

Leonard Cheshire Disability

Holehird - Care Home with Nursing Physical Disabilities

Inspection report

Patterdale Road
Windermere
Cumbria
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection took place on 2 March 2015 and was unannounced. Holehird Care Home provides care and nursing for up to 29 people with physical disabilities. The home is a detached period property that has been suitably adapted for the purpose. It is close to the town amenities of Windermere and the Lake District. Accommodation is provided on two floors and all areas of the home are wheelchair accessible.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

At our last inspection in September 2013 we found that the provider was compliant with all of the Regulations that we looked at.

At this inspection we found that appropriate arrangements were not in place in relation to the recording of medicines. We looked at medicines, records and care plans in detail and found that the records of administration of medicines taken by mouth were good. However, the records for the administration of creams were poor and we could not tell if people received them correctly.

We found care plans for the administration of medicines did not always reflect the risks associated with the medications. Where we saw good plans of care for the use of rescue medications in epilepsy these plans had not been consistently followed by staff.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 the management of medicines which correspond to regulation 12 (f) and (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

The focus of physiotherapy services provided by the home positively impacted on people's independence and

physical movement potential. Physiotherapy ranged from informing a 24 hour postural management plan to intensive rehabilitation to improving mobility and to reduce reliance on equipment and carers for personal support.

A variety of facilities and specialised equipment was provided to support individual people's levels of abilities' to promote their independence.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety.

People were supported during their end of life to fulfil their wishes in the way in which they had identified.

There were meaningful and personalised activities made accessible to all people in the home and in the local community. These activities were supported by suitably qualified and experienced staff that could manage people's complex needs.

There was a clear management structure in place and staff were happy with the level of support they received.

Innovative and creative ways had been established to enable people to express their views about the running of the home and to share information.

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 not safe

People were not protected against the risks associated with the use and management of medicines. Creams were not administered and recorded appropriately.

New staff had been recruited in a safe manner.

People told us they felt safe and well cared for in this home.

Requires Improvement



Is the service effective?

The service was effective.

People experienced a meaningful life through the provision of a unique physiotherapy service.

Senior carers had been given resources of time on their rota to provide junior staff with individual support to develop their skills.

People said they thoroughly enjoyed the meals provided.

Adaptations made to the premises allowed people to be more independent.

Outstanding



Is the service caring?

The service was caring.

People were provided with innovative and creative ways of maintaining independence.

People were supported in expressing their views.

Staff supported people by providing exceptional care at the end of their life.

Good



Is the service responsive?

The service was responsive

People's social activities were very varied and supported by variety of skilled people.

People's care and treatment was person centred.

The home showed it was flexible and responsive to individual's needs.

Outstanding



Is the service well-led?

The service was well led.

People who used the service were involved in a meaningful way.

The home worked well with other professionals.

Good



Summary of findings

<p>The home had innovative and creative ways of enabling and empowering people.</p>	
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Holehird - Care Home with Nursing Physical Disabilities

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 2 March 2015 and was unannounced. The inspection team consisted of an adult social care lead inspector and a pharmacy inspector. Before our inspection, we reviewed the information we held about the home and we then contacted commissioners and spoke with a variety of healthcare professionals who have knowledge of the service to obtain their views.

During the inspection we spoke with seven people who used the service, two healthcare professionals and one visitor. We also spoke with four members of care and nursing staff, the registered manager, the acting care supervisor, the head chef, the physiotherapist, the homes administrator and two voluntary activities coordinators. We observed care and support in the communal areas, dining areas, bathrooms and with permission some people's bedrooms. We looked at a range of records about people's care and treatments and how the home was managed. We also looked at life stories written by people living at Holehird Care Home that gave their views on what it was like for them living in the home.

As part of this inspection we looked at records, medicines and care plans relating to the use of medicines. We observed medicines being handled and talked to staff.

Is the service safe?

Our findings

People we spoke with told us they felt safe and did not have any concerns about the care and treatment they received. One person said "I feel very safe here, the staff are very kind to me." Another person who used specialised equipment said, "I have no concerns about my safety here. The staff check my chair every day to make sure it is working properly." One person who visited the home frequently told us "Everyone is extremely well looked after, I have no concerns, the staff are marvellous and people are definitely safe here."

We found that appropriate arrangements were not in place in relation to the recording of medicines. We looked at medicines, records and care plans in detail for eight residents. We found that the records of administration of medicines taken by mouth were good. We counted a sample of fourteen medicines and checked the balance against records. These tallied suggesting that medicines were given correctly. However, the records for the administration of creams were poor and we could not tell if residents received them correctly.

