Bamco Thirty Four Limited

Holmehurst Residential Home

Inspection report

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Tel: 01228523347

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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

Holmehurst provides accommodation and personal care for up to 21 people. Care is provided to older people, including people who live with dementia or a dementia related condition. At the time of inspection there were 18 people living at the home. Accommodation is in mainly single rooms but there are some rooms which can be shared by two people. Some of the bedrooms have ensuite facilities. There are two large lounges and a dining room on the ground floor.

This was an unannounced inspection carried out on 27 June 2017. We last inspected Holmehurst Residential Home in 17 March 2015. At that inspection we found the service was meeting all the legal requirements in force at the time and was rated as Good.

At this inspection we found the service remained Good.

A registered manager was in place. A registered manager (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, relatives and professionals consistently gave us positive feedback about how the home was personalised to meet people's individual needs. One person living in the home told us, "It's very good indeed."

People said they were safe and staff were kind and caring. Good relationships had been formed and people were treated as individuals. Staff knew the needs of the people they supported to provide individual care. People living in the home reported that staff all worked well together and many had worked at the home for many years, giving them consistency of care staff.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Appropriate training was provided and staff were supervised and supported. Staff had received training and had an understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

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.

We have made a recommendation about support plans for people who at times may be challenging for the service.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received their medicines in a safe and timely way.

Risk assessments were in place to promote people's independence. These accurately identified current risks to the person in order to minimise or appropriately manage those risks. The emphasis of the home was to support people to keep as much independence as possible.

The environment was well maintained with many areas that had recently been refurbished, such as a new lift and a garden make over that allowed people to comfortably enjoy time outside. The top floor had been completely refurbished in January 2017 to add an extra three bedrooms that were all en-suite.

People were very complimentary about the quality of the meals. They liked that meals were home cooked. Menus were varied and a choice was offered at each mealtime. Staff supported people who required help to eat and drink and special diets were catered for.

A variety of activities and entertainment were available for people and this was supported by a newly appointed activities coordinator.

People told us they felt confident to speak to staff about any concerns if they needed to. Staff and people who used the service said the manager and senior team were supportive and approachable. People had the opportunity to give their views about the service. Feedback was acted upon in order to ensure improvements were made to the service when required. The provider undertook a range of audits to check on the quality of care provided.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Holmehurst Residential 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 27 June 2017 and was unannounced. This meant the provider and staff did not know we were coming. The inspection team consisted of one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR 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 PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We contacted the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with nine people who lived at Holmehurst, three relatives, the manager, two deputy managers, four care workers including one senior care worker, the activities organiser, one member of catering staff and one domestic. We observed care and support in communal areas and looked in the kitchen, bathrooms, lavatories and some bedrooms after obtaining people's permission. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people including their medicines records. We checked recruitment, training and induction records for four

staff, staffing rosters, staff meeting minutes, the maintenance book, fire risk assessment and log and quality assurance audits the manager had completed. We also met and spoke the management consultant who oversees the quality aspects of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt very safe. People said they could speak to staff. Comments included, "I feel quite safe here", "Staff come straight away, if I call" and "Staff are around if I need them." People's relatives said they had no concerns about their family member's safety. They told us, "No issues; everything is absolutely fine. I'm confident that [relative is well looked after and is safe here."

All of the people we spoke with told us there were plenty of staff to safely meet their needs and that they came quickly when they needed assistance.

We saw that the provider had systems in place to ensure that staffing levels were safe and met people's needs. The manager told us the staffing budget had a degree of flexibility in order to meet the needs of people living in the home.

We looked at the staff duty rotas for a four week period which confirmed staffing levels were flexible to meet the individual needs of people using the service. Where people required additional support to go out into the community, extra staff were scheduled to work in order to meet their needs. Senior team members were available on call throughout the night in case of an emergency. We saw that care staff were supported by housekeeping and catering staff and we judged that these levels allowed the staff team to give people appropriate levels of care.

Staff had a good understanding of safeguarding and knew how to report any concerns. Records showed and staff confirmed they had completed safeguarding adults training. They were able to describe various types of abuse and tell us how they would respond to any allegations or incidents of abuse and they knew the lines of reporting within the organisation. They told us they would report any concerns to the registered manager. One staff member told us, "Any safeguarding concerns I'd report to the senior or manager."

Safeguarding and whistle-blowing (exposing poor practice) policies were given to staff, guiding them on how to recognise and report any abuse or unsafe care. The manager understood their role and responsibilities with regard to safeguarding and notifying the Care Quality Commission (CQC) of notifiable incidents. We viewed the safeguarding records and found concerns had been logged appropriately by the manager. Five safeguarding alerts had been raised in the last year. They had ensured that these notifiable incidents were reported to the appropriate authorities and independent investigations were carried out if necessary.

