Hallmark Healthcare (Holmewood) Limited

Holmewood Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 December 2016 and was unannounced. At our last inspection in September 2015, the service had two breaches of the Health and Social Care Act 2008. This was in relation to infection prevention and control, and people receiving appropriate care to meet their needs and preferences. At this inspection, we found improvements had been made.

There is a requirement for Holmewood Manor Care Home to have a registered manager and a registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is registered to provide residential care for up to 40 older people, some who are living with dementia. At the time of our inspection 36 people were using the service.

People told us they felt safe and able to raise any worries or concerns. Staff had been trained and had an understanding of safeguarding and how to keep people safe from potential abuse. Processes were followed to control and prevent any risks associated with infections. Staff were recruited in line with the provider's policy and procedures, and checks were completed to ensure staff employed were suitable to work at the service.

Staffing levels were based on meeting people's needs and enough care hours were provided to do so. However, there had not always been two senior care assistants planned on to the rota to enable the senior care assistant role and responsibilities to be completed.

Medicines were stored securely and were well managed. Medicines were administered and records kept in line with the provider's policy. The provider had identified where improvements were required, for example, in respect of covert medicines management. Other risks to people's health, for example from risks of weight loss and falls, were identified and actions taken to reduce those risks.

Staff understood how to provide care to people in line with the Mental Capacity Act 2005 (MCA). The registered manager had identified, and was taking steps to improve, the records made of people's decision making. Applications for Deprivation of Liberty Safeguards (DoLS) had been made when required by the registered manager.

Most people were happy with the meals they received, although some people commented they would like more variety. We saw people's special dietary requirements were catered for and people had access to snacks and drinks throughout the day.

Other healthcare professionals were involved in supporting people's health care needs when needed. For

example, people had access to district nurses and opticians when needed.

Staff were supported by their line managers and found meetings with their managers useful. Staff were trained in areas relevant to people's needs and told us they received the support and training they needed to enable them to feel confident in their role. Staff spoke highly of the 'experience based' dementia training that helped them understand people living with dementia.

Staff provided care that respected people's privacy and dignity. Staff had built warm and caring relationships with people and their families. Care plans were developed to include people and their relatives' views. Care plans were regularly reviewed and people and families felt involved in the process.

Staff helped to create a happy and inclusive atmosphere in the main communal areas. People who told us they preferred their own company told us this choice was respected. Events and activities were open to family members, and arrangements were made to support families to celebrate special times with their relatives.

Staff supported people with personalised and responsive care. People were supported to enjoy activities that were of interest to them. For people living with dementia, the service had developed the environment to help stimulate interest and discussion for people.

People were able to have their views listened to, either through meetings with staff, through making a suggestion or more formally by making a complaint. Where complaints had been made we saw the provider had a policy in place to ensure these were investigated.

The service was managed by a registered manager who was open and approachable. The provider had sent in notifications when required. Notifications are changes, events or incidents that providers must tell us about. The service was developed with consideration for the views of people and their families, and in response to feedback. Other developments in the service, for example dementia care, had been taken in line with good practice. Systems and processes were operated to identify any shortfalls and steps were taken to secure improvements; this helped to ensure the quality and safety of services. Other systems and processes to ensure good practice were in place, for example infection prevention and control audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Sufficient staff were available to meet people's needs. Risks to people, including those from medicines, were identified and care plans included how to reduce risks to people. Staff recruitment included checks on the suitability of staff to work at the service. Staff understood how safeguarding procedures helped to protect people.

Is the service effective?

Good

The service was effective.

Staff understood how to provide care in line with the principles of the MCA, and improvements were being made to how decisions were recorded. People had sufficient to eat and drink. People received support from external health professionals when required. Staff were trained in areas relevant to people's needs, including dementia.

Is the service caring?

Good

The service was caring.

People and their families were involved in planning their own care. Staff had built warm and caring relationships with people and their families. People benefited from the time staff spent with them. People's privacy was respected and care promoted people's dignity.

Is the service responsive?

Good

The service was responsive.

Staff supported people to enjoy activities and interests. People living with dementia could find items of interest and reminiscence around the home. People and their families were involved in reviewing their care and felt able to contribute their views. Systems were in place to manage complaints.

Is the service well-led?

Good

The service was well led.

Systems and processes designed to ensure quality and safety of services were effective. The registered manager understood their responsibilities and had used feedback and audits to identify improvements. The service was managed with an open and approachable leadership style. The service was developed in line with good practice for dementia care.

