

Ashberry Healthcare Limited

# Holmer Court Residential Home

## Inspection report

Attwood Lane  
Hereford  
Herefordshire  
HR1 1LJ

Tel: 01432351335  
Website: [www.ashberry.net](http://www.ashberry.net)

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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

### About the service

Holmer Court is a residential care home that provides accommodation and personal care for up to 33 people aged 65 and over. At the time of our inspection there were 33 people living at the home. Holmer Court accommodates people in one adapted building across two floors.

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

People and their relatives were positive about the service and the care provided. People benefited from the new initiatives and ideas to improve opportunities for social interactions. People's well-being was constantly improved because of the person-centred led engagement opportunities that involved people and their families. Staff were passionate about providing care in a very personalised way and worked with the registered manager to facilitate this. There was a culture of openness that was reflected in all aspects of the service. Suggestions and ideas were acted upon from people, families and staff. Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members' needs well.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. People told us there was always someone to help when they needed it. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence. The premises were clean, and staff followed infection control and prevention procedures.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed the meal time experience, and relatives and friends were welcome to share this experience. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards people they cared for. People and their relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People's concerns were listened to and action was taken to improve the service as a result. The registered manager and her management team were open, approachable and focussed on providing person-centred care. The management team and staff engaged well with other organisations and had developed positive relationships. The registered manager worked on promoting strong community links within the local area to

provide social opportunities for people living at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published February 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.  
Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Holmer Court Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Holmer Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, one relative and one family friend about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe. One person told us staff were always at hand when they needed them which made them feel safe.
- Staff understood how to protect people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where incidents had been reported and these were actioned appropriately.

Assessing risk, safety monitoring and management

- People told us staff helped them to stay safe. One person said, "Staff are always about, if I feel wobbly they are straight there to help."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of peoples risks and knew how to mitigate them. For example, people at risk of sore skin were encouraged to move regularly to reduce the risk of sores. Staff had a good knowledge of this and the information was clearly recorded in peoples plans.

Staffing and recruitment

- People and their relatives said there were sufficient staff on duty keep people safe. One relative told us, "Even when they [staff] are doing tasks they have time for people."
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home when possible.
- The registered manager explained that staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. The registered manager said when needed they used regular agency staff to ensure there were sufficient staff. There was an on-going recruitment campaign to fill vacancies.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- People said they had their medicines when they needed them.
- Staff administered medicines safely, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and regularly checked to ensure they followed safe practice. There was safe storage and disposal of medicines at the home.
- Where people were prescribed as and when medicines there were protocols in place to ensure staff

followed consistent guidance.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely. There were regular audits to ensure standards were maintained.
- There were cleaning schedules in place to ensure staff followed best practice.

#### Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, the registered manager established there were clusters of falls around certain times of the day. She reviewed the information and increased staffing levels which then reduced the number of falls at that time of day.
- Staff knew how to report accidents and incidents and told us they received feedback about any changes made as a result.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to coming to the home and this formed the basis for the delivery of their care.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared their knowledge of people's needs and best practice skills. They had the information they needed to support people well. One staff member explained how they had been new to care and completed in depth training to support their skills before they started.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. The management team completed competency checks so they were confident they were completing their role effectively.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with said the food was good and they had choice and could have more if they wanted. They enjoyed the social experience at meal times, meeting up with their friends as a social event. We saw people were offered choices with their meals and if people wanted something different they could just ask. People were provided with dignified, respectful support with their meals when this was needed.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- The cook was aware of people's needs and ensured there was suitable food provided.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- There adaptations to support people's needs such as clear signage to identify key areas for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other

agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed.
- We saw appropriate referrals were made to support people with their health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions. Staff consistently obtained consent for people's care and support and we saw staff provided support in line with the MCA principles.
- Where people needed support with decisions this was recorded in their care records with clear decision specific assessments and decisions made in people's best interests.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation were identified in people's care planning and staff had signed them to indicate they understood.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us all staff were kind and caring. One person said, "I love being here, they [staff] are all so lovely, I feel cared for."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were quick to pick up on non-verbal messages from people and react to them, for example a member of staff noticed a person needed extra help and they were quick to offer the extra support discreetly. One person said, "The staff are brilliant. They all really care, never a dull moment."
- Relatives said staff were really patient and supportive to people living at the home and knew them all really well. One relative told us how staff always made them feel so welcome no matter when they arrived.
- We saw examples of staff being consistently kind and caring throughout the inspection. Staff identified when people needed extra support and provide what they needed. We saw staff would find the time to sit and speak with people, for example, holding their hand and reassuring them. We saw people visibly relaxed as staff spent time with them.

Supporting people to express their views and be involved in making decisions about their care

- Staff always asked people what they wanted to do and offered choices to meet people's needs. One member of staff used a distraction technique to support one person who had become anxious. This person became visibly more relaxed after the support from the member of staff.
- People we spoke with said they made decisions about their day to day care and had the support they needed. One person said, "You can do whatever you want to. No one dictates to you." Another person told us, "I do whatever I want to do. I can't do as much as I used to but it's up to me." We saw people were supported to make their own choices.
- We saw there were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options and to plan interesting things to do, to ensure they were happy with the choices available. One person told us they were involved with decisions about planned activities and this improved their feeling of self-worth.
- Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One person told us they were able to go out when they chose and if they needed help this would be provided. They explained they could go outside in the garden whenever they wanted, and they enjoyed the freedom to do this.
- There were dignity champions amongst staff members to ensure maintaining people's dignity was constantly reviewed.
- Staff were careful to close doors when assisting people in their own rooms and knocked on people's doors before entering. People's dignity was maintained when staff supported people to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager led on a person-centred culture which incorporated everything staff and people at the home were involved in. For example, everyone at the home had a personal activity plan which looked at who they were, and what they liked to do to ensure people were supported with ideas that improved their social inclusion and well-being every day. The completion of the plan involved the person with agreed goals and outcomes, plans were very person centred and reflected the reality for people as they were at the current time. Families sometimes were surprised as they learnt about their family member, they said the plans were helpful for topics of conversation which improved the quality of the time spent with them. These activities are regularly reviewed and monitored on their daily evaluation record so that services are completely tailored to the individual even when their abilities declined or altered. For one-person staff had identified the improvement in their well-being when they listened to music, they appeared more relaxed, there was a plan for the person to use their headphones for auditory stimulation. This had then been identified as less effective over time and other ideas, such regular one to one time with staff, were put in place to support the person's well-being. The effectiveness of activities were reviewed daily to adjust the opportunities offered. For example, where a person had recently had their medicines reviewed and changes made their response to activities was part of their wellbeing evaluation.
- On the first day of the inspection, some people were attending a tea dance, we could see people who participated had really benefitted from the experience, they were excited and there was a lot of laughter on their return. Another person had danced when they usually struggled to walk, they were full of smiles after the experience.
- There was a positive atmosphere at the home. We saw many people were regularly chatting in groups or taking part in staff led activities. One person said, "I'm never bored," and "There is always something good going on." Another person told us they could do what they wanted and joined in events when they wanted to.
- People told us about children from local nurseries visiting and how they enjoyed their time with them. People attended the nursery graduation and benefitted from the interactions with the children. One person explained how they enjoyed singing with the children when they visited.
- The registered manager worked with staff to encourage groups of friendships for people within the home. Staff knew people so well they ensured people had the opportunity to develop social relationships. All the people we spoke with said they were not lonely and had friends living at the home. We saw there were strong bonds between people who enjoyed each other's company.
- The activities staff team regularly arranged opportunities for people to attend events in the community. Many people at the home had attended initiatives involving other homes. For example, a drama project where people at the home attended with other people from other homes a celebration of singing and acting

a story they put together as a group. People told us they really enjoyed the experience and we saw recommendations from other professionals about their enthusiasm and the benefit to people at the home.

- Another initiative was a project that included all the people at the home to grow their own plants which were then made into sensory products, such as soaps etc., at the home. These products were then used as part of a sensory day involving students from the local blind college. The project was called, Pick it, Sniff it, Make it, Use it. People benefitted from the reminiscence opportunity, and the learning of new skills and the interaction throughout the process. Professionals from the local authority praised the passion and initiative of the staff team to improve people's well-being.
- The activities team had researched ideas specifically to support people living with dementia. For example, ideas for people who were introverted to ensure they benefitted from the experience, tailored to the individual, such as word searches. Other ideas such as doll therapy used to support one person which had been very effective at lifting their mood.
- The registered manager was part of the Local Authority project relating to "My Home Life Herefordshire Leadership Support Programme for Managers of Care Services." This linked registered managers in the local area to share ideas, best practice and attend training to develop registered manager's skills focussed on caring relationships. This led to improvements such as staff supervisions that were focussed on staff well-being and supporting them as a whole. Staff told us they felt very supported and their mental health well-being was recognised as important. They said this helped them reflect on how they supported people and improved how they considered people's well-being.
- The registered manager worked with staff, through learning and development to provide many new ideas that focussed on person centred social interactions to improve people's well-being. For example, everyone had their own activity bag available to them which held points of interest for them, such as books and games, or an important personal item. We saw people, or their families used these when they visited to help with the social interaction. Each person also had pictures of events they were involved in to share with their families. This reassured people and their families and improved social interactions. People were more relaxed with their familiar items. One relative explained how this helped them communicate with their family member.
- Further examples were regular Tai Chi for people because the staff team had worked with health professionals and they had suggested this to improve people's balance. The registered manager had identified that not only did people enjoy the experience there had been an additional benefit of a reduction in people's falls overall. Health professionals though staff knew people really well and focussed on their well-being.
- Relatives told us their family members always had something to do. One relative told us that staff really understood their family member and always would go the extra mile for each person living at the home. For example, they told us how staff really understood people, and everyone was important to all the staff. The relative explained how one person loved a particular activity and this was arranged regularly by staff and "You can see [the person's] happiness just shine."
- One person had received a 'Good neighbour award' from the registered manager, because of the support they had shown to a new person at the home. They were proud of receiving this and understood they were appreciated by staff. The registered manager went on to explain how important it was that they valued people's contributions. Another person at the home had won staff member of the month award for their help with supporting the staff team. They were really proud of the award and felt part of the staff group.
- Relatives told us there was a real sense of community within the home which improved people's daily lives.
- People had access to technology to help them keep in touch with their families such as regular skype calls. This enabled two people, whose families lived abroad to see and speak with their families regularly. This improved people's well-being through their social interactions.
- People felt a sense of self-worth and purpose through regular arts and crafts sessions with young adults

with learning disabilities. This was a mutual benefit for people at the home and the college to interact and share the social inclusion.

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

- People said staff really knew them well and had an excellent understanding of their individual needs, values and beliefs. Staff had used their skills to really identify people's personal characteristics which were reflected in how people's care needs were provided. For example, one person explained how it was important to them a particular need was met and staff understood this, and it was reflected through their care planning.
- When people are interested in moving to the home they are encouraged to spend as much time as they want visiting the service to get to know people and the staff team without any pressure on them to move in. This helped build trusting relationships from the beginning.
- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual. For example, at the regular family and residents meeting staff discovered one person's previous enjoyment of a hobby. This person was refusing some aspects of their care, however the introduction of this hobby supplied the opportunity to resolve this and improve their health and well-being.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. At staff handover staff were updated about people's risks, changes and their well-being.
- People and their families told us support was flexible to meet people's needs. One relative said about staff, "They all care about me and [family member], there are never any barriers just a willingness to help."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible communication standards and told us of ways in which they were meeting the standards. For example, they provided large print and pictorial information to support people to make a complaint if they needed to.
- Staff routinely offered visual prompts, for example pictures of meal choices to support people to make decisions when needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff observed people's facial expressions and body language to gauge their preferences.
- Staff are encouraged to use basic Makaton communicating with people to establish another way of communicating when language is lost, such as recognising the hand gesture for a cup of tea. This was also used for people whose first language was not English and they have reverted back to their native language. People were supported to communicate in other ways, so their needs could be met.
- One person spoke in a different language. The registered manager had used resources such as technology and family involvement to ensure this person's needs were met.

Improving care quality in response to complaints or concerns

- People had no complaints, they were happy with the service and could not find anything to complain about. One person said, "I have never had any complaints, I know how to but there is nothing I am not

happy with."

- Relatives were confident they could complain if they needed to but had no complaints to make. One relative told us when they had made suggestions the registered manager had been very responsive, and changes had been made straight away. They said this had really reassured them and they could see their family member was happy at the home.
- People and relatives said they could complain if they needed to. The registered manager had a complaints process in place which included reviewing any concerns with the provider to ensure continuous improvement.

#### End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. The registered manager explained they were well supported by other agencies to ensure, where possible, people remained at the home when at the end of their life. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said the management team knew them well and treated them as individuals. We heard and saw many examples of person-centred care from staff and the management team. The registered manager led by example to be inclusive and person centred when moving around the home.
- The registered manager completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives explained they had confidence in the management team and staff. All the staff we spoke with were passionate about providing quality care for people living at the home.
- All the staff we spoke with said there was an open and positive culture, led by the registered manager and supported by the management team. Staff said they felt appreciated and listened to by the management team and when they had ideas for improvements they were listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were confident they would be notified if there were any concerns about their family member. Relatives confirmed they were consistently told when there had been a fall, or their family member was unwell.
- The provider had systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw the registered manager had completed this when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team completed regular checks to ensure people received quality care. For example, ensuring staff were competent in their roles.
- The management team and staff were clear about their responsibilities and the leadership structure. The provider regularly visited the home and was accessible to staff. Staff were confident that the management team would listen and support them when they needed it.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were clearly identified and escalated where necessary.

- The registered manager had an action plan to take forward improvements to the service which was reviewed regularly with the provider.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. We saw when feedback had been gathered it had been analysed and added to the improvement plan to ensure continuous improvement was completed.
- Meetings for people using the service and for relatives were held regularly and feedback was discussed to improve people's experience.
- Staff were encouraged to share best practice and contribute to improvement ideas.

Continuous learning and improving care

- The registered manager had an action plan to ensure improvements were completed and sustained. All the staff we spoke with were positive about the registered manager. They were proud of the quality of the care provided. They all said the registered manager always involved them with improvement ideas.
- The provider spent time at the home and drove through improvements. For example, following up on environmental improvements such as refurbishments.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others

- We heard positive feedback from the health professionals that management and staff worked effectively with them to improve people's health and well-being.
- The registered manager linked regularly with the community to improve people's well-being. For example, the many community projects people were involved with.