Individual risk assessments were in place and there was a system of regular review to ensure they remained relevant, reduced risk and kept people safe. Evaluations included detail about the person's current situation. The risk assessments included risks specific to the person such as for moving and assisting, mobility, nutrition and pressure area care.

People received their medicines in a safe way. We observed part of a medicines round. Medicines were administered by the senior care worker. We saw they checked people's medicines on the medicine

administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. The staff administering medicines explained to people what medicine they were taking and why. They gave the person a drink with their tablets and then remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

All medicines were appropriately stored and secured. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We saw fire risk assessments with action plans that were signed and dated when the action was completed. Fire safety equipment was regularly tested. A personal emergency evacuation plan (PEEP) was available for each person taking into account their mobility and moving and assisting needs. The plan was reviewed monthly to ensure it was up to date.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and checks from the Disclosure and Barring Service (DBS) had been obtained before applicants were offered their job. A DBS check is to determine people's suitability to work with vulnerable people.

The provider had arrangements in place for the on-going maintenance of the building. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. We also saw records to show that equipment used in the home was regularly checked and serviced, for example, the passenger lift, hoists and specialist baths.

We found the home to be clean, tidy and fresh smelling throughout. Sufficient domestic staff were employed at the home and cleaning schedules were in place. Staff wore protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training.

Good

Is the service effective?

Our findings

People told us that staff in the home knew the support they needed and provided this at the time they needed it. Relatives told us the staff were very good and met the needs of people who used the service. Everyone we spoke with praised the staff team and spoke very highly of the support provided. People were very complimentary about the meals. One person told us, "It's all home cooked. They use local butchers and we have lovely homemade puddings too."

Staff were positive about the opportunities for training to understand people's care and support needs. They told us they were kept up to date with training and that training was appropriate. Staff comments included, "We get plenty of training", "There are opportunities for training I've done dementia awareness training", "I do e-learning training" and "We do practical and e-learning training." Staff completed training that helped them to understand people's needs and this included courses such as eating and drinking well, diabetes awareness, dementia care, computer awareness, equality and diversity, basic life support, management training and protecting personal information.

There was an on-going training programme in place to make sure all staff had the skills and knowledge to support people, as well as completing the care certificate. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers stick to in their daily working life and sets the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us when they began working at the service they had completed an induction programme and had an opportunity to shadow a more experienced member of staff. We were told new staff could shadow another member of staff for two weeks, or longer if necessary.

Staff told us they were well supported to carry out their role. The home had a mentor role for more junior staff to be supported by those more experienced staff. All staff said they had regular supervision to discuss the running of the service and their training needs. They said they could also approach the registered manager at any time to discuss any issues. They also said they received an annual appraisal to review their progress and work performance. Staff members' comments included, "We have supervision every few months" and "I had supervision last week."

Staff told us communication was effective. Staff members' comments included, "Communication is very good," "We have a handover at the start of each shift" and "The senior staff brief us about what's going on and what needs doing." We observed a handover session that discussed people's needs to ensure continuity of care was given. There were clear lines of accountability and staff were clear on their roles.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at the care files of people who had an authorised DoLS. We saw this was detailed in a care plan, which described any imposed conditions and how these were being met. This ensured the person's needs were being met in the least restrictive way.

We saw there were protocols in place for supporting people who may at times display behaviours that challenge the service. The service did not advocate the use of excessive control or restraint. Staff told us people only occasionally displayed distressed behaviours or ones that may challenge the service. The staff knew people well, enabling them to quickly spot the signs of changes in their moods and communication. When we checked people's files we found some limited detail on how to support people when they became agitated. However this was not broken down into graded steps with sequential instructions for staff to follow, for example at what stage a person might be given a prescribed calming medication to help them.

We recommend that the service seek advice and guidance from a reputable source about writing up support plans for people who may be challenging to the service.

Staff supported people in meeting their dietary needs and, where necessary, gave assistance with eating and drinking. Nutritional screening was carried out and people were weighed regularly if they were deemed at risk of weight loss. Food and fluid intake was monitored where risks were identified and advice had been sought from dietitians and speech and language therapists. People were involved in menu planning and supported to take a balanced diet and drink sufficient amounts. Good support was provided with weight management and provision of special diets, including following dietetic guidance. We found that mealtimes were a relaxed and pleasant experience and people appeared to enjoy their meals.

People were very well supported to maintain their healthcare needs. Staff liaised with health care professionals to make sure people's care and treatment needs were well met. Staff had close working relationships with district nurses, GPs and community psychiatric nurses (CPNs) and worked well with adult social care professionals in co-ordinating people's care. Detailed records were kept about people's health needs and contact with healthcare professionals with the actions taken by the home. People had the necessary aids and equipment for their comfort and safety, for instance mobility and bathing aids, and profiling beds.

Good

Is the service caring?

Our findings

People were positive about the care and support provided. Their comments included, "I like it here", "Brilliant care", "I enjoy being here", "Staff are very kind and pleasant", "The care workers are lovely", "It's very good in here" and "I'm quite happy." Relatives we spoke with told us, "[Name] settled in straight away", Relatives told us they were satisfied with the care and support provided and that staff had caring attitudes. A relative told us, "It is a lovely atmosphere. Very friendly. Anything you need, nothing's too much bother." Another relative told us, "The girls are very good."

A healthcare professional who regularly visited the home commented, "It's a caring staff team here with the residents interests at heart. Privacy and dignity is of a high importance to Holmehurst."

We observed people were comfortable in the company of staff and responded well when engaging with them. There was a calm, relaxed atmosphere and we saw the staff were kind, friendly and respectful. It was evident there were good relationships and touch was frequently used when talking and greeting people. Such as a hand laid on a shoulder or holding a person's hand when having a conversation.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. They were able to give us information about people's needs and preferences which showed they knew people well. We saw staff ensured any personal care was discussed discretely with the person. Staff treated people with dignity and respect. We saw staff sat with people at meal times to provide assistance to people who needed support. They knocked on people's doors before entering their rooms. We observed that people looked clean and well presented. Most people sat in communal areas but some preferred to stay in their own room.

Care plans provided individual information for staff about people's preferences if they were unable to inform staff themselves if they wanted to spend time on their own. Examples included, 'I like to sit and spend time in my room' and 'I like to sit in a quiet area.' We were told the service used advocates as required but most people had relatives. Advocates can represent the views for people who are not able to express their wishes.

All staff were trained in the values of person-centred care, with an emphasis on the caring for people as unique individuals with diverse needs. The manager said this training encompassed care planning, promoting privacy, dignity and independence and adhering to the person's preferences. They told us standards of care practices were made clear to staff and were checked to ensure they were consistently applied. Expectations included staff being discreet and sensitive in their approach and when giving personal care to always explain what they were doing. Staff were also informed about the conduct expected of them in the staff handbook they received and in key policies, such as maintaining confidentiality.

We observed the lunch time meal. The meal time was relaxed and unhurried. Care and attention was given to ensure that the environment and experience was pleasant for people. The dining room was bright and there was a lively atmosphere as people talked amongst themselves and with staff. Staff interacted with people as they served them. People sat at tables set with tablecloths and condiments. Specialist cutlery was

available for people as needed to help maintain their independence. Tables were set for four and staff remained in the dining area to provide encouragement and support to people. Staff provided prompts if required to people to encourage them to eat, and they did this in a quiet, gentle way. Some visitors assisted their relatives with their meal.

Important information about people's end of life wishes and care choices were stored prominently within their care records. The care plan detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for the person. This meant up to date healthcare information was available to inform staff of the person's wishes at this important time to ensure their final wishes could be met.

Staff had received training on end of life care and spoke passionately on the subject. One staff member told us, "We make sure that the end is the best it can be, peaceful and calm. We always attended funerals as a mark of respect and someone's passing always affects us all, as we are one big family here."

Good

Is the service responsive?

Our findings

People told us that they always received the support they required at the time they needed it. They told us that the staff in the home knew the support they needed and said that this was always provided promptly. People were supported to maintain their independence through taking part in daily living skills. One person told us, "I get a great deal of support from all the staff, from the manager right through to the cleaners and handyman." Another person told us, "Nothings too much trouble. You only have to ask and something's done or sorted straight away."

We received feedback from a visiting health professional and they told us, "I have always found the home to be very thorough in carrying out their own assessment of needs and to be very committed to providing a high standard of care for those with complex conditions."

Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, activities of daily living, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. For example, with regard to nutrition, communication, pressure area care, mobility and falls and personal hygiene. Evaluations were detailed and included information about peoples' progress and well-being.

Care records were person centred in that they contained information about the individual person they related to. Person-centred care means planning care in line with the person, which fits what that person is ready, willing and able to do, and it looks at their care as a whole.

