

Hallmark Healthcare (Holmewood) Limited

Holmewood Manor Care

Home

Inspection report

Barnfield Close
Holmewood
Chesterfield
Derbyshire
S42 5RH

Tel: 01246855678

Website: www.hallmarkhealthcare.co.uk

Date of inspection visit:
23 November 2021

Date of publication:
17 December 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holmewood Manor Care Home is a residential care home that provides personal care for up to 40 people, some of whom are living with dementia. At the time of inspection 23 people were using the service. The accommodation is in a purpose-built home split over two floors. Each floor contained bedrooms, a communal lounge and a dining area. There were accessible outdoor spaces.

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

People's medicines were not always managed safely, and people were at risk of not receiving their prescribed medicines. The home was clean; however, it was not free from unpleasant odours. There were enough care staff to meet people's needs, however more staff were needed to work in the kitchen and laundry. People told us they felt safe living at the care home. Risk's to people and environmental risks had been assessed and managed. Staff had been recruited safely.

People told us they liked living at the home, however they felt there was not a lot of activities to keep them occupied. The provider had systems in place to monitor the quality and safety of the service. However, these had not always been effective in identifying medicine issues. Staff felt supported by the management team. Staff told us they enjoyed working in the home and were committed to ensuring people received high quality care

People were not always supported to have maximum choice and control of their lives. People told us their preferences in regard to their personal care were not always considered. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service from our last comprehensive inspection was Good (Report published 11 May 2019). We also carried out targeted inspection to look at infection prevention and control systems however the service was not rated at that time (Report published 26 February 2021).

Why we inspected

The inspection was prompted in part due to concerns about safeguarding, staffing and infection control we found during our last inspection at another service under the same provider. A decision was made for us to inspect and examine those risks at Holmewood Manor Care Home.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvements. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holmewood Manor on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holmewood Manor 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and 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.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However new manager had been appointed who told us they will submit appropriate application to become registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, peripatetic manager, the manager, senior care worker, maintenance person, domestic staff and one visiting district nurse.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from seven relatives via email and received response from three. We spoke over the phone with three staff members and three relatives of people living at Holmewood Manor.



Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely.
- The service had recently introduced new electronic medication administration systems (eMARs) and stopped using paper-based records. A staff member told us that not all staff who handled administration of medicines had received a robust training on how to use the system.
- As a result, we found multiple discrepancies with the stock of medicines. This meant people were at risk of not receiving their medicines as prescribed.
- Medicines were not always kept safe. The provider showed us medicine trolleys which had broken locks. Medicine trolleys were stored securely behind a locked door when not in use. However, during medicine rounds trolleys were taken out into communal areas. There was a risk that people could access the trolleys if they were left unattended.
- The equipment used to administer medicine was not always clean or hygienic. We saw plastic re-usable medicine pots were visibly dirty inside. Staff member told us medicine pots were washed in the kitchen sink which was not hygienic. Medicine pots should be decontaminated and dried after each use to prevent cross-contamination. This put people at risk of cross infection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure medicines were safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider carried out a full audit of medicines, re-introduced daily stock checks, requested additional medicine training for staff and referred this to the local safeguarding team. The provider had also informed people and their relatives about medicine errors that took place.

Staffing and recruitment

- People were supported by enough staff to meet their needs.
- The provider told us recruitment and retention of kitchen staff was difficult. All staff we spoke with told there was no one appointed to do people's laundry, and this task was often carried out by the care staff. This meant care staff had less time to provide care and support to people.
- At the time of our inspection there were enough staff on duty. People told us they felt there enough staff to support them. One person told us, "I usually see the same faces, they [staff] come reasonably quickly. They always seem available when I need one". Another person said, "There is enough staff, it's a pretty stable

work force."

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- The provider told us; they had recently recruited an activities co-ordinator to provide meaningful activities to people.

