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Holmer Care Home with Nursing

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

The inspection took place on 13 October 2016 and was unannounced.

The home provides accommodation for a maximum of 35 people requiring personal care. There were 31 people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People felt safe living at the home and felt comfortable and at ease around staff. Staff understood what was required to keep people safe and had received training on the subject. The registered manager understood their obligation to record information of concern and ensured the local authority and CQC were made aware of these.
People's risks to their health were monitored by staff who were aware of how best to support people which maintained their safety. People had access to help and support from staff when they needed it.

Staff working at the home had undergone the providers recruitment processes aimed at ensuring it was safe for them to work at the home. Background checks were completed so that the registered provider was assured of their suitability.

People received support to have the medicines. People's medicines were regularly checked by the registered manager to ensure staff supported people appropriately.

People felt assured that staff were gave them the care and support they needed. Staff undertook regular training that was reviewed and supervisions with staff took place regularly.

The registered manager understood their legal obligation with respect to ensuring people's ability to make decisions was recorded appropriately and any necessary action taken to protect them. Staff understood which decisions people were not able to make for themselves and how to appropriately support them in their best interests.

People made choices about the drinks and enjoyed the variety of meals that were prepared for them. People accessed additional medical help when this was appropriate and staff followed instructions left with them by the GP.

People liked the staff supporting them and felt staff included them in decisions about their care. People's friends and families were encouraged to visit and to participate in discussions about how care could be improved at the home.

People had an opportunity to participate in activities that they enjoyed and staff supporting them understood which activities people liked.

People knew and liked the registered manager. They understood they could approach her and chat with her about things that were important to them. Staff were positive about working at the home and felt supported in their role. The registered manager monitored the care provided and how staff provided that care and support . The Service Quality Manager met with the registered manager regularly to support her and assure the registered provider of the quality of care being delivered at the home.

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.

People were at ease around care staff and staff understood what was needed to keep people safe. Staff understood the risks to people's health and how these could be managed. People were supported to take their medications.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were supported with supervision and training. People were included in decisions about their care. People were offered meal choices and were supported to receive additional help from other professionals when required.

Is the service caring?

Good

The service was caring.

People were cared for by staff who understood their needs. People knew the staff well and staff understood how to treat them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to participate in activities to occupy their time. People's care was adjusted to meet people's individual care requirements or changing needs. People understood how to complain if they needed to.

Is the service well-led?

Good

The service was well led.

People knew the registered manager and could speak with them when they needed to. People's care and the quality of their care was regularly reviewed and updated. Important information was shared with staff and the management team worked together to

meet people's expectations.

Holmer Care Home with Nursing

Detailed findings

Background to this inspection

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

This inspection took place on 13 October 2016 and was unannounced. The inspection was carried out by one Inspector and one specialist advisor who was a registered nurse.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with five people living at the service. We also spoke with five relatives, two nursing staff, three care staff, one activity co-ordinator, one GP, the registered manager and service quality manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed. We also reviewed three applications submitted to deprive someone of their Liberty.

We reviewed three care records, two complaints within the complaints file, three staff files, recruitments processes as well as monthly checks the registered manager completed.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. One person told us they felt, "Very, very safe." Another person we spoke with told us, "They come in at night and ask you, are you alright?" Asked if their family member was safe, one relative told us, "You see things on TV but none of that happens here."

Staff we spoke with told us they had undertaken training so that they were able to identify potential signs of abuse. Staff we spoke with felt able to share any concerns they may have about people's care or well-being with the management team. We reviewed how the registered manager noted and recorded their concerns and saw that information had been shared with the local authority and Care Quality Commissions where appropriate. The registered manager understood her role in ensuring information was correctly documented and shared when required.

Staff we spoke with understood how each person required support to maintain and reduce the risks people lived with. For example, one person was prone to their skin breaking down. Staff we spoke with could describe what they should do to protect the integrity of the person's skin. We reviewed three care plans to see how risks to people's health were documented for staff to refer to. We saw that information was available for staff to refer to. Staff we spoke told us that if they were unsure about people's care they would refer to either the care plan or speak with one of the nurses.

People told us they were enough staff to support them. One person told us about seeking help from staff and they told us, "They come straight away." We saw that when people needed help, people could summon staff so they got the help they needed. The registered manager told us that staffing levels were adjusted in response to occupancy levels and people's needs. They told us they had very little reliance on agency staff and that any staff cover was arranged in house. Staff we spoke with told us about how the work was busy and that they did feel pressure if other staff called in sick. Whilst we did see that people received support when needed, two staff told us they were not always able spend as long with people as they would have liked.

We reviewed how care staff were recruited to work at the home. The home had a stable workforce with some staff having worked at the home for a number of years. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. Two staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions.

We observed a medication round to review how people were supported to have their medicines. People told us they were supported by nursing staff to take their medications and were happy with the support they received. We saw how medicines were stored and disposed of safely. Nursing staff we spoke with understood people's medications and understood if there were any allergies to be aware of. Staff also followed the registered providers process for ensuring people's stock of medicines was maintained correctly.

Good

Is the service effective?

Our findings

People and relatives spoke positively about care and nursing staff and their ability to support them. One relative told us, "The staff are amazing, I can't fault them." We saw staff support people with confidence and respond to people quickly.

Care staff we spoke with told us they accessed training and had regular supervision. Staff told us they were supported to access additional training to support their own personal development if they required it. Staff we spoke with all stated that they had both supervision meetings as well as annual appraisal meetings. One staff member said the supervision meetings were helpful because they could ask the registered manager questions, they may not want to discuss in front of other staff. For example if they required support with their work. Staff we spoke with told us they benefitted from the appraisal and supervision meetings because it allowed them to have feedback on areas they were performing well or could improve upon.

We saw how care staff applied their understanding of training they had received. Staff we spoke with told us they received training on how to use specialist equipment. We saw a number of examples throughout the day where people were supported to transfer from one chair to another, using specialist equipment. Staff did this confidently and reassured people throughout the process.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the MCA.

Staff understood what it meant for a person when they were the subject of a DoLs. Staff told us they had received training and received updates from the registered manager. Staff understood which people were subject to DoLs and the restrictions in place. Staff told us if they were ever unsure of any aspects of people's care, they would seek clarification from the registered manger. Staff we spoke with understood why it was important that people understood how their care was being delivered and that they could make choices about things they were able to do so.

People spoke positively about the food served at the home and told us the food was enjoyable. One person told us, "The food is very good." A relative we spoke with told us their family member always enjoyed the food. People were supported to choose from a selection of drinks and snacks throughout the day. We saw people being offered choices and where people changed their mind, or requested something different people received this. We also saw that were people required a special diet such as a softened meal or a drink

with thickener, staff supported people to have these. We saw care staff assist people in a patient manner to complete their meal, where people required support.

People told us they saw the GP regularly. One relative told us their family member had been poorly and that the nurse had sought assistance from the GP. The GP was also positive in their feedback of the home and described a good relationship with nursing and care staff. The GP told us instructions left with staff were followed and that they felt assured that they would seek additional support from the GP when they recognised this was appropriate. People also told us that they saw the optician and chiropodist. We saw from the three care plans we reviewed that people also had the involvement of Social Workers and Best Interest Assessors when this was appropriate.

Good

Is the service caring?

Our findings

People we spoke with who lived at the home spoke positively about staff supporting them. One person told us about staff, "The girls are very good to me. I'm very lucky." Another person told us, "The staff here are all very good. I can't fault them." One relative told us about the care their family member received, "They [staff] are so good with her."

People were supported by care staff that knew their name and understood how they preferred to be addressed. People were supported by staff that knew their individual preferred ways to communicate, for example the use of written messages and visual prompts.

We saw people approach staff for help with things they may not have been able to manage themselves. We saw one person ask for staff to get them for a drink and they received this immediately. Another person asked for their glasses and staff immediately obtained their glasses for them.

People, along with their families told us they felt involved in planning their care. We saw that one person preferred to use written communication to speak with staff. We saw staff use this and refer to this throughout the day. Staff we spoke with all understood that was how the person preferred to communicate. Relatives we saw throughout the inspection told us they felt involved in care planning as this was important to them, especially in some cases where people lived with dementia and were not always able to communicate themselves. Relatives told us they were able to share their family member's preferences with staff , for example, their preferences for personal care routines.

People we spoke with talked positively about the staff supporting them and how they felt staff respected them. One person told us "I'm spoilt here" and we saw throughout the inspection, staff supporting people to maintain their dignity. We saw one example of a person who had limited ability to walk but who was trying to remain independent. We saw staff support them to walk as far as they could and waiting patiently for them when they needed a rest. We also saw an example of when a person required personal care that staff acted quickly so the person maintained their dignity.

Staff we spoke with could explain to us what it meant to support someone to maintain their dignity or to treat them with respect. Staff gave practical examples that they used on a day to day basis to support people. For example, one care staff member told us it was about understanding the support each person needed and ensuring they were able to maintain their independence. Staff we spoke with told us they had received training on supporting people with dignity and that this was something that was monitored by management in the home.

We saw throughout the inspection a number of people's friends and relatives drop by to visit them. People told us their visitors visited whenever they chose to and were able to sit with them in whichever part of the home they chose to. Two relatives told us they preferred to spend time with their family in the person's bedroom and that staff understood this and respected their privacy. They told us staff did not disturb them and that they visited at different days and times of the week but their experience of visiting the home was

always positive.

Good

Is the service responsive?

Our findings

People living at the home were supported to participate in activities and had an opportunity to take part in an activity they enjoyed or that they found interesting. We noted that a number of people at the home benefitted from individual support. We saw the activity co-ordinator support people to complete jigsaws and complete craft activities. Relatives we spoke with told us their family members were able to access a number of different activities that included a religious services and as well as take part in flower arranging. Three care plans we reviewed contained information about the person's background and interests.

Relatives we spoke with told us they shared with staff all the information they needed staff to know before their family members moved to the home. They told us they shared information about the food they liked, their background as well as information they thought was important such as information about their family. One relative told us their family member had recently been in hospital and that staff at the home had been very supportive in arranging their care to meet the person's changing needs when they left hospital.

The registered manager told us they worked closely with the care and nursing staff to ensure people received the care they needed. She told us about one person who required intensive support because their condition had deteriorated. They told us about how they worked with the nursing team and district nurses to ensure the person received the support they needed to remain at the home. We reviewed the person's care plan and saw that a number of different changes had been made to the person's care so that the person received the individual care they needed.

Families of people living at the home attended a monthly meeting and met to discuss things that were important to them. One relative told us they were able to ask questions about their family member's wider care needs. Another relative told us they enjoyed the meetings and they discussed how they could support activities taking place at the home such as fundraising events. All relatives we spoke with knew and were aware of the meetings and that they could attend if they wanted.

People and their families that we spoke with understood the complaints process and how they could complain. We saw that the registered provider had a complaints process and that complaints were acknowledged and responded to. We saw also that where learning had been gathered from a complaint, information had been shared with staff so that staff understood any concerns people and their families may have. One complaint we saw related to staffing levels and the registered manager told us that rotas had been adjusted to improve staffing.

People we spoke with on the day told us told us, "I've got no complaints". Another person told us, "They do ask you if you're happy with everything." People we spoke with felt comfortable approaching staff and discussing anything that concerned them.

Good

Is the service well-led?

Our findings

People knew the registered manager well and felt comfortable around her and speaking with her. We saw the registered manager chat to people living at the home throughout the day. The registered manager demonstrated a detailed knowledge of each person and about things that were important to them, for example, they spoke with one person about their family and a personal celebration.

Staff we spoke with talked positively about the registered manager and working at the home. Staff described the registered manager as approachable and as someone who they could speak to about issues that were of importance to them. One care staff member told us, "It's a good place to work otherwise I wouldn't be here."

Staff we spoke with told us they participated in regular team meetings. Staff told us they were able to suggest agenda items about things they would like to discuss. For example, the Activities Co-ordinator told us they used the meetings to share with other staff things they had planned for people living at the home. Care staff we spoke with told us as well as management they found nursing staff approachable and were able to clarify aspects of people's care. For example, one care staff member told us if a person had been in hospital and their needs had changed, it was important to understand what other support the person needed and they could speak to nurses about this.

Although the risks to people's health were accurately recorded, the recording of information could be improved when it involved people's skin integrity so that it was easier to track progress or decline. When we alerted the registered manager of this, they agreed noted and it for future reference.

The registered manager involved the local community and relatives of people living at the home in a number of ways. They told us about events they organised in order to build a community. For example, an annual fayre. Residents also spoke positively about the monthly relatives meeting and told us they found this helpful. Relatives spoke of the support they received as well how they used the meetings to talk to staff about aspects of people's care they needed clarification on.

The registered manager completed regular checks of the service to ensure peoples care was continually monitored and updated accordingly. We reviewed how the monthly checks were completed and reviewed three care plans to understand what action was taken by the registered manager when it was necessary to do so. We saw that peoples care records, equipment and medicines were all reviewed regularly. We also saw that the registered manager undertook regular supervision with staff so that staff performance could be monitored and that the registered manager understood any issues that staff wanted her to be aware of.

We met with the Service Quality Manager during the inspection who described how they assured themselves of the care being delivered at the home. The Service Quality Manager described regular meetings with the registered manager together with checks they undertook by visiting the home frequently. The Service Quality Manager was then able to track progress by reviewing the progress of actions that were identified at each visit. The Quality Manager undertook a mixture of regular checks that included care plans,

observations of staff as well as speaking to people living at the home.

The registered manager told she felt supported by staff at the home as well as the registered provider. They spoke of joint meetings with managers from the registered providers other homes and about how they found these useful. The managers were able to share and learn from Best Practice as well as receive updates on important information from the registered provider.