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in peoples' needs. For example, the speech and language therapist was asked for advice with regard to swallowing difficulties and communication. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Charts were also completed to record any staff intervention with a person. For example, for recording the food and fluid intake of some people and when personal hygiene was attended to and other interventions to ensure peoples' daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service. Care plans provided information for staff about how people liked to be supported. For example, some care plans for personal hygiene stated, 'I need the support of one staff to assist with my personal care.

I like my hair, nails and make up done', 'I need two staff to support me with my individual needs' and 'I can wash myself with one person helping me.'

We observed that people were supported to take part in a variety of social activities, within the home and in the local and wider community. A good level of information had been gathered about people's backgrounds, lifestyles and interests. This was incorporated into profiles and daily routines which showed what was important to the person and what they liked to do at different times of the day. Weekly plans with activities timetables were also in place and were used to record what people done.

An activity coordinator was available 30 hours per week to provide individual and group activities with people. We saw the programme was developed in consultation with people who used the service. A weekly activities programme was displayed in the home, showing different activities each day. Activities included reminiscence, exercise to music, carpet bowls, card and board games, quizzes, crosswords and bingo. We saw that activities were planned to take account of people's preferences. One person told us, "There are plenty of activities." Another person said, "I like to go out with staff for a potter or just sit in our lovely garden."

People told us they had a voice and that they were listened to. They knew what to do if they had any concerns. One person we spoke with told us, "I usually see the manager or deputy most days and they always encourage me to let them know if I have any issues. Everything is sorted out straight away, you never feel awkward bringing anything up." A relative told us, "They (staff) always ask me if I have any concerns. If I did, I feel confident they would deal with these." There were detailed complaints procedures displayed in the service so that people would know how to escalate their concerns if they needed to. There had been no formal complaints in the last two years.

Regular meetings were held with people who used the service and their relatives. The manager told us meetings provided feedback from people about the running of the home and topics discussed included, fund raising, social events that were to take place, and menu suggestions.

Good

Is the service well-led?

Our findings

There was a registered manager (manager) in post who was also the owner and nominated individual. The manager worked at the home two to three times per week and was supported by a management consultant and two deputies. The two deputies carried out the day to day running of the service. The management consultant worked in the home three days per week to oversee and support the deputy's. This arrangement was referred by the service as the 'senior management team'. This senior management team had a wide range of experience, qualifications, and was competent in managing the service effectively.

We found people received a good standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. People and their relatives told us they felt the service was well-managed. The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were well motivated and proud of the care and support they provided. Their comments included, "The managers are all approachable", "I do feel listened to", "I love working here we have great team work and all get on."

The home worked in partnership with other professionals to ensure people received a high standard of care and support. We found good evidence of working in partnership with other services such as physiotherapy, community nurses, speech and language therapists and GPs to support people and improve their quality of life.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included, "Their communication is good and concerns raised have always been addressed and followed through by senior management." and "The managers and staff at the home are approachable and follow advice. I have a very good working relationship with them." Another adult social care professional told us, "The deputies are always well prepared for reviews and take advice. Usually when we look at care plans there are only minor tweaks we need to do. I get very positive feedback from peoples' relatives, they really like how the home to give a very homely feel."

The service had a structured development and improvement plan. We saw evidence of the commitment to continually improve the home. For example, three bedrooms had been added to the top floor including ensuites, a new laundry, new heating system and a new roof. The service had also invested in staff training to encourage staff to continue to work in the home and to provide care that met people's needs. A number of staff told us that they had been supported to develop in their careers and said they appreciated this. All the staff we spoke with said team work was encouraged in the home. They said all the staff worked together to ensure people received good care. Ancillary staff we spoke with told us that they felt valued and well supported.

We found that systems were in place to monitor the quality of the service to ensure people received safe and effective care were in place. The home was audited on a monthly basis by a member of the senior team and visited monthly by a quality manager. We examined records, which showed regular audits and checks were undertaken on all aspects of the running of the service. We saw evidence in the form of reporting systems

and audits for skin care, nutritional reviews, medicines audits, care plan audits, risk assessment audits and infection control audits that had been completed regularly and were up to date. Additional audits, checklists and reports had been undertaken for kitchen cleaning, all areas of the home cleaned by domestic staff and the food served.

Accidents and incidents were recorded and had been regularly monitored by the home's manager to ensure any trends were identified, monitored, investigated and actions taken. Checks were made on the buildings physical environment included safety checks of floor surfaces, areas requiring decorating, stairways, lighting, ventilation and windows. These checks identified where improvements were needed and the information was fed into a service improvement plan. Records were in place to show the action taken to address improvements identified and timescales.

The service had appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. One staff member told us, "There's always senior management in the home. We never feel on our own."

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The management team of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken.