

Lincolnshire Licences Limited







Holmleigh Care Home

Inspection report

Lincoln Road
Navenby
Lincolnshire
LN5 0LA
Tel: 01522 810298
Website: www.example.com

Date of inspection visit: 19 January 2016
Date of publication: 08/03/2016

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

We inspected Holmleigh Care Home on 19 January 2016. The inspection was unannounced.

Holmleigh Care Home is owned and managed by Lincolnshire Licences Limited. It is situated in the village of Navenby in Lincolnshire and offers accommodation for up to 44 older people. It is registered to care for people who require accommodation with personal care.

There was a registered manager in post at the time of the inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the

Summary of findings

inspection no-one who lived in the home had their freedom restricted. The registered manager demonstrated their understanding of how to identify restrictions to people's freedom and apply for DoLS authorisations if this was required.

People felt safe living at the home. Staff knew how to manage any identified risks and they understood their responsibilities to report any concerns for people's safety. People's individual health and nutritional needs were managed effectively, in ways that met with their wishes and preferences. The registered manager and staff had developed good working relationships with other professionals involved in people's care so as to ensure they had the full range of support they needed.

People were treated with kindness by staff who demonstrated genuine concern for their health and well-being. They were able to make their own choices and decisions about their lives and were consulted about the care they received. People were encouraged to

express their views and opinions about the way the home was run. They knew how to raise concerns or complaints and were confident they would be dealt with appropriately.

Staff had the skills and knowledge to provide people's care in the ways they needed and preferred. They had been recruited in a way that ensured they were suitable to work in the home. Sufficient staff were employed in the home to ensure people received their care in a timely manner. Training and support systems ensured that staff were kept up to date in their knowledge and could develop their skills.

The registered manager acted in accordance with their responsibilities as a manager who was registered with CQC. They had systems in place to regularly assess and monitor care practice and to ensure people received a good quality of care. The systems in place meant that any shortfalls in quality could be quickly identified and improvements made.

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.

There were sufficient staff employed in the home to meet people's needs.

Staff were able to recognise and report poor practice or signs of abuse and they understood how to protect people.

Systems were in place to ensure people received their medicines in a safe manner.

Good



Is the service effective?

The service was effective.

People had access to appropriate healthcare and their nutritional needs were met.

Staff were trained and supported to provide care for people in a way that met their needs and preferences.

Staff understood the systems in place to ensure people could make their own decisions, and how to provide care in a person's best interest when they could not do this.

Good



Is the service caring?

The service was caring.

People were treated with respect and kindness by staff who were attentive to their needs.

Staff understood how to maintain people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in meaningful activities and continue with hobbies that they found enjoyable.

People were involved in planning and reviewing their care and were able to say how they wanted their care provided.

People knew how to raise complaints and were confident that they would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Good teamwork was promoted and there was an open and inclusive approach to running the service.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Systems were in place to monitor the quality of the care provided within the home.

Good



Holmleigh 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 was 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 19 January 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with eight people who lived in the home and a relative who was visiting. We looked at seven people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the registered manager and deputy manager, an activity co-ordinator, a housekeeper, a senior carer and two care staff. We also spoke with three visiting healthcare professionals and an education professional.

We looked at three staff personnel files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People told us they felt safe living in Holmleigh Care Home. One person said, “What I experience is a safe, comfortable and happy environment.” Another person said, “I’m safe here and feel loved.” Three other people who chatted with the inspector agreed with these views. A relative told us, “My [loved one] is definitely safe here.”

A person told us, “If anyone was rude or treated me badly I would tell [the registered manager] and she would sort them out.” All of the staff we spoke with knew how to identify and report any situation in which they felt a person was at risk of abuse. They were aware of the provider’s policy and how to contact external agencies such as the local authority safeguarding team. They told us and records confirmed that they had received training about how to help people stay safe from abuse.

Care records showed risks to people’s health, safety or welfare were identified before and when they were admitted to the home. People’s care records contained risk assessments and management plans for areas of need such as safe moving and handling and skin care. We saw staff were aware of people’s identified risks and provided care in line with their care plans. They were able to explain how they minimised individual risks for people and how they would manage general risks such as those which may occur in the event of a fire.

Records showed that regular checks of the fire safety system were carried out and the provider responded quickly to advice from the local fire service as a result of their inspections. Regular checks were also made in areas such as equipment used to support people with care, hot water temperatures and waste management.

Staff told us the provider had carried out a series of checks about them before they were offered employment at the home. They said they had completed application forms, provided proof of their identity and references from previous employers. They also told us the provider had carried out Disclosure and Barring Service (DBS) checks to ensure they were suitable to work in the home. The staff files we looked at confirmed this information.

People and staff told us there were enough staff on duty to meet people’s needs. One person said, “If I ring my bell they always come quickly.” Rotas showed that the numbers of staff the provider said were required to meet people’s needs were on duty. Care staff were supported by housekeeping, catering, maintenance and administration staff. This meant they were able to concentrate on caring for people. We saw that when people requested help staff were able to respond quickly and provide help in an unhurried manner. A member of staff told us, “Any home could always do with more staff but I think there’s enough here.”

Arrangements for the storage, administration and disposal of medicines were in line with good practice and national guidance. This included medicines which required special storage and recording arrangements. People told us they received their medicines when they needed them and in the ways they preferred. Records showed medicines arrangements were checked regularly as part of the provider’s quality audit system. They said where any issues were highlighted, the registered manager addressed them during supervision sessions so that practice would be improved and lessons learned.

Is the service effective?

Our findings

People told us they were consulted about their needs and preferences. One person said, “They always talk to me about what I want, it’s not about what they want. They understand me.” A relative told us, “[My loved one] is supported in the way they like.”

Staff demonstrated a clear understanding of people’s needs and how they liked their care to be provided. They were able to give examples of individual preferences people had for receiving personal care and for support with social interactions.

Staff told us they felt they had the right level of training and support to carry out their individual roles effectively within the team. They said they had received an induction period when they started work at the home which enabled them to get to know people as well as ensuring they had the right skills to work in the home. We saw the registered manager had introduced a new induction programme called the Care Certificate. This meant new staff would be trained to provide care to a standard recognised at a national level.

Records showed, and staff told us that an on-going training programme was also available. This was to ensure their skills and knowledge were kept up to date and they were able to develop new skills where required. As well as training topics the provider said were essential, such as fire safety and moving and handling, staff had training about topics such as continence care, skin care and good nutrition. This meant that staff had skills to provide care which was specific to people’s needs. The registered manager had also identified a staff member to take a lead role in the area of infection control so that they could act as a resource for other staff and help them to develop their skills. A visiting education professional told us there was a culture within the home which clearly supported staff to develop their skills and knowledge.

Staff told us they felt well supported by the registered manager and senior team members. Arrangements were in place to provide staff with regular supervision sessions. The deputy manager showed us how they planned supervision sessions and told us they were testing new arrangements for those staff who only worked on night shifts. Staff told us they found supervision to be useful in helping them to

discuss any issues they had and plan any training they needed. Staff said the registered manager and senior staff were also always available, outside of the supervision arrangements, to discuss any issues they may have.

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. The registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people’s best interest and how they should also support people who were able to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff demonstrated their understanding of DoLS guidelines and the registered manager knew how to make an application for DoLS authorisations where necessary. On the day of the inspection no-one living in the home had a DoLS authorisation in place. Staff told us and records confirmed they had received training about these legal safeguards.

Two people told us the food was tasty and there was plenty of it. Other people used phrases such as “good home cooked meals” and “plenty of choice.” Menus demonstrated that a range of hot and cold options were available at meal times. Staff, including the cook, knew about people’s nutritional needs such as those associated with diabetes or weight loss. The cook told us people’s nutritional needs and preferences were assessed with them when they came to live in the home and the registered manager regularly updated those records with people. We saw staff supported people to take prescribed nutritional supplements where they required them.

Assessments and care plans were in place to highlight the support people needed to maintain a healthy level of nutritional intake. For example, staff were aware of how much people needed to drink to stay healthy. They

Is the service effective?

completed food and drinks charts to demonstrate people's nutritional intake. This meant they could easily identify when people needed extra support or when they needed to be referred to other professionals. People's personal records showed they had input from dietary professionals when needed. The registered manager had developed a role within the team which helped to ensure people's nutritional needs and preferences were fully met. People referred affectionately to this role as the 'trolley dolly'. This staff member's sole role was to ensure that a range of drinks and snacks were available to people throughout the day and to monitor people's intake.

People told us they received the healthcare support they required. One person said, "They get the doctor or nurse to me whenever I need them." Clear records were kept which

related to people's healthcare needs and care plans were in place to guide staff about how to meet those needs. A local GP was available in the home on one day every week to ensure people had good access to their service. The GP recorded their own visits in people's records so that staff had clear details of their advice and any treatment plans. Visiting health and education professionals were complimentary about the support people received from staff. They said staff identified and reported any health care issues or needs in a timely manner and followed their guidance for care and support. The health professionals told us they had good working relationships with the registered manager and staff and this helped people to receive appropriate and timely healthcare support.

Is the service caring?

Our findings

People who lived in the home, a relative and visiting professionals gave us consistently good feedback about the caring culture within the home. One person who lived in the home told us, "I think of this as home, I came in for two weeks to test it and didn't want to leave; these girls [staff] are like my family." Another person said, "I am so thankful I found this home, they are so loving and caring." A visiting professional told us, "You know when you walk in that this is a place where staff really care about the people who live here."

Staff spoke with people in a kind and friendly manner. We saw they took time to chat with people about their day and how they were feeling. They were quick to identify if people were becoming upset or anxious and provided reassurance to help them overcome their concerns.

Staff sought permission from people before they carried out any care tasks and respected their wishes if they did not want support at the time. They actively listened to what people told them and responded appropriately to requests for support.

People were encouraged to receive visitors. One visitor told us, "I can come any time and do. They're very welcoming." Written compliments the registered manager and staff had received indicated that they also provided relatives with kind and caring support. One comment read, "We will never be able to thank you all enough for everything you did for [our loved one] and us as a family." During the inspection we saw the registered manager spent time with a relative discussing how they could help a person to maintain their faith, which had always been very important to them.

People told us that staff respected their privacy and maintained their dignity at all times. Staff demonstrated that they understood the importance of maintaining privacy and dignity for people. We saw examples of this such as staff knocking on people's doors and waiting to be invited in; staff helping people to adjust their clothing to preserve their dignity and supporting people to use napkins and clothes protectors during meals. Staff also recognised the importance of keeping information about people's lives in a confidential manner. People's records were stored in an office that was locked when staff were not using it. Information stored on computers was password protected.

We spent time observing how people were supported with their lunchtime meal. Tables were nicely set with napkins and condiments. There was pleasant and relaxed atmosphere throughout the meal. People chatted pleasantly with each other and with staff. One person changed their mind about what they wanted to eat and an alternative of their choice was provided. Staff discreetly encouraged another person who had a poor appetite to eat their meal.

Throughout the inspection we saw people felt comfortable and confident about expressing their views and opinions to staff and the registered manager. People told us they were encouraged to do this and that staff respected their views. People told us they felt involved in their own care and could make their own choices and decisions. Staff recognised the importance of involving people in their care. One staff member said, "This is their home, it's run for them not us."

Is the service responsive?

Our findings

People told us they had been consulted and involved in planning their care. One person said, “I told them what I wanted when I came to live here and I get it.” People had signed to show their consent to, for example, their medicines arrangements or access to their personal records.

Throughout the inspection we saw staff consulting with people about what they wanted to happen. An example of this was where the registered manager had asked a person how they were. The person told the registered manager they would like to make some improvements to their routine following meals so they were more comfortable. The registered manager listened to the person and reassured them that their wishes would be met. We saw the registered manager passed this information onto the staff team to ensure the person’s wishes would be carried out. Later in the inspection the person told us this had happened.

A range of assessments had been used to identify people’s needs and preferences. Care plans had been developed from the assessment outcomes. Assessments and care plans were reviewed regularly with people and updated when there was a change in their needs or preferences. We saw staff provided care and support in line with people’s care plans.

People were supported to pursue their interests and hobbies, and a range of entertainment opportunities were provided for them. People who engaged in activities told us

there was plenty for them to do and they enjoyed the social aspect. Activity co-ordinators were available each weekday and alternate weekends to support people with this. We saw that they also supported people individually when they did not wish to join activities.

The activity co-ordinators had helped people to complete a booklet called ‘This is Your Life’. This booklet showed how people had lived their lives before they came to the home and what their likes, dislikes and preferences were. This helped them to arrange activities that were meaningful for people. We saw from the activity plans there were regular opportunities for people to visit with a beautician and a hairdresser, and do their personal shopping. Musical entertainers visited the home and regularly and people told us they enjoyed a regular game of bingo. Representatives from a local church visited the home each week to support people with a gentle exercise session and poetry session. We saw people were also supported with hobbies such as, making models, creating patchwork and making paper flowers.

People said they knew they could raise a complaint and would confidently do so with the registered manager or staff. They told us they had never had to make a complaint but felt confident that if they did the registered manager and staff would deal with the issues quickly and in the right way. The provider had a complaints policy which was available to people and visitors. Records showed that no complaints had been received by the home since we last inspected. The registered manager responded in a timely and appropriate manner to issues that had been raised with CQC.

Is the service well-led?

Our findings

People, a relative and visiting professionals told us they felt the home was well organised and managed. One person said, “It comes from the top; [the registered manager] is a good role model for the younger ones.” A visiting professional said, “It’s down to good leadership and they have that here.”

People told us they felt involved in the running of the home. They said the registered manager kept them up to date with improvements and asked for their opinions. We also saw that people, their relatives and external agencies were provided with the opportunity to express their views about the home through the use of questionnaires and surveys.

The registered manager and deputy manager were visible around the home throughout the inspection. We saw they were readily available to speak with people, their relatives and staff. They gave direction and guidance to staff regarding care and demonstrated their knowledge and understanding of people’s needs.

A written compliment received by the home said, “Your team are fantastic, you will have to go a long way before you were able to better that team.” Staff carried out their roles in an unhurried and organised manner. They knew their individual roles within the team. They told us senior staff were supportive and they were always willing to help. One member of staff said, “It’s a well organised and stable team.” Care staff were supported by catering, housekeeping and maintenance staff. The registered manager had also reviewed workloads and introduced team roles such as the ‘trolley dolly’ role mentioned earlier in this report and a senior support role. This role was introduced to enable

senior carers who were in charge of shifts to effectively delegate duties when they were busy with tasks such as medicines administration. The role also gave carers the opportunity to develop their skills and career.

Staff told us they felt able to express their views about the service and their views were respected. They knew about the provider’s whistleblowing policy and said they would not hesitate to use it if they witnessed any poor care practice. Care staff told us, and records confirmed, that team meetings were held where information could be shared although not as often as they would like. The registered manager told us that they had an action plan in place to increase the number of staff meetings that were held which would include ancillary staff such as housekeepers.

The registered manager informed us of any untoward incidents or events which happened within the home in line with their responsibilities under the Health and Social Care Act 2008 and associated Regulations. Records showed they regularly reviewed the incident records so that they could ensure the risks of them happening again were minimised.

A system of checks and audits were in place to monitor the quality of services provided for people. Records showed regular monitoring of areas such as hand hygiene, the quality and condition of bed mattresses and people’s care plans took place. Where any issues were identified the registered manager had an action plan in place to show how they were going to resolve the issue. We also saw that regular checks were carried out, for example on the fire safety systems and hot water temperatures. Maintenance staff and the registered manager told us that the provider ensured resources were available to keep the building and any necessary equipment maintained to a good standard or replaced in a timely manner.