The task of applying moisturising and skin protecting creams had been delegated to care workers. Care plans for the use of creams were poor and did not always identify the creams to use or instructions for use. This meant that care workers did not have clear guidance to follow to ensure that they were used correctly. For example, one person had two different skin protecting creams in their room. The care plan for this person stated that they had very thin skin that was prone to marking. Cream was required to be applied when moving the person but it did not identify which cream was to be used.

The records used by carer workers to record the administration of creams stated that it was to be applied twice a day, morning and evening. We found that the cream had not been recorded as having been administered on 20 days in February 2015 and there were no administration records in place for March 2015. Another person was prescribed a skin moisturising cream "when required". The care plan for skin care stated that this cream should be applied to dry skin daily. However, although the cream was present in the person's bedroom, there were no records of administration over the previous month. This could result in harm to skin from incorrect use of creams.

We found that care plans relating to the management of medicines were poor or had not been followed. For example, there was no care plan for a person who had been prescribed a high-risk medicine that could leave them prone to serious side effects and infections, and also required safe handling to protect the staff who had been administering it. This meant that staff lacked clear guidance on the safe use of medicines and on the monitoring of people to protect them from the risk of harm. We also found that people who were prescribed rescue medicines for epileptic seizures had good care plans in place but we saw that these had not been consistently followed.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 the management of medicines which correspond to regulation 12 (f) and (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider failed to protect people who used the service against the risks associated with the unsafe use and management of medicines.

We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. The medicines fridge was monitored to make sure it was working at the correct temperature.

The domestic duties in the home were completed by the housekeeping team. The provider had an infection control policy in place that was available to all staff. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care. We saw hand sanitizers were available around the home this helped to protect people from the risk of infection. There was a designated person responsible for on going maintenance and safety of the premises. We saw records showing that regular health and safety checks had been carried out.

There were plans for dealing with emergencies, such as an outbreak of fire. The home had an evacuation plan in place and staff had been regularly trained to deal with such emergencies.

Staff told us, and records we looked at confirmed, they had received training in the safeguarding of adults. Staff also told us who they should report any concerns or suspicions of abuse to. There was a whistle blowing policy that was available to all staff and details of how to report concerns.

Is the service safe?

Staff we spoke with were aware of the policy. One person said, "I know I can report anything I have concerns about." There were contact details for the local authorities, other charitable organisations and the CQC displayed in the home.

We looked at records of the accidents and incidents that had occurred. We saw where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made. All the records we looked at showed appropriate action had been taken in response to incidents to promote the safety and wellbeing of people who lived there.

We observed there was sufficient staff on duty to provide care and support to meet people's needs. Staff we spoke with told us they felt that there was enough staff. One senior care worker told us that the rota allowed the senior staff to be supernumerary for some shifts during the week. This allowed them to complete any extra administration

duties and also enabled them to work alongside other care staff in a supervisory educational role. We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties.

New staff had been fully checked before their employment was confirmed. We looked at five staff files for recruitment and saw that the appropriate checks of suitability had been made. There was information about their previous employment history and reasons for leaving employment had been noted. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. For two people we found the recruitment records lacked copies of some required information however this was rectified during the inspection by the homes administrator. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted.



Is the service effective?

Our findings

People who lived in the home told us that they thoroughly enjoyed the meals provided. One person told us, "The food is really good and we get plenty of choice." Most people chose to eat in the main dining areas and a few people chose to eat in other areas in the home or in their own rooms. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way. We spoke with the chef who could tell us about individual's different dietary requirements and preferences and how they were met for people living at Holehird Care Home.

We saw nutritional assessments had been completed and where people had additional needs or required additional support they had been referred to the appropriate health care professionals.

Care records we saw showed people received support from a wide range of health care services and this supported people to maintain good health.

The home provided a comprehensive physiotherapy service due to an annual charitable donation. The funding was restricted solely for the provision of a dedicated full time Chartered Physiotherapist and two part time physiotherapy assistants.

The physiotherapy team act as champions in their work at the home in conjunction with other external health care professionals such as Acquired Brain Injury teams to facilitate the on going care of service users when they had been discharged from hospital to Holehird Care Home. In doing this there was a parallel continuity of care once people had been admitted to the home. The Physiotherapist always accompanied the clinical lead nurse to complete assessments prior to any admissions to the home.

The physiotherapy team were also responsible for providing a continual source of expertise with 24 hour body position management care plans, performing mobility assessments and giving advice and practical demonstrations in more complex moving and handling techniques. They also advised people on the suitability of individualised equipment and provided guidance and technical support on the use of specialised equipment to staff and where applicable to relatives.

The physiotherapy team regularly engaged with the wheelchair services to ensure that people were provided with the most appropriate wheelchair for them and that the seating provided met with their postural requirements. This also greatly reduced the risk of unnecessary contractures. Constant monitoring by the physiotherapy team ensured all changes in people's conditions were tracked and recorded as their condition progressed.

We saw an example of how the team approach at Holehird Care Home had been successful for the outcomes of people. Where a person had been admitted for a programme of rehabilitation this had enabled the person to return to their own home with improved mobility and better overall health. This person described their experience at Holehird as giving them an increased confidence to be independent.

There had been considerable adaptation to the premises to enable some people to use assistive technologies to control their room environment by remote control known as a Possum system. A regular volunteer at Holehird Care Home we spoke with told us that this assistive technology greatly enhanced people's independence and in turn increased their self-esteem.

The registered manager and senior staff demonstrated a knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. They were also well-informed about the wider legal context of people's abilities to consent to treatment and care.

We saw that consent to care and treatment in care records had been signed by relevant others and where required the registered provider had evidence to confirm that those people were the legal decision makers where people lacked capacity.

People were not being deprived of their liberties. At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. Staff had received training on the Mental Capacity Act 2005 (MCA) and DoLS. We saw the records to show how people who lacked capacity had been supported in their best interests about things that affected their welfare and choices.

All the staff we spoke with told us that they received regular training to ensure that they were able to provide the



Is the service effective?

support people required. Training records we saw showed that staff had also completed a variety of other training topics such as challenging behaviour, nutrition and special diets. The staff we spoke with told us that they felt confident that the training they received gave them the skills and knowledge to provide the support people required. Senior

care staff had been given time on their rota specifically to support junior staff with their individual training and development needs. Regular staff support and supervisions took place. Staff had opportunities to contribute to the running of the service through staff meetings.

Is the service caring?

Our findings

People we spoke with living and visiting at Holehird told us they were very happy with the care and support being received. Some of the comments included, “The staff are lovely.” One professional visiting told us, “Staff are very good at recognising where people’s needs have changed and contacting the right professionals quickly.” Another person told us, “They’re (staff) always busy but never too busy to help when I need it.” One person, who had written about their experience at Holehird Care Home during palliative care in the home described the ethos of caring being about the individual and supporting them to live a full and meaningful life.

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. One person told us, “I like to be independent and when I can I get out with my friends into the village”. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people’s independence.

There was a resident’s forum established and run by the people who lived there to support people to express their views. This forum had given people living at Holehird Care Home the opportunity to contribute to how the home was run and people referred to being able to agree to some house rules. The home also produced a regular newsletter and gave people living at Holehird Care Home the opportunity to contribute their personal biographies. This was a creative way to make sure that people had accessible, tailored methods of communications.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were respectful.

Where necessary people had advocacy arrangements in place. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. This ensured that people had access to independent advice and information.

We observed staff knock before entering people’s rooms. The staff took appropriate actions to maintain people’s privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

Bedrooms we saw had been personalised with people’s own furniture and ornaments to help people to feel at home.

We saw that people’s treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care. We saw one person had been supported by the home in providing two staff to fulfil their dream of visiting a foreign country during their end of life care. The home received written complimentary comments about the staff who had provided the support from the travel agency involved in the organising of the trip. This showed that staff had acted exceptionally during the end of life care. Staff had received specific training in caring for people at the end of life.



Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, "The staff know me very well, what I like and how I like things to be done for me. They look after me very well." Another person we spoke with told us that they and their family had been involved in the planning and reviewing of their care and treatment on a regular basis as their needs changed frequently. A professional who visited the home regularly to assist with reviews and assessments of care treatment told us, "Staff are very good at identifying and ensuring all the relevant people who should be involved are invited to any meetings relating to people who live here. This makes sure people are getting the right professional support at the time they need it."

We saw from the interactions that staff had with people living at Holehird Care Home that they knew people well and understood people's complex needs. Care plans were person centred. We saw records where staff had recorded the life stories of people living in the home and were aware of their preferences.

Records we looked at showed when changes had occurred in people's needs. They also showed that when incidents had happened people's records and risk assessments had been reviewed. We also saw that care plans were being reviewed and updated regularly

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had any concerns but if I had I can speak to the staff." Another person told us if they had a problem they felt happy to raise it directly with the registered manager.

The home had a complaints procedure. People we spoke with were aware of who to speak with if they wanted to raise any concerns. Notices were seen in the main entrance informing people of who to contact should they wish to make a complaint. This meant that people knew how to make complaint should they need to.

There were planned activities for people to get involved in and we saw that the individual participation levels were supported by the physiotherapy team and a number of volunteers who supported the people living at Holehird Care Home. These activities included hydrotherapy, sailing, horse-riding, woodland walks and abseiling. Activities were seen to be very much service user led, with practical

support and assistance from a dedicated team of activity staff. We saw that the activity staff were assisted and supported by volunteers both from overseas and from the local community.

There were two activity members of staff one being a qualified Occupational Therapist and in addition the service also employed a third person solely as a driver/escort. This meant people could readily access activities external to the home. The service had four vehicles all of which had been professionally adapted for wheelchair access. There were two vehicles for multi wheelchair occupancy for group outings and two vehicles that could accommodate one wheelchair and up to three passengers including a driver. Having access to four vehicles helped to ensure that service users were able to get out and about when it suited them and not on the availability of a vehicle. The vehicles were not solely used by staff and volunteers but were also available for family members and friends to use.

We saw that the daily activities of people living at Holehird Care Home were further enhanced by the input of a volunteer group. We spoke with a regular volunteer to the home. All volunteers and their activities were managed by a Volunteer Coordinator employed by the home and who was also a qualified Speech and Language Therapist. There were four overseas volunteers who were living on site in separate staff accommodation. In addition there were local community based volunteers who attended on a daily basis and helped in providing a range of diverse activities both within and external to the home.

The home also had links with other local community groups and bodies. There were regular visits from the local schools that performed plays and recitals. In addition students from the neighbouring school came weekly to assist people living at Holehird Care Home with computer technology, assisting them with equipment to surf the web or to email friends and relatives.

Corporate volunteer groups were also involved with the home and supported with 'team building weeks'. Business groups such as main high street banking staff or business enterprises spent time within the home to provide their services directly to people living at Holehird Care Home. These services ranged from entertaining people with a play



Is the service responsive?

or pantomime or to undertake projects such as ground clearance work in the gardens of the home to extend wheelchair accessible areas within the grounds of the home.

One person described having had 'an amazing welcome' on their admission to Holehird Care Home. This person had been in hospital for several months prior to their admission to the home and felt as they described 'somewhat disorientated' and having freedom to get outside again at Holehird had felt like being on holiday.

We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. We could

see that people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We saw that where some people experienced limited movement, they had their independence and their mobility enhanced with specially adapted controls for their wheelchairs such as chin levers. This assistive technology also extended into the service users rooms where they could control their environment and electrical equipment, for example; TV on off and channel change, telephones, lights, curtains (open and close), call bell system, personal computers and assisted opening and closing of their doors.

Is the service well-led?

Our findings

The service had a registered manager who was available to people, relatives and staff. People we spoke with said they could speak with the registered manager on a daily basis. The registered manager told us they spoke to people and their family members often. This provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "Whatever I ask for it always gets done." We saw during our inspection that the registered manager was accessible and spent time with the people who lived in the home and engaged in a positive and open way with them.

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. There was an acting care manager in place and staff said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings. Staff we spoke with told us they were very happy working at Holehird. One person we spoke with who was a regular volunteer had previously worked in the home as a carer said, "I love the place, a lot of good work is done and people living here experience the best care."

The home worked in partnership with other professionals to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required. One professional we spoke with told us, "Staff are very motivated in providing the best care for individuals who have a variety of complex needs."

There was regular monitoring of the quality of the service. The provider had a regional manager who regularly visited the home to check on the quality of the service. There were systems in place to also monitor the safety of the service and facilities provided at the home. The completed audits of the systems and practice to assess the quality of the service were shared with the registered manager who told us they could then use the information to make improvements. We also saw that internal audits on infection control, medicines and care plans. We found that these had not always picked up the issues and causes for concern that we found in the management of medications.

There were regular health and safety checks of the equipment and premises carried out. We also saw that the registered manager and provider had an on going plan in place to address areas for improvements, redecoration and maintenance to the home.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the home had informed the CQC of any significant events in a timely way. This meant we could check that appropriate action had been taken.

There were innovative and creative ways through the newsletter, residents forum and people's involvement in the running of the home that demonstrated people were empowered and able to voice their opinions about their daily lives.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not protect people against the risks associated with the use and management of medicines.