

Lakeland Care Services Limited

Holmewood Residential

Care Home

Inspection report

Lamplugh Road
Cockermouth
Cumbria
CA13 0DP

Tel: 01900828664

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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: Holmewood is a residential care home that was providing personal care for up to 25 people. At the time of the inspection there were 20 people living at the home. The period property had been adapted for its current use with accommodation in single rooms with ensuite shower or bath facilities with suitable shared facilities.

People's experience of using this service:

People told us they were very happy with the care provided, especially the caring nature of the staff team and the homely feel that had been created. One person summed this view up by telling us, "It's home from home here, you can do what you like. I couldn't wish for better, the staff are very kind. I kept falling and getting poorly but since I came here I haven't had one fall, they've seen to that. My health is good now as staff are on the ball."

People felt safe living in Holmewood and with the staff who supported them. Staff knew them well and were focussed on promoting their independence and well-being. Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

Staffing levels were suitable for people's needs. There was a stable staff team who had the skills and knowledge to meet people's needs. The home's programme of training and staff supervision had improved which ensured staff were up to date with the latest guidance and information for their roles.

People received the support they required to maintain good health. Medicines records were accurate and supported the safe administration of medicines.

Meals were of a good quality and nutritional value and people told us the meals were very good and home-cooked.

The home worked in partnership with external healthcare professionals. Healthcare professionals gave positive feedback on the care and of the monitoring of peoples changing health needs. A relative told us that the end of life care of their loved one had been exemplary.

People were involved in planning their own support and the activities they wanted to take part in. There was a programme of activities for people to take part in and people were also supported to follow individual interests and hobbies.

The home had undergone improvements to the environment; and to care planning and staff induction and training since the last inspection. The registered manager and owner had developed an improvement plan for the home which included the next phase of improvements, such as continuing to replace furniture and

carpets and developing a dementia-friendly garden space.

The home was clean and well maintained; checks were carried out on the premises and on the quality of the service. Good measures were in place to prevent the spread of infections. Concerns and complaints were managed appropriately and staff and people in the home felt able to speak to the manager and owner of the home.

More information is in the Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 18 January 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had been rated as Requires Improvement and we asked the provider to submit an improvement plan. On this inspection we saw improvements had been made since our last inspection and we have now rated the service as Good.

Follow up: We will continue to monitor as part of the re-inspection programme for a Good service. If any concerning information is received 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?

Good ●

The service had improved and was now safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service had improved and was now effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service had improved and was now responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved and was now well-led.

Details are in our Well-led findings below.

Holmewood Residential Care 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an expert by experience conducted the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Holmewood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and five relatives to ask about their

experience of the care provided. In addition, we spoke with a visiting district nurse during the inspection.

We spoke with eight members of staff including the registered manager, deputy manager, cook, domestics and care workers. We reviewed a range of records. This included six people's care records and four medication records. We also looked at six staff files in relation to supervision records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Staff understood where people required support to reduce the risk of avoidable harm. How risk to people was assessed had improved since the last inspection. The control measures for staff to follow was much clearer. This meant that risks such as: poor hydration and nutrition; developing pressure sores; and the risk of people having a fall were being much better managed with the likelihood of these events now reduced.
- We observed unhurried and safe care being delivered, for example when a person was being hoisted staff took their time and ensured the person felt comfortable and safe.

Systems and processes to safeguard people from the risk of abuse:

- Staff in the home were aware of their responsibilities in protecting people from harm or abuse. Staff had received training and there was suitable guidance in place about making safeguarding referrals.
- People told us they felt very safe in the home and were comfortable with the staff who supported them. One person told us, "I trust the staff completely. They have my full confidence and I could easily talk to any of them if I was worried about anything." People had a safeguarding guide with contact numbers within a brochure kept in each person's room.

Staffing and recruitment:

- People and their relatives told us that there were always enough staff on duty. One person told us, "I feel completely safe here. There's always staff to hand." Another person said, "They are quick to come if I push my buzzer." There had been a stable staff team for a several years. People told us that this was reassuring as staff knew them well and this had allowed a trusted relationship to grow.
- Staffing levels were sufficient to provide safe and individual care to people. The registered manager made sure that extra staff were available if someone was unwell or at the end of their life so that all their needs could be met.
- Safe staff recruitment practices were in place. This process had been improved since the last inspection and now included any gaps in staff employment history and reasons for leaving the last job. This was in addition to the other checks required such as making sure that new staff had been checked with the Disclosure and Barring Service (DBS) prior to applicants were offered a job.

Using medicines safely:

- People now received their medicines in a safe way. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. This had included updating how 'as and when' medicines were given and how they were recorded.
- Medicines records were accurate and supported the safe administration of medicines. We found that there were no gaps in signatures and all medicines were signed for after administration. Clear records of medicines were also held in each person's care file.

- All medicines were appropriately stored and secured. The home ensured that people never ran out of medicines and the registered manager had a close working relationship with the pharmacist, and if necessary collected them herself to make sure there was a continuous supply.
- People told us they were very happy with how the home managed their medicines.

Preventing and controlling infection:

- People told us that the home was always very clean and pleasant smelling. They told us they had their rooms 'bottomed' regularly and bed sheets changed frequently.
- The service managed the control and prevention of infection well. The home was clean and with good standards of hygiene maintained. Cleaning staff had set routines and all staff had received training. A programme of refurbishment was ongoing. The practice of sharing people's toiletries found at the last inspection had now stopped.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. People living in the home told us that staff always wore these when carrying out personal care.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. One piece of learning had led to better recordings of any unexplained bruising and the application of creams by introducing body maps.

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

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:

- Good assessments of people's needs were in place, and the staff team reviewed the delivery of care for effectiveness. Any changes to people's needs was quickly responded to and changes made care plans.
- The registered manager carried out a pre-admission assessment to check that the home could meet their needs and that people were compatible with those people already living in the home.

Staff support: induction, training, skills and experience

- There was a stable staff team who had the skills and knowledge to meet people's needs. The home had a programme of training and on-going staff supervision which ensured staff had up to date guidance and information for their roles.
- Since the last inspection the home had developed a more formal approach to the induction of new staff that was more comprehensive and equipped staff well for their role.
- People told us that staff were well trained in meeting their needs. One person told us, "Not only are they well trained they are very attentive." A relative confirmed this, "They are very well trained. I've been impressed with them moving people from chair to chair. Some of the people in here are very frail and they are very understanding and professional with everyone and very patient."

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

- People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance.
- The cook had training in providing good nutrition to older people and knew how to fortify foods for people who had lost weight, and was knowledgeable of specialist dietary needs, such as food suitable for people with diabetes.
- People told us they were very satisfied with the quality of the food provided, and especially liked that it was home cooked with plenty of home baking of cakes and puddings. People chose the food they wanted to eat each day and had been involved in planning the menus. Drinks were readily available around the home as well as fresh fruit.

Staff working with other agencies to provide consistent, effective, timely care

- The staff team had good working relationships with the local health and social care teams in the area. Since the last inspection the home had improved how it recorded the advice given by external healthcare professionals.
- Information was shared with other agencies if people needed to access other services such as hospitals.

The home used hospital passport that contain all the key information required to ensure people's care and support needs could be met and were consistent.

- Visiting healthcare professionals who told us that the home was good at spotting changes to people's health care and made timely referrals. This had led to the prevention of pressure sores and people receiving equipment to aid their mobility.

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

- Holmewood is an older property that had been adapted for its current use. This included a passenger lift; adapted bathrooms and mobility aids such as hoists for moving and handling people safely.
- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings. The garden was being re-designed so that people who had poor mobility and those living with dementia could make better use of the outside space.
- Technology and equipment was used effectively to meet people's care and support needs. Sensor alarms helped to keep people safe and a call bell system was in place.

Supporting people to live healthier lives, access healthcare services and support

- People received good support to access services that supported their health and well-being. They told us that they saw community nurses on a regular basis and that the GP was called on if they were unwell. They told us they had frequent appointments with chiropodists, opticians and dentists when necessary, and were given support to attend appointments.
- The registered manager liaised with local GP surgeries to ensure that regular reviews of health care needs were being done.

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 with appropriate legal authority. 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. We found since the last inspection that the home had a better understanding of assessing people's capacity to make decisions.
- Staff ensured they had people's consent before carrying out care tasks, and this was recorded in people's files.
- Some people had restrictions placed on them, such as the use of bed rails and monitoring by sensor mats. Staff said they would prevent some people from leaving the building without supervision to keep them safe. The service had begun to check these restrictions and consider them as part of a best interest process as set out by the MCA. The registered manager advised us that these would be referred to the local DoLS assessing body.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People felt well cared for and told us that staff were very caring, kind and considerate. One person said, "They are very kind and patient. We do chat a lot, which I find is lovely." And another person said, "The staff are exceptional and kind. They treat us like their own family and to be honest I think of them as my family too." We inspected near to Christmas and we saw how staff had raised money so that everyone in the home received a present; and across the year for birthdays.
- Keyworkers were linked to individual people so that relationships were encouraged and each staff member chose the present specifically for that person.
- Staff had received training in equality and diversity and on person-centred care. This was reflected in how they supported and treated people with dignity and respect.

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

- People told us that they were made to feel comfortable about speaking up and saying how they wished to be cared for.
- Staff could talk about people's preferences, routines and how best to communicate with them. They told us how they would support people who became upset or disorientated. Staff used touch in a therapeutic way to calm people and to demonstrate warmth, by a touch on the arm, holding a hand or an arm round the shoulder.
- There was good guidance in care plans and staff also had one page 'reminders' that helped them to follow the routines that were important to people.
- Easy read information was displayed, such as the day's menu and posters about how to report complaints or safeguarding concerns or gain advocacy services.
- The registered manager told us people been supported to have the services of an advocate where there was no relative involvement.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were very good at promoting their dignity and encouraging their independence. One staff member told us about how they promoted people's dignity, "It's sometimes the small thing that are important. We help people to always look nice. Ladies with handbags and jewellery; gentlemen shaved with wristwatches and wallets with them."
- People's care was given in respectful way that was unhurried. People told us they were sensitively encouraged to do things for themselves and this helped to boost their confidence and self-esteem. One person told us, "They [staff] keep my dignity and lock the door when I`m having a bath, but keep me

independent by encouraging me to do what I can."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were receiving care and support that was person-centred and responsive to their needs. We saw that people's routines were flexible and people were making choices to have a lie-in or to eat their meals where they chose. One person said "I can ask for anything, the staff are great. Very helpful." Another person who spent most of their time in their room said staff were attentive and did check on them on a regular basis and made sure they had puzzles and books to read.
- Care planning had improved significantly since the last inspection. The plans had become more detailed, were up-to-date and relevant to the individual's needs and wishes. People told us they had been included in the development of these person-centred plans, that now included detailed life stories, lifestyle choices, routines, social interests and likes and dislikes.
- Staff were well organised and directed by a shift leader and the registered manager and deputy had a high profile in the home and led by example.
- People were supported to participate in a variety of activities which included opportunities to access the community using the home's minibus. Some people said they would like to go out more and this had been hampered by the minibus being off the road for a while. The registered manager said that the home planned to focus on getting people out more in groups and individually.
- One person said, "We do as we please here." The activities included, chair aerobics, bingo, singalongs, coffee and cake afternoon, dominoes, reminiscence sessions, afternoon tea and days-trips. People were also supported to follow their individual interests and hobbies. We saw a number of people knitting, sewing and doing crosswords. One person told us of how staff helped them to continue playing the piano, with staff buying them new sheet music.

Improving care quality in response to complaints or concerns:

- People said they knew how to complain or raise any concerns that any problems were "sorted out straight away."
- The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the contract they signed when they moved into the home. A record of complaints was maintained and we saw the most recent one had been investigated and resolved appropriately.

End of life care and support:

- People were asked about where and how they would like to be cared for when they reached the end of their life and this was recorded in their care plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views.

- The service worked closely with healthcare professionals to ensure that people had a pain free and dignified death.
- One relative told us, "My [relative] passed away here a few months ago but I wanted to give something back to show my appreciation, so now I come as a visitor. The care my [relative] received in the last few days and weeks was fantastic. Although they are not a nursing home they got all the medical help that was needed including Hospice at Home nurses. It couldn't have been done any better at the end."

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager and senior team worked together to provide strong leadership to the staff team. The vision and values of the service were to ensure people received safe, compassionate care in a homely environment. Staff understood these values and worked in way to show they were upheld.
- People's needs and their views were paramount and these were fully considered when making any improvements to the service.
- Staff felt valued and listened to. They said there was a good team work approach and the registered manager had an open-door policy.

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

- There was a range of audits and checks to ensure records and the environment was kept safe and clean. For example, the housekeeping staff had check lists of daily and weekly tasks, which included monthly deep cleans of each room. Checks were completed on hot water temperatures and window restrictors. The maintenance person checked what services and contracts were needed to keep the environment safe and well maintained.
- Records were easy to access and simple to understand but recording was in enough depth to reflect on the well run systems in the home. Both electronic and paper records were stored safely to protect confidentiality.
- The registered manager ensured that any notifiable incidents were reported to the Care Quality commission in a timely and appropriate fashion.

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

- Staff and people in the home judged that the registered manager created an open culture where they were valued and respected.
- The service involved people and their relatives in day to day discussions about their care in a meaningful way and made any changes necessary.

Continuous learning and improving care:

- The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. There was evidence of staff meeting with people to discuss their ideas and suggestions for improvement. Improvements were made as a result of on-going quality

monitoring in the service. For example, the new garden area was as a result of consultation with people.

- Since the last inspection we saw a number of improvement to the running of the service: there were now clearer recording of daily reports; more detailed weekly and monthly audits that included the environment, infection control, fire safety; medication and care plans were now more detailed and improved monitoring ensured they were kept up to date.

Working in partnership with others:

- We had positive responses from health and social care professionals who told us that the registered manager ensured the home worked effectively and efficiently for the good of people in the home.
- Health professionals we spoke with felt there was a positive working relationship between the registered manager and deputy manager and themselves. One health professional told us the managers were highly visible and the home was well-run and managed effectively. Another said, "The manager here is very hands on and receptive to advice. The staff are knowledgably about each person's care."