Holmewood Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 6 December 2016. The inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 12 people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with eight visiting relatives. We spoke with eight members of staff, including kitchen and domestic staff as well and the registered manager. We also spoke with the provider's strategic development manager who had responsibility for dementia training and the regional manager with responsibility for overseeing the service. We looked at three people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Good

Is the service safe?

Our findings

At our previous inspection we asked the provider to take action to ensure people were protected from the risks associated with the spread of infection, as infection prevention and control processes were not being followed. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

One person told us, "My room is cleaned every day; it is spotless." We found communal bathrooms and toilets to be clean and observed staff wore gloves and aprons when required. We discussed some carpeted areas of the home with the registered manager. This was because although they were cleaned regularly an odour was still present. The registered manager told us they had submitted a request to the provider for these areas to be replaced by laminate flooring to reduce the odour.

People told us they felt safe in the home. One person told us, "I feel very safe here; I don't lock the doors and some of the staff come in and have a chat." Another person told us, "This is a place of refuge." Where people had been worried about anything they told us staff were available to reassure them. For example, one person told us they had felt unsettled by a person in the corridor at night. They told us they had used their call bell and staff had come to reassure them.

Families we spoke with also shared the view people were cared for safely. One family member told us, "I think my [relative] is 100% safe," another family member told us, "My [relative] is safe here; they have a locked door policy."

People told us staff were busy, especially if staff were not at work because they were poorly. Families told us staff were available to ensure their relatives were cared for safely. One family member told us, "There is always someone about to keep an eye on [my relative]." Other comments included, "Staff spend time with [my relative]," and, "[Staff] are always there for them." Staff told us there were enough staff available to meet people's needs. They told us occasionally, due to unforeseen circumstances they had been less staff available than planned, however they told us this had not happened very often.

The provider planned staffing levels based on people's needs. We looked at the staffing rota for the two weeks prior to our inspection and found the numbers of care hours provided matched the number of staff required by the provider, to meet people's needs. The registered manager told us this was achieved by deploying two senior care assistants and four care assistants each day. However the staff rotas showed, on some occasions, only one senior care assistant had been available in a morning or afternoon. Senior care assistants had a specific role in the home, including medicines administration. Sufficient numbers of staff were deployed to meet people's needs. However there was the potential for some senior care responsibilities to not always be completed in a timely manner when only one senior carer was available.

Records showed any risks to people's health were identified and assessed. For example, people had risk assessments in place if they had been identified at risk from falls or at risk of weight loss. Actions were taken to monitor, and where required, actions were taken to reduce any risks from these. We saw this included

regular monitoring of people's weight and identifying when two members of staff were required to help people mobilise safely. We saw staff assisted people to move at their own pace and any equipment used to help them mobilise was used safely.

Staff we spoke with told us their training on safeguarding helped them to understand how people may be at risk from abuse and how to report any concerns. We saw records that confirmed staff had been trained in safeguarding adults. Records showed staff recruitment included checks to help the provider employ people suitable to work at the service. For example, the provider obtained written references and checked any information held by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had taken steps to protect people from the risks associated with abuse.

People told us they received support with their medicines from the senior care staff. Staff checked to see if the person was available to take their medicines before preparing them and they signed the medicines administration record (MAR) chart after medicines had been taken. Staff stayed with people while they took their medicines.

The provider had identified improvements were needed for one person who received their medicines covertly. They were in the process of taking steps to ensure covert medicines were managed and administered in line with their policy.

Records showed medicines subject to additional controls were managed in line with good practice recommendations, including two staff signatures whenever this medicine was administered. Checks on a sample of medicines held in stock were found to match the records held for them. Other records showed the temperature for the safe storage of medicines was also met. Medicines were stored and administered safely.

Good

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.

We reviewed the care plans for people who lacked the mental capacity to make specific decisions relating to their care and treatment. The registered manager had recently audited people's care files and had identified improvements were required in this area. We saw improvements were being implemented to ensure people's consent to their care and treatment was being sought in line with the MCA. Staff we spoke with understood how the MCA applied to people. They provided examples of where they had worked with other professionals to support the best interest decision making process for people.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people and when required, made an application for a DoLS. At the time of our inspection, no DoLS had been authorised.

Staff checked people consented to their care and treatment before they provided it. For example, we saw staff ask a person whether they could move their mobility aid while they served dinner. Staff also asked people where they wanted to sit.

People chose to eat their lunch in either the dining areas or in their own rooms. Many people we spoke with told us they were satisfied with the food. A couple of people commented they would like more variety, for example, on person told us, "The menu is repetitive." During the inspection we saw people enjoyed a sociable mealtime. Staff knew people's food preferences and whether people required any special diets. For example, one staff member told us, "I help [name of person] with their tea and coffee; they love talking about food and love their porridge with jam and sugar most mornings." Staff were available to assist people who required some support and we observed staff encouraged people with their meals and drinks. Drinks and snacks, including fresh fruit and biscuits, were available to people throughout the day. People were supported to receive sufficient food and drink at the service.

People told us they saw a doctor and other health professionals, for example, district nurses, when needed. One person told us, "I am waiting for an optician to come and see me." They were not certain if this had been arranged. We spoke with the registered manager who confirmed shortly after our inspection arrangements had been made for this person to see an optician. Records showed people saw opticians and other health care professionals when needed. One staff member we spoke with told us how a doctor had been involved in assessing a person when their needs had changed. People received support to access healthcare services as required.

Staff told us they received helpful support and supervision from their managers. One staff member told us, "[Name of manager] always supports me." Another member of staff with responsibility for supervising staff told us, "I will praise staff straight away." Records confirmed staff had supervision and appraisal meetings with their managers. Staff also told us training was useful and staff spoke highly of the dementia awareness training. They said, "It opens your eyes to how you can approach people better; we had goggles on as dementia affects your sight; earphones and gloves on, and then tried to do a task." Another member of staff told us their training in supporting people at the end of their life helped them be able to comfort families more. Records showed staff received training in areas relevant to people's needs. For example, dementia care, nutrition and pressure area care. Staff were supported to have the skills, knowledge and experience required to provide effective care to people.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "I like the staff; they are very caring and sit and talk to me." A family member we spoke with told us, "[Staff] care for my [relative] well; they are happy in here and we are happy that they are cared for." Staff spoke with affection for the people they cared for. One staff member old us, "I always say 'good evening' to everyone before I leave."

We observed gentle expressions of affection between people and staff when they spent time together. For example, one person gently touched the cheek of a staff member during their conversation. Another person was worried about their relative who was poorly. Staff spoke with this person and reassured them. Throughout the day we observed staff spoke with people with care and affection.

People and their families told us they felt involved in their care plans. We saw care plans contained contributions from people and their families. For example, information about people's life history and details of what was important to them. Records also showed where people and families had requested changes to any arrangements, these had been discussed, risk assessed and implemented. This meant people were involved in planning and reviewing their care, and people were listened to.

People were supported in making day to day choices by staff. For example, staff encouraged people to sit where they wanted so people were free to sit with their friends and share conversation. One person told us they preferred their own company and we saw this choice was respected. People's choices were respected by staff.

Throughout the day we saw people enjoyed the time they spent with staff. Staff paid particular attention to ensure all people felt included. For example, when staff were talking with people in a lounge area they asked other people whether they wanted to come and join in. We saw people benefited from this level of social interaction, for example they smiled more, engaged in conversation more and became more alert.

People had been asked what dignity meant to them. Staff had created a display in the hallway that captured people's views on dignity. In addition, another display captured people's views on how they were supported with their independence. One person told us, "Staff are polite and respectable." During our inspection we saw people were given the choice of having medicines, such as eye drops administered in the privacy of their own bedrooms. Staff told us they would talk discretely and would be mindful that any private matters were not overheard. They also told us they made sure curtains were closed when people were assisted with personal care to help them feel comfortable and secure. One staff member told us, "I speak to people in a proper manner; it's their home, I speak to them as individuals; as a person." People had their privacy and dignity respected.

We saw families and friends visited people throughout the day and families we spoke with told us they were made to feel welcome. Family members had visited one person to help them celebrate a special occasion. The registered manager had set up the dining area for them to use and celebrate together. People were supported to maintain relationships with people that were important to them.

Good

Is the service responsive?

Our findings

At our previous inspection we asked the provider to take action to ensure people's care and treatment was appropriate and met their needs and preferences, as people had not always had their preferences and needs met. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

People received responsive and personalised support from staff. One family member told us, "My [relative] does not like leaving their room but staff clean her room while they are having their hair done." Staff were seen to respond quickly when people requested some assistance. For example, one person realised they had not got their handbag with them. A member of staff found it and helped the person find their favourite perfume to wear. We saw this reassured and calmed the person.

People told us they enjoyed a variety of interests, hobbies and trips out. We saw photographs on a display celebrating recent trips out to places of interest. Some staff were employed as 'activity coordinators'; one of them told us, "We take into account people's history and interests when planning our activities, as well as national celebrations; we also take people shopping." Records showed people had contributed details of their interests and life history as part of their care planning process. Staff told us they adapted activities for people with different needs and different levels of engagement.

During our inspection people spent time sitting together. Staff created a fun and jovial atmosphere and we saw people laughed and had fun together singing songs. Some people preferred to spend time in their own rooms. Families were pleased with the support staff provided, however one thought their relative would enjoy more one to one activities. Other families we spoke to told us one to one activities were provided. They told us, "My [relative] really enjoyed their time playing dominoes with one of the staff members."

The environment had been developed to support people living with dementia. Different areas of the building had different and distinct themes, for example, the seaside and different eras of music. Having distinct and identifiable areas within a building helps people living with dementia to orientate themselves and promotes their independence. Reminiscence items were available to stimulate memories and conversations with people, for example, we saw a manual typewriter, a sewing machine and a record player. Staff told us, these and other items were available to promote people's involvement and interest. For example, hats, bags and seashells that could be re-arranged and sorted by people.

Tables were set for dinner and pictures and displays around the dining room reminded people of mealtimes. Having visual prompts to remind people they were in a dining environment can help people living with dementia to eat and drink well. The daily menu was available for people in picture format and people were asked for their choice at the time the dinner was served.

People and their families were supported to contribute to their care plans. One family member we spoke with told us how their relative's needs had changed on a couple of different occasions. They told us staff had contacted them and they had been able to discuss the changes needed to their relative's care plan. They

told us the changes made, supported the choices made by their relative. Records we saw showed where people and their families views had been discussed and care plans changed as a result.

People told us they had not made any formal complaints while using the service, and told us they felt able to do so if needed. One person told us, "If I have any issues I go to the manager, knock on her door and tell her; she gets it seen to quickly." The provider had a policy in place to ensure any complaints received were processed in line with set timescales. Records showed the registered manager had responded to any complaints received and checked that people were happy with how the matter had been resolved. People had raised a variety of issues, including laundry services and communication; we saw these had all been resolved and improvements identified. A suggestions box was available in the service and details of how to complain were displayed. Compliments were also shared with staff. We saw thank you cards included on a display for people, staff and visitors. One staff member told us, "We try to ensure people's quality of life and families have praised staff; the appreciation is lovely." People and families were able to raise any concerns as well as express where staff and the service had provided a good service.

People and their relatives told us meetings were held with people and their families regarding the service. In addition, families mentioned the monthly newsletter kept them updated. Records showed meetings were held with people and their families. At these meetings people were able to raise any issues or concerns as well as receive updates on any developments. People were invited to share their experiences and views on the service.

Good

Is the service well-led?

Our findings

Holmewood Manor Care Home is required to have a registered manager and a registered manager was in post. The manager was aware of the provider's responsibilities to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about.

People told us they knew the registered manager and deputy, and would be able to speak with them regarding any matter. One person told us, "They are very approachable." Throughout the day we saw the registered manager spending time with people and families as they visited. Staff were also able to approach the registered manager. Links were encouraged with the local community and we saw people had trips out and about as well as visits from a local school choir. The service was led by a registered manager with an open and inclusive management style.

The registered manager was supported by a motivated and supportive staff team. Staff told us they could talk with either the registered manager or deputy manager. One staff member told us, "I love my job," and went on to say, "We are like a big family here." Staff also thought the registered manager sorted out any issues raised quickly. One staff member told us, "The registered manager is on to most things straight away." We saw regular staff meetings provided staff with opportunities to share views as well as receive reminders to complete training and any updates. These meetings helped to support teamwork and reinforce good practice and quality care.

The provider was developing the service in line with good practice guidelines for dementia care. This had included the provision of staff training as well as changes to the environment. The staff training provided opportunities for staff to understand and feel some of the effects of living with dementia. 'Experience based' training provides staff with opportunities to provide more understanding and empathetic care. We spoke with one of the senior managers with responsibility for developing the provider's dementia strategy. They told us they were aiming to develop the dementia care strategy further and to review dementia care plans and communication strategies and identify any improvements that could be made.

Systems and processes to check on the quality and safety of services were in place and were effective at identifying shortfalls and where improvements were required. For example, audits had identified improvements were needed to the arrangements for covert medicines and the MCA. In addition we saw where a trend of weight loss had been identified. This led to facilities being made available for people to make their own drinks and take snacks throughout the day. We saw this had been evaluated and had included people's views, which were positive.

Records showed checks on such areas as infection prevention and control and care plans were completed. Good practice was followed and records were audited. Where action had been identified as needed, there was a process to record this and to check that it had been completed. In addition, action plans were in place to ensure improvements were made, where these had been identified as required. Records showed actions had either been completed or were in progress.

People's views and experiences had been gathered and used to inform the service. We saw questionnaires had been used regularly to obtain people's views on the quality of the services provided. These had been analysed and had identified what was done well and what areas would be developed next.