

Milelands Limited

Holme House Care Home

Inspection report

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Tel: 01274862021

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holme House provides personal and nursing care for up to 68 people, some of whom were living with dementia. At the time of our inspection there were 49 people using the service. Holme House accommodates people over 2 separate floors.

People's experience of using this service and what we found

People and relatives were involved in planning their care and needs were regularly assessed. Staff had completed relevant training required for their role. Staff had good knowledge of people's care needs; professionals spoke positively about the team and the registered manager. The service was in the process of introducing a shopping and dining out experience on the top floor.

Activities coordinators had been recruited and activities in the service had improved. People's documentation evidenced person centred care. Changes were being made to how people were cared for at the end of their lives. A robust complaints procedure was in place and the registered manager dealt with complaints effectively and learning was implemented.

Effective quality assurance measures in place. The service promoted a positive culture. People and relatives felt the staff team were approachable and friendly. The registered manager acted on feedback they regularly sought from people, relatives and staff.

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

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 19 March 2021).

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Holme House 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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

Holme House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holme House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 5 relatives. We spoke with 3 staff members; this included the registered manager. We spoke to 3 professionals. We reviewed a range of records. This included 3 people's care records and documents relating to the management of the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider did not have an effective overview of people's fluid intake to evidence people received enough to drink each day to meet their needs. This was a breach of regulation 17 (Good governance) 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 17 in relation to good governance.

- People were supported to eat and drink enough to maintain a balanced diet and access health care services to improve their health and well-being.
- Menus were varied, and people had different options to choose from. Food was served timely and at the correct temperature. One person told us, "You get your meals on time, the food is good, I have no complaints and I haven't heard any complaints plus the place is kept spotless."
- A fluid intake audit was completed regularly, where there was concerns, appropriate action was taken.
- Staff felt they were kept informed of people's needs if they changed. One staff member told us, "Information will be passed onto me by the nurses, I also have access to care plans, so I am aware of any changes. It is vital I am kept informed of changes as activities may also need to be changed depending on how they are."

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

- People's needs were assessed. Care records identified people's needs, preferences, likes and dislikes. One staff member told us, "We have really good care plans and risk assessments which are always being updated, if there's any changes to someone's needs or care we are made aware of this in handovers or meetings."

Staff support: induction, training, skills and experience

- Staff received appropriate training and support required for their role. Agency staff completed an induction.
- People felt the staff knew how to support them. One person told us, "My first impressions are good, the staff are good and very caring, they know what they are doing and are well trained." Another person told us, "I have no problems with the staff at all, they are alright, well trained."

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

- The service was appropriately designed to accommodate people's mobility needs.
- The service was undergoing changes. The service was making changes to the top floor to include a restaurant and in-house shop. This would allow people to experience eating at a restaurant and shopping without the need of leaving the service.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Staff received regular MCA training.
- People told us they did not feel restricted and could get up and go to bed when they wished, have a shower or bath when they wanted and eat in their room or the dining room by choice. Staff asked for consent to care and explained what they were doing. Relatives confirmed this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care. Care plans documented how people wanted their care to be delivered. Care plans were reviewed regularly.
- Relatives were involved with decisions around their loved one's care and had been part of reviews. One relative told us, "We have been involved in the care plan and had reviews, [relative] has always been happy here, [relative] seems content."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed. Care plans guided staff on any specific needs.
- There was no one at the service who required specific communication adaptations. The registered manager informed us signage and pictures had been updated around the building to encourage people's independence.

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

- A range of activities were offered in line with people's interests.
- A weekly timetable was in place which offered a range of activities. Social and cultural events were celebrated at the service. Relatives were positive about the activities on offer. One relative told us, "I have recommended [service] to a friend. The entertainment is good, and the staff are nice."
- Feedback was sought from people about activities which was generally positive. One person told us, "The support is plentiful. I chat with staff re: my care and they listen to me sometimes during the evenings. There are plenty of activities, walks, music and I go to church." Another person told us, "[Staff] brought a dog into see me. I do sudoku, crosswords, read my paper and I chat with my neighbours on my [tablet]."

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to deal with and respond to complaints.
- Learning was identified and implemented following complaints or concerns.
- Relatives told us they could raise a complaint if needed. One relative told us, "Had some concerns about

[relative] when [relative] deteriorated but changes were made promptly and as a family we were satisfied with the [services] response."

End of life care and support

- People were supported in planning their end of life care in the way they wanted.
- The registered manager informed us they would involve the person, their family and professionals when completing an end of life plan. Appropriate records were in place to enable staff to provide end of life support for people.
- The registered manager informed us they were working closely with Kirkwood Hospice as the service was undergoing a review of everyone's plans for the future; staff were receiving further training around end of life care.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure and staff promoted a positive culture in the service.
- The registered manager was open to receiving feedback from all people involved with the service, to drive improvements. Staff said the registered manager was supportive and listened.
- Relatives were positive about the staff. One relative told us, "We saw the resident's feedback regarding staff very reassuring. I bumped into [staff member] who took a real interest in [relatives] history, as [relative] couldn't tell [staff]. [Staff] was very personable, cared, was bothered and took a personal interest. [Staff] also communicated what they were doing about [relatives] care." Another relative told us, "The atmosphere is relaxed, friendly and you don't wait long for stuff."
- People told us they were happy at the service. One person told us, "I would recommend people to come here, I am quite happy here and have no concerns."

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

- Effective quality assurance systems were in place and audits were taking place. Additional quarterly audits were also undertaken by the registered manager.
- The registered manager understood their role and responsibilities in relation to duty of candour, which requires them to be open and honest when things go wrong.
- Relatives spoke positively about the staff team. One relative told us, "You can go into the office anytime, no problem. The manager is very friendly and approachable." Another relative told us, "[The service] is well managed, it's the attitude, [Staff] are really friendly."

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

- Feedback was sought on a regular basis. Changes were implemented and shared with others.
- Staff told us they were kept informed of changes. Regular meetings and handovers took place to ensure consistency of care and support.
- People felt they could speak to the staff. One person told us, "We have surveys, I can always speak to the staff if I want to say anything, we have good communication."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the service which demonstrated a desire for people to achieve the best outcomes possible.

- The service worked with other health and social care professionals. Visiting professionals stated the service worked proactively. One professional told us, "If we are at the service [staff] won't hesitate to ask for advice about a resident."