

Wessex Care Limited

Holmwood 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 

Overall summary

Holmwood is a care home which provides accommodation and personal care for up to 21 older people. At the time of our inspection 19 people were living at Holmwood. The home was last inspected in September 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 6 February 2015 and was unannounced. We returned on 9 February 2015 to complete the inspection.

There was a registered manager in post at 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 who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "Staff are excellent and treat me very well. I am able to take part in some activities and to spend time alone if necessary"; and "We are able to do what we want – there are no restrictions"

Summary of findings

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular group and individual meetings to provide feedback about their care and there were robust complaints procedures. One person told us; "The manager is very good, she sorts out any problems we have".

The provider regularly assessed and monitored the quality of care provided at Holmwood. The service encouraged feedback from people and their relatives, which they used to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and staff supported them to manage the risks they faced.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with community nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people were not able to consent.

Good



Is the service caring?

The service was caring. People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Good



Is the service responsive?

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care plan.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well led. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good



Holmwood 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 checked 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 6 February 2015 and was unannounced. We returned on 9 February 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all

other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with six people who use the service, four care staff, the chef, three members of the management team and two directors of Wessex Care. The registered manager was away from the service on a period of leave during the inspection. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for three people. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Holmwood. Comments included “Staff are very good, they treat me well” and “Staff treat us very well”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw the home had worked openly with the safeguarding team where any concerns had been raised.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to minimise the risk of falls, maintain suitable nutrition and to have more control over the administration of their medicines. One assessment we saw contained detailed information about how staff should not provide support for certain tasks so that the person could do these themselves and maintain their skills. People had been involved throughout the process to assess and plan management of risks. Their views were recorded on the risk assessments. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, “Staff come quickly when they are called”. We observed that call bells were answered promptly during the visit. Response times to call bells were monitored electronically and used as part of the quality management of the service. Staff told us they were able to provide the support people needed, with comments including, “The team works well together. We are able to provide the care that people need” and “Staffing levels are sufficient to meet people’s needs”. The two health and social care professionals we spoke with said they found there were sufficient staff available during their visits to the home.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and returned to the pharmacist. Staff responsible for administering medicines confirmed they were regularly assessed to ensure they were following the correct procedures and administering medicines to people safely.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, “Staff are excellent and treat me very well. I am able to take part in some activities and to spend time alone if necessary” and “We are able to do what we want – there are no restrictions”.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, “We get good support from the manager and we can also contact the on-call person if needed” and “I have regular supervision meetings and I’m able to discuss issues outside of these meetings”. Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs. The provider had created a new staff post, whose remit included managing training throughout the organisation. They were in the process of completing a training needs analysis for all staff and providing refresher training for staff where needed. Training courses were provided in a variety of formats, including television broadcasts, classroom sessions, practical instruction and support to complete formal external qualifications. Staff told us the training they attended was useful and was relevant to their role in the home. The service worked with a specialist dementia care consultant to ensure all staff had a good understanding of issues affecting people living with dementia. Staff we spoke with demonstrated a good understanding of people’s needs and how to meet them.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA

provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there was one application for an authorisation to restrict a person’s liberty under DoLS which had been made by the home. The application had not been assessed by the local council at that point. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “The food is very good. There is a choice of meals and they will do an alternative if you don’t like what’s on offer” and “The food is excellent. We are able to have something different if we don’t like what’s on the menu”. We saw people were able to choose to take their meals in their room or the dining room. On the day of our visit, lunch was a relaxed, social occasion, with people chatting and laughing during the meal.

People told us they were able to see health professionals where necessary, such as their GP or community nurse. People’s support plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. The community nurse we spoke with following the inspection reported staff contacted them promptly when people’s health changed.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “Staff treat me very well. They are all extremely kind and can’t do enough for me”; “Staff are excellent and treat me very well. I am able to take part in some activities and spend time alone if necessary” and “Staff are very nice, they treat us very well”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to one person when they were upset and saw staff providing discreet support for people to go to the toilet.

In addition to responding to people’s requests for support, staff spent time chatting with people and interacting socially. We saw one person sat with a member of staff, holding their hand and talking animatedly about the member of staff’s plans for the weekend. The person had clearly developed a positive relationship with the member of staff, laughing and appearing relaxed. We saw other people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People’s preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

During the visit we attended the home’s coffee morning. This was held each week and used as an informal way to consult with people about the way the home was running, and specifically about activities that were being planned. We saw people’s feedback being used to decide whether to re-book entertainers and to plan trips and activities. There was also a discussion about the recent refurbishment of the home and plans for decorations and fittings. It was clear from the discussion that people had been involved throughout the process and their feedback and suggestions had been acted upon.

The management team was in the process of establishing a discussion group for people to talk about feelings of loss they may be experiencing. This was being established with input from a dementia care specialist, who was going to facilitate the meetings. Details of this programme were discussed at the coffee morning and received a positive response from people.

Staff received training to ensure they understood the values of the organisation and how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy, for example not discussing personal details in front of other people.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person commented, "Visitors are welcome every day – it keeps me in touch so I know what's going on". There was an activity timetable displayed in the dining room, which included trips out, arts and crafts activities, visiting entertainers and religious services. The programme was designed with input from people who use the service. Feedback about the suitability of activities was acted upon.

Each person had a care plan which was personal to them. The plans included information on maintaining people's health, their daily routines and goals to maintain their skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback..

We received feedback from a social worker who had supported a person who uses the service. They said that the staff team involve people in the development of their care plan wherever possible and keep the plans under review so they can respond to people's changing needs.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. People told us, "I have never had anything to complain about. I would speak to the manager if needed, but haven't had any cause to" and "The manager is very good, she sorts out any problems we have". The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. Complaints received had been thoroughly investigated and a response provided to the complainant. For one complaint, a person outside of the operational management of the organisation had been commissioned to investigate and report back to the directors. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

In addition to the weekly coffee mornings to gather views from people, there were regular feedback forms given out to people. The results of this feedback were collated and actions planned to address any issues or concerns that were raised.

Is the service well-led?

Our findings

There was a registered manager in post at Holmwood, although they were on a period of leave during the inspection so we did not speak with them directly. In addition to the registered manager there was an operational service manager, a quality assurance, training and safeguarding manager and the directors of Wessex Care. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. The managing director told us Wessex Care was organised in a way that enabled the registered manager to concentrate on the day to day running of the home and other tasks, such as human resources, finances and building management were taken away from them. This enabled the registered manager to focus on people using the service and ensure their needs were met.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "There is good, open

management. We are able to raise any concerns or issues" and "The values of the home are based on providing good care and the management team enable this to happen. The directors have a good understanding of what is happening in the home and they are open to new ideas".

There was a quality assurance process which focused on a different aspect of service delivery each month. This included an assessment of the service by the registered manager and one of the directors and the development of an action plan to address any shortfalls and to promote best practice through the service. In addition, Wessex Care employed a "critical friend" who completed unannounced inspections of the home. The focus of these inspections was set by the directors and the person reported to the directors with a suggested action plan. This feedback was shared with the registered manager who was required to produce a plan to address any issues. Progress on these actions was monitored to ensure they were being implemented effectively.

Satisfaction questionnaires were sent out every three months asking people their views of the service. The results of the surveys were collated and actions were included in the overall development plan for the service.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.