. Some I do in my room and some in the sessions" and "I love knitting so joined the knitting group. We are making fiddle muffs for people with dementia to use in another home".

People were supported to provide their feedback and discuss their experiences during regular resident meetings. The service also sent satisfaction surveys to people requesting their feedback and responded to this promptly and appropriately.

Is the service well-led?

Our findings

Since our last inspection in February 2015, people and staff continued to benefit from a service that was well-led by the management team.

There was a registered manager in post and they were available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

In addition to the registered manager there was a head of care, operations director, clinical director and directors of Wessex Care. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence.

The service had a development plan in place which included the modernisation of facilities within the home. The registered manager told us within this they had considered the current 'homely feel' of the home and this was reflected in these plans. Improvements made to date had also included the introduction of the new management structure. The managing director told us Wessex Care was organised in a way that enabled the registered manager to concentrate on the day to day running of the home and other tasks, such as human resources, finances and building management were delegated to other supporting roles. This enabled the registered manager to focus on people using the service and ensure their needs were met.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and told us the management team were approachable and worked with them to find solutions.

Checks to determine the quality of the internal and external maintenance of the home were carried out. These included assessment of equipment, legionella testing and general health and safety.

Quality assurance processes were in place which focused on different aspects of service delivery each month. These included the monitoring and review of accidents and incidents, complaints, infection control and medicines management. Action plans were written to address any shortfalls and to promote best practice throughout the service. The action plans seen during the inspection showed actions were followed up as appropriate to continually improve the service. One example was an action in response to feedback the service had received from people and their relatives and planned the full implementation of regular resident and relative meetings. Documentation we saw during the inspection confirmed these had commenced as planned.