

# Fairway Homes (Derby) Limited

## Holbrook Hall

### Inspection report

Makeney Road, Holbrook  
Belper  
Derbyshire  
DE56 0TF

Tel: 01332880698  
Website: [www.holbrookhall.co.uk](http://www.holbrookhall.co.uk)

Date of inspection visit:  
14 August 2019

Date of publication:  
26 September 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Holbrook Hall is a residential care home that was providing personal care for up to 36 people with a range of needs. At the time of the inspection there were 31 people living in the home.

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

People who lived at the home continued to receive good care and told us they felt safe. Staff knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to. Accidents and incidents had been reported and medical attention sought where required. Improvements were required to ensure post falls observations were documented. Improvements had been made to medicines management. However further improvements were required to medicines administration practices. We made a recommendation about this. People were protected through robust recruitment procedures and told us there were enough staff to response to their needs. People lived in well maintained and clean environment and were protected from the risk of infections.

Care plans contained personalised information on people's health and communication needs plus their likes and dislikes. However, improvements were required to ensure all care plans provided to staff were up to date and reviews completed to show changes to people's needs. We have made a recommendation about this. People were provided with activities of their choice and supported to keep active in the community. People were able to make complaints concerning their care. People were supported to share their end of life wishes and care preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were asked to consent to care. Staff had received training and were knowledgeable about the principles of the Mental Capacity Act 2005.

People were supported by staff who were trained and had the skills to provide effective care. Staff felt very supported by the registered manager and management team. People's nutritional needs were assessed and met. Staff worked with community health professionals to ensure people received effective care.

People told us staff treated them with dignity and were respectful. Our observations supported these views. One person told us, "The staff are excellent, friendly and helpful. One cannot fault them, they are more or less friends." We saw lots of positive interactions between people and staff, no one was rushed, and activities were person-centred. One person told us, "The staff are very good, they do their best, they do care and treat you like a human being."

The service was well-led. People, their relatives and staff spoke positively about the registered manager and management team. There was a positive culture throughout the service which focused on providing care

that was individualised and promoted independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 09 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service remained good.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service remained good.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service remained good.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service remained good.

Details are in our well-Led findings below.

**Good** 

# Holbrook Hall

## 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.

#### Inspection team

The inspection was carried out by one inspector and an 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

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

#### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who lived at the service and four relatives, we asked them about their experience of the care provided. We spoke with the registered manager, the deputy manager, the director and the administrator. We spoke with three care staff and the maintenance person.

We reviewed a range of records. This included three people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

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 contacted health and social care professionals from the local authority who visited the service.

# 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 inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and needed to be improved to provide assurance about safety. There was a risk that people could be harmed.

### Using medicines safely

- The registered provider had made some improvements to medicines management. At our last inspection we found shortfalls in medicines management including safe storage, record keeping and competence checks. While there had been improvements, further improvements were required.
- We found shortfalls in the completion of medicines records. Staff had not consistently signed records to indicate creams had been applied. In addition, staff had not always accurately transcribed handwritten medicines administration records and double checked them to ensure they accurately reflected prescription directions. The registered manager and the provider took immediate action to address these concerns. We recommended the provider consider current guidance on administering medicines and act to update their practices.
- People received their medicines when they should. People were encouraged and supported to manage their medicines safely and independently. Staff who supported people with their medicines had received training and had their competence checked.
- The registered provider had made significant improvements to protect people from unsafe storage of medicines. A new medicines storage room had been established. They carried out regular medicines audits and sought guidance from local pharmacists. The improvements needed to be sustained to ensure consistency in the safe management of medicines.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider should consider current guidance on how they assessed, recorded and managed changing risks to people and ensured staff were up-to-date with people's needs; so people received appropriate care and support. The provider had made improvements. However, the improvements needed to be further imbedded.

- The provider assessed and managed risks to keep people safe. There were risk assessments within care plans to guide staff on safe working practices and to keep people safe from avoidable harm. Staff had taken appropriate action to help reduce these risks.
- Staff had supported people after accidents such as falls and sought medical attention where appropriate. Improvements had been made to ensure risk assessments were reviewed immediately following an incident or a fall. However, further improvements were required to demonstrate how staff monitored people for injuries that may appear following unwitnessed falls. We spoke to the director and the registered manager who informed us they were confident people had been observed after incidents. They acknowledged records had not been kept demonstrating this had happened and addressed this immediately.

- Staff and the registered manager had a positive risk-taking approach which was supported by use of assistive technology to enhance people's independence and well-being.
- The provider continued to monitor and maintain firefighting equipment and other equipment used to deliver care to ensure they were in good working order.

#### Learning lessons when things go wrong

- The provider had systems to record and review accidents and incidents. All accident and incidents were analysed to look for themes and patterns. Any necessary actions to reduce the risk of similar incidents were implemented and shared across with staff.

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

- People were protected from the risk of abuse and unsafe care. Staff continued to receive and update their training on safeguarding adults. They were aware of the procedures to follow if they noticed any concerns about people's treatment and where to report. Details of how and where to report poor practices were clearly displayed in the home.
- People and their relatives told us the service was safe. One person said, "I am positively safe here, they protect me and show concern, but I am independent and enjoy regular ventures in the community on my own." One relative commented, "[Relative] is much safer here than at home where they had regular falls."

#### Staffing and recruitment

- The provider continued to operate systems to ensure there were enough staff to ensure people received support in line with their assessed needs. We observed, staff responded to people's requests for support promptly. During our visit we saw there were enough staff to ensure people received support in line with their assessed needs. One person said, "There seem to be enough staff around." All people we asked shared same comments.
- The provider and the registered manager continued to follow robust recruitment procedures. The registered manager continued to operate disciplinary procedures to monitor and manage staff conduct.

#### Preventing and controlling infection

- People were protected against the risk of infection. The home was visibly clean, and people said they thought the home was kept clean. A team of domestic staff were responsible for maintaining hygiene standards at the home every day.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency' in October 2018. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.
- We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- People received care which met their needs. Staff assessed, and regularly reviewed people's needs to ensure they could be met. People or, where appropriate, others acting on their behalf, were involved and consulted when reviewing care plans.
- The provider referenced current legislation and best practice guidance to achieve effective outcomes. We saw up-to-date information related to hydration, skin care and oral health was included within care plans.

Staff support: induction, training, skills and experience

- People were supported by trained staff who had a good understanding of their needs. The provider supported staff to update their training and learn new skills.
- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development.

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

- People were effectively supported with their meals and drinks. Staff monitored people's dietary intake and made referrals to specialists where required. Comments from people included, "I am able to ask for sausage and chips for my tea even if it wasn't on the menu." And, "The home put a great deal of effort into ensuring the residents and people had a special time at Christmas."
- The registered manager and their staff supported people to maintain a well-balanced diet and remain as independent as possible with their meals. We observed breakfast and the lunch time meal being served. During both mealtimes we saw different meals were being offered; the food looked appetising and portions were good sized and varied according to the wishes of people receiving their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with other professionals to ensure effective and timely care. Professionals told us staff referred people in a timely manner. We saw advice given by healthcare professionals was acted upon and included in people's care records.

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

At our last inspection we recommended the provider to review the signage in the building to help people navigate around. The provider had made improvements.

- People's individual needs were met by the adaptation, design and decoration of premises. The home was designed and decorated to a high standard both internally and externally with well-maintained gardens. There were adequate spaces for people to spend their time on their own or to share with others. There was an ongoing refurbishment programme and plans to further improve the accommodation. Access to the building was suitable for people with reduced mobility and wheelchairs.
- The home had adequate signage to orientate people around their environment. People's rooms had been personalised and they were able to bring their belongings when they moved to the service. People had access to call bells to request staff support, should it be required.

#### 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 when this is in their best interests and legally authorised under the MCA. 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.

- The provider was working within the principles of the MCA. No application had been made to deprive people of their liberties. The registered manager informed us people were free to come and go without restrictions and we observed this.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the of the MCA principles.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and promoted their dignity. People said staff always knocked before entering bedrooms and always made sure doors and curtains were closed during personal care. We saw there was a significant focus on promoting dignity and independence.
- People were free to come and go into the community as they wished with no restrictions. The home had won an award for their recognition of people's dignity.
- People continued to carry out their roles in the community such as volunteering and visiting their family members. The arrangements at the home promoted this.

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

- Staff treated people well and respected each person's individuality. People told us they valued the support they received. Care records contained information about people's backgrounds and preferences, and staff were knowledgeable about these. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. We observed people were comfortable in the company of staff and actively engaged in conversations. One person commented, "I've settled in alright, its easy going here. Staff are very nice, and all have been nice and very helpful." A relative told us, "The home has been amazing...they're absolutely amazing, everyone's so kind."

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

- People were supported to express their views and with decision making. Care records contained evidence the person who received care or a family member had consented to the care and were at the centre of developing their care plans. The registered manager involved all relevant people in decisions about the care provided.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were written and designed in a person-centred manner. They reflected a person-centred approach. In the majority of the cases, care records had been reviewed and were accurate to reflect people's needs. However, we found improvements were required to ensure care records provided to staff were the most up to date.
- We found paper-based care plans which were available to care staff did not contain the most up to date information about people's needs and risks. The registered manager had another copy of the care plans that was kept in their office on the computer however this was not readily available to care staff. In addition, the care plan review system that they had in place was not robust to demonstrate clearly changes in people's needs. We discussed this with the registered manager and the owner who informed us they would immediately review and to improve this system. This would ensure care records reflect up to date information on people's individual needs, preferences and routines, risks and ways to reduce the risks. We recommend the provider considers current guidance on maintaining and recording care plans and reviews and takes action to update their practice accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified, and recorded people's communication needs so they could be met. Staff shared people's needs appropriately with other agencies. Arrangements had been made for people to attend sight tests and hearing tests.
- The owners and the registered manager had made significant improvements to ensure notices and posters in the home were designed to ensure people with sight impairment could read them. Other documents could be adapted to make it easier for people to read them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a strong emphasis on keeping people active, improving their mental and physical well-being through meaningful activities. We observed people carrying out chair-based exercise routines. Activities were provided by six external providers and the provider met all the costs.
- Staff had put a significant amount of thought and effort was put into ensuring had high quality activities inside and outside the home to enhance their well-being. One person told us, "I am a member of the home's

poetry circle where a people come into the home and we discuss and recite poetry." A second person said, "I like reading and can borrow books from the home's own library and I get a daily newspaper delivered."

- Relatives told us they could visit whenever they wanted and people in the home were visiting their relatives using public transport or their own cars. One relative told us, "I am able to visit every day at any time and take [relative] for a walk in the garden or out for coffee. [Relative] is now settled has now started to join in zumba and a string quartet."
- People were supported to meet their spiritual needs. People told us there was a regular church service which all were welcome to attend, and local clergy would visit those who wanted more frequent visits.

#### Improving care quality in response to complaints or concerns

- The provider had systems to analyse complaints and concerns to make improvements to the service. Information relating to how to make a complaint was readily available. Everyone we spoke with said they were very confident if they ever had any concerns these would be dealt with professionally. Historic complaints showed the registered manager took appropriate action to address the issues raised.

#### End of life care and support