Preventing and controlling infection

- The home looked generally clean and tidy, however there was an unpleasant odour in certain places throughout the home. Domestic staff told us they regularly deep clean carpets, however due to the age of the flooring the unpleasant odours were still present.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had robust processes for allowing visitors into the home and was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was using PPE effectively and safely and was accessing testing for people using the service and staff.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse.
- Staff had received safeguarding training and knew how to recognise signs and indicators of abuse. Staff knew how to report concerns and felt confident the management team would address those appropriately. A staff member told us, "If I had any concerns, I would let the management know straight away".
- People told us they felt safe. One person told us, "Safe enough, if something was wrong here, I would tell my family and they would sort it out."
- The peripatetic manager and the provider had carried out an internal investigations and analysis into previous safeguarding concerns and had shared their outcomes with local authority.

Assessing risk, safety monitoring and management

- Risk's to people were identified and managed safely.
- When risk to people were identified, people had specific risk assessments to reduce the possibility of these risks happening. For example, people who were at risk of malnutrition had appropriate assessments and care plans which guided staff on how to support them to maintain their weight and correct nutrition.
- People's weight had been regularly checked and when concerns about people's weight had been identified, people were referred to external specialists for additional guidance and support.
- Environmental safety was maintained through the maintenance and monitoring of systems and equipment. This included regular fire safety checks, window restrictor checks and legionella checks.

Learning lessons when things go wrong

- The provider's quality team had identified that improvements were required to the safety and quality of the service. There was a plan in place which showed what actions had already been completed and what other improvements were still needed.
- When serious incidents occurred, the provider had met with senior staff to discuss what had happened and to agree steps to prevent similar incidents from happening again. This was then shared with the wider staff team.
- The provider acted promptly by telling us the actions they would take to address the findings of our inspection.

Is the service well-led?

Our findings

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

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During the inspection we saw people were not engaged in any meaningful activities and people told us they were 'bored'. People told us, "A lot of the time there is nothing to do. It would be good to have organised meaningful activities". The provider told us they had recently appointed activities co-ordinator and were waiting for recruitment checks to come back.
- People told us they did not always get a choice about day to day decisions such as whether they prefer a bath or a shower. One person told us, "I think a bath is nice. I've been offered showers, I suppose they are quicker", and another person said, "I have a shower some days. I would rather have a bath but sometimes there are too many people wanting a bath". This meant people's needs and preferences were not always met.
- People, their relatives and staff all raised concerns about the management of people's laundry. Relatives told us that items of clothing had gone missing or that people wore clothes not belonging to them. Staff told us there was only one person who worked in the laundry and they mainly support the 'sister' service across the car park. We raised this issue with management who told us they will address this issue with the laundry person to ensure people's laundry was washed and put away in timely manner.
- People told us they felt happy living at the home. One person told us, "It's a happy house. I think it has a nice atmosphere", and another person said, "I am very happy here, everyone is very friendly."
- We saw a positive interaction between staff and one person who got a little bit upset. A staff member had noticed, and they took the person for 'you and me time' where they sat down, talked to the person and massaged their hand until they were calmer.
- Staff told us they enjoyed working in the home and ensured people received high quality care which met their individual needs and preferences. One relative told us staff treat people with kindness and compassion. They said, "They [staff] have always been very attentive to [person] and quizzed her about her pain for clarity, and have taken appropriate action to remedy it."

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

- The provider and the peripatetic manager had oversight of the service and carried out quality checks. These included audits of medicine management, health and safety, or dining experience. However, we found medicine checks were not always robust enough, they failed to identify the concerns we found during

our inspection.

- A new manager had recently been appointed by the provider to manage the home with the aim to become the registered manager of Holmewood Manor and drive improvements.
- People and staff told us the management team were approachable and always willing to listen. One staff told us, "They [management team] will try their best to resolve issues."
- A relative told us there was a good communication between the home and themselves and they were kept up to date if the person's needs had changed or if there was an emergency.

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

- Following our inspection, the provider together with the new manager had contacted the relatives of people who were found to have medicine discrepancies, to inform them about the errors. The provider took immediate action to ensure people received their medicine as prescribed by the GP and they contacted their local GP to request medicine reviews.
- Complaints about the service were well managed. We saw complaints had been investigated and promptly resolved to by the provider.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, such as district nurse or speech and language therapy team to help ensure people received the care they needed. A visiting district nurse told us, "The home is responsive, they do follow any advice, no red flags or concerns."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely