

Holmhurst Care Homes Limited

Holmhurst 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 

Overall summary

This inspection took place on 20 and 24 July 2015 and was unannounced. Holmhurst provides accommodation and care for up to 16 adults with mental health needs. At the time of our inspection there were 15 people living at the home.

The home has a registered manager who has been registered since April 2011. 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 felt safe living at Holmhurst and people were very much at the heart of the service. People were supported to take informed risks.

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to

Summary of findings

meet people's needs. Relevant checks were conducted before staff started working at Holmhurst Care Home to make sure staff were of good character and had the necessary skills.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People praised the quality of the food. They received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if they did not want the menu option of the day.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed and provided people with positive care experiences. Support was provided in accordance with people's wishes.

People (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community as part of their daily activities. There were appropriate management arrangements in place and staff and people told us they were encouraged to talk to the registered manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the service.

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.

People had confidence in the service and felt safe and secure when receiving support.

Risks were managed appropriately and medicines were managed safely.

There were enough staff to meet people's needs at all times. The process used to recruit staff was safe and helped ensure staff were suitable for their role.

Good



Is the service effective?

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People received a choice of fresh and nutritious meals and were able to access drinks and snacks at any time.

People were supported to access health professionals and treatments.

Good



Is the service caring?

The service was caring.

People felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible.

People's dignity and privacy was protected.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

People had access to a wide range of activities, and could choose where they wanted to visit.

The provider sought and acted on feedback from people.

Good



Is the service well-led?

The service was well led.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

People and staff spoke highly, of the registered manager, who was approachable and supportive.

Good



Holmhurst 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 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.

This inspection took place on 20 and 24 July 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in mental health needs. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included notifications of deaths, incidents and accidents that the provider is required to send us by law.

We spoke with six people living at the home. We also spoke with the registered manager, and seven care staff. We looked at care plans and associated records for six people, staff duty records, four staff recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

Following the inspection, we spoke with one health care professional who had regular contact with the home, to obtain their views about the care provided.

We previously inspected the home in August 2013 where no concerns were found.

Is the service safe?

Our findings

People told us they felt safe. One person said, “It is very safe here, there is no problems, staff are always keeping an eye out.” Another person said, “I feel safe here because it is secure, I can go to my room and I won’t be bothered, Staff are always present, there is no reason to feel unsafe.”

People were given the freedom to take informed risks, where they had the capacity to do so. One person said, “I do feel involved about talking about risks, because if I am not feeling well on a specific day the staff will persuade me to stay and although I know I don’t have to, I listen because they want what is best for my safety.”

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks or harm. Risk assessments covered support for people when they went out in the community, participated in social activities and leisure interests. For example one person liked to go out on their own sometimes for a walk, and would agree with staff a time to be back by. The person wore a sky tracker, which is similar to a GPS system, so that if they got lost and were not back within the agreed time, they would know which area they were in and could arrange to be picked up.

The risks posed by people who smoked were managed appropriately. People were not permitted to smoke in their bedrooms and had agreed to staff looking after their lighters for them. A safe area of the garden had been set aside for smoking. In line with the home’s smoking policy.

Suitable arrangements were in place to protect people from the risk of financial abuse. One person said, “This is the best place I have ever lived at, the staff are honest and don’t steal from me like in other places, it’s great.” The home looked after small amounts of money for some people, with their agreement. These were kept securely, properly accounted for and audited regularly.

People had emergency evacuation plans in place detailing the support they would need in an emergency. One person said, “The staff gave me a lot of information when I got here about everything from fire exits to other things, I can’t read

properly you see, so they read things for me as well and they are aware of this and it helps me.” Staff had received fire training and training records confirmed this. Fire safety equipment was maintained and tested regularly.

A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, “I would report it straight away to my manager, or if they were unavailable I would call safeguarding myself.”

There were enough staff to meet people’s needs at all times and we observed people were attended too quickly. Staffing levels were determined by the number of people using the service and their needs. Staff told us staffing levels were sufficient. One staff member said, “I feel there is enough staff at all times.” Another staff member said, “The manager was looking at employing a full time cleaner, so we can spend more time with the residents.”

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were supported to receive their medicines safely. One person said, “Staff always take my blood sugar levels because I am diabetic like some other residents here, but it is well under control, myself and the others I know of are fine.” All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Medicines audits were carried out regularly and any remedial actions were completed promptly. Training records showed staff were suitably trained and had been assessed as being competent to administer medicines.

Is the service effective?

Our findings

People told us, “The food here is good, I can choose what I want, there is always lots of choice and the times are flexible, the food is delicious and the kitchen lady is a star, we love her here.” Another person told us, “Today’s roast is very nice, just like every roast done here.”

People received varied and nutritious meals including a choice of fresh food and drinks. Meals were planned on weekly menus and the cook got lots of ideas from the BBC good food website, which they were able to print of and show people so they knew the nutritional value of each meal. People could make a choice between two options or an omelette for their meal. A self-service breakfast area had recently been introduced and people were able to help themselves to cereals, croissants, breakfast bars and fresh fruit to encourage independence. Staff were available to assist with toast and hot food.

One person was encouraged to grow fresh vegetables and herbs in the garden for example, carrots, spring onions, runner beans and parsley, as they had shown an interest in gardening. The cook would always make a point of seeing the person to show them how they had used the produce they had grown.

Drinks and biscuits were available at all times from the self service area. One person chose to eat a particular diet and at unusual times, and staff ensured they received this. People were able to eat independently and were encouraged to use the dining areas at meal times, but for people who chose not to they could eat their meals in a quieter room or in their own rooms.

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. One person said, “It is good for staff to tell us about what they have learned, it means they know what they are talking about and it makes me feel looked after well.”

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. Staff received training by attending the local councils training courses, by external training providers and by training on line. They were up to date with all the provider’s essential training, which was refreshed

regularly. Staff told us the provider supported them to take further qualifications such as the Diploma in Health and Social Care. One staff member said, “I am completing my Diploma level 3 in Health and Social Care, which is a dream for me.” This ensured people received effective care from staff who had the necessary level of knowledge and skill.

Staff were happy in their work and supported appropriately. One staff member told us, “I have supervisions quite often, and the manager listens to everything you come up with and will provide feedback to you afterwards.” Staff had one-to-one sessions of supervisions every three months as well as staff meetings every three months. These provided opportunities for them to discuss their performance, development and training needs.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

A best interest decision had been made for one person to receive their essential medicines covertly, hidden in their food, following consultation with family members and the GP. This was clearly documented with clear guidelines from their GP to make sure this was achieved safely and in the person’s best interest.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be legally deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to provide care and support to the person safely. DoLS applications were being processed by the local authority for one person. Staff were aware of how to keep people safe and protect their rights.

Is the service effective?

People were supported by health professionals and staff knew how to access specialist services for people. Staff knew which professionals were visiting each day and arranged appointments for people when required. A health professional said, "Very good at joint working, will call the

Doctor if concerns and let their social worker know what is happening." They also told us, "They take people to their health appointments, and will always go that extra mile out of their way to really help someone."

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said of the staff, “The staff are the most caring people I have met.” Another person said, “The staff here are very caring, they are really good, I mean brilliant, they are hard workers and get their hands dirty when they need to.” A third said, “The staff here are not bad at all, they are very good here, friendly, polite, always asking me how I am doing and yes, generally they are great.”

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. One person said, “Yes my family are involved in planning my care, when they visit they speak to staff and sometimes over the phone about me, which is good, they are well informed.” Staff told us that people were fully involved in their care plan, and made sure they were happy with the care plan.

Staff understood the importance of promoting and maintaining people’s independence. One person said, “The system is much better here than it is in other places, in other places I take one step forward and two steps back, but here I feel more independent and do things that I couldn’t do elsewhere, for example get involved in cleaning, I enjoy cleaning and it is a responsibility which is a positive thing.” A staff member said, “The best thing about working here is supporting people to enable them to live independently. We always encourage them, telling them how good it is, so they enjoy it. As some people have given up on doing things.”

One person said, “I think the staff are good, I don’t get bothered at night as much as I use to in other services, I feel I have privacy here.” Another person said, “I am close to my family here so I can have visits, I did not want my family to come and sit down in front of everyone for the visit, like in a living room or something, so staff allow me to bring them to my room which I like a lot.”

Staff told us that privacy and dignity was always adhered to. People could choose to lock their door to their rooms,

and staff told us they would always knock and wait for an answer before entering. One staff member said, “If people have a Doctor’s appointment, we will always ask would you like us to come in with you, if they say no, we don’t go in.”

The registered manager told us they had appointed a member of staff to act as the service’s dignity champion. A dignity champion should challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion for the home told us, “I make sure other members of staff are treating people with dignity and respect, by knocking on doors, giving choice at dinner of where to sit and privacy if needed to talk.” They also said, “If I saw bad practice, I would report them to management, or pull them aside and tell them.”

Staff were committed to providing people with high quality care that met people’s individual preferences. Staff told us they used to have a ‘wishing well’ in the home, where people could make activity and trip requests or something they really wanted to do. One person wanted an ice cream from an ice cream van, so staff arranged this and the person really enjoyed it. One staff member said, “It was so nice to see their face, they were really pleased, and the daily paper reported on the story.” Staff continued to consult people on their preferences and sought to provide them when possible, by asking people in residents meetings and individual reviews.

Staff played a key role in enabling a person to visit their family abroad. They supported the person’s family both locally and abroad to be able to make travel plans, and provided training to family member’s in order for them to meet the person’s care needs whilst away from the home. As a result the person was able to travel. The registered manager said, “It took a lot of planning, but was worth it as they really enjoyed themselves and are hoping to go back again.”

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personal care from staff who supported people to make choices. One person said, “I can cook for myself here which I feel is good because in my other place I had to be supervised and there was never enough staff. This meant I couldn’t cook much, but it’s not like that here. I hope to be independent soon, so learning how to cook properly is educating for me.”

Before people moved to Holmhurst they and their families (where appropriate) participated in an assessment of their needs to ensure the home was suitable for them. The registered manager told us they would not admit anyone to the service if they felt their needs could not be met. Prospective people could visit, for a short while, have lunch or an overnight stay if they wished to prior admission. Involving people and their relatives in this assessment ensured care was planned around people’s individual care preferences.

Assessments were undertaken to identify people’s support needs and their care plans were developed outlining how these needs were to be met. Care plans provided comprehensive information about how people wished to receive their care and support. For example, they gave detailed instructions about how they liked to receive personal care, and how they liked to spend their day. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enabled them to meet people’s needs effectively.

Staff used a ‘handover book’ to communicate important information about people. This was detailed and allowed staff to record daily details of individuals such as people’s health, welfare and activities that needed to be passed onto staff.

People were able to go out independently if they wished and some people were accompanied by staff. One person said, “I have visits and I go to see my sister in the community, I find that very therapeutic and the staff always support me to go.” Another person said, “I have been to the church a few times and the staff help me, I think my needs are well met here.”

Activities were held daily. The home had just recently increased the hours of the activity co-ordinator so they were there most of the day. A weekly programme was displayed on the board of activities for the week and places

to visit, for example swimming and chair aerobics. The activity coordinator told us, “People can choose where they want to go and what they want to do.” The activities were person centred, for example, one person liked to go for walks every day or to the local pub to play pool. They also like dogs, so staff arranged dog walking to the local parks which they enjoyed. Another person just liked to go for a ride in the car, and watch the ships sail past on the water. While other people liked to go shopping, or to the local cathedrals. Staff told us that activities could change to suit people, for example while we were inspecting people were due to go swimming, but had changed their minds and didn’t want to go. The activity coordinator asked people what they wanted to do instead and a group of people headed out into the community and took people shopping instead.

The activity coordinator told us, “I was recently watching sky ride in Southampton with one of the residents, where they decided they wanted to go cycling as well. We found out about PEDAL while at sky ride which is especially adapted bikes and tours for disabled people, so we are going to try this very soon.”

The home actively built links with the local community that enhanced people’s sense of wellbeing and quality of life. The home had links with the local residents association and some of the people take part in the twice monthly pick up of litter in the local area as well as street parties and other events. One person also enjoyed a weekly workshop in the community, which taught them new skills.

The cook had recently started weekly cookery classes for people living at the home, not many people had taken up the classes, but they were hoping it would take off as it would give people living at the home a sense of purpose, and encourage people to develop their independent living skills.

Residents meeting were held monthly and were well attended. Minutes of ‘residents meeting’ showed people were encouraged to influence, and provide feedback on how the home was run. As a result, raised vegetable beds had been set up in the garden. People were encouraged to suggest activities they wished to participate in and these were then provided. We spoke to the registered manager who told us, “Whatever people want we get in for them, for example, one person wanted a mini fridge for their room and we got them one, another person wanted a laptop so we took them shopping so they could choose and buy the

Is the service responsive?

one they wanted. Another person wanted to go to the gym three times a week so we are arranging this with the activity coordinator." This showed that improvements to people's care were made in response to their feedback.

People knew how to complain or make comments to improve the service. One person said, "I feel if I had a

complaint staff would take it on board and do something about it." Another person said, "I told the staff that my next door neighbour was being a little noisy for the last few weeks, so they spoke to him and it's much better now. It made me feel like staff listened to me and done something about it."

Is the service well-led?

Our findings

People told us the home was well run, one person said, “The owner works as hard as all of her employees which is really good to see and it is really reassuring. I feel that it boosts morale with staff and that makes them feel better about the job, leading to them to be happier which makes us happier. Happy staff makes happy patients and I think it’s all because of a happy owner.” A staff member told us, “Manager knows her very well, is very supportive and is very passionate about the service.”

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. One health professional said, “I find the manager and their team really helpful at the home, and people have a wide range of psychiatric needs and they manage really well.”

The registered manager carried out quality surveys with people using the service yearly, and the surveys we saw showed that people were happy living at Holmhurst. The registered manager had now started using an external company which provided working feedback, where people and their families and health professionals could fill in a survey and send it to the company who will show the feedback on the internet. A recent quote from a health professional stated. ‘Some of the most vulnerable clients in the mental health team are placed at Holmhurst. They are treated with dignity and respect and involved in decisions about their care. The management are responsive and it is clear the clients are always the focus.’

Staff meetings occurred out every three months and minutes showed these had been used to reinforce the

values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. Minutes of the April 2015 meeting showed topics discussed included the minutes of the residents meeting, self-service breakfast and the new cookery club. Staff we spoke to enjoyed these meetings and all staff told us that they had attended staff meetings and felt listened to and supported.

Staff were involved in the running of the home, and were asked for their ideas. Staff felt listened to at meetings. Staff were encouraged to open up and have their say. One staff member told us, “I can bring ideas to the staff meetings the manager will always listen.” Another staff member told us, “We are always asked about ways we can improve the service.”

Auditing of all aspects of the service, including care planning, medicines, infection control, training and development was conducted regularly and was effective. Where changes were needed, action plans were developed and changes made. These were monitored to ensure they were completed promptly. As a result of these audits a new form and checklist had been introduced to make sure all duties and cleaning matters are addressed appropriately and not left till the end of the shift. As a result staff felt it helped them on their shift and were actively involved in how the form should look.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place for all aspects of the service, which were reviewed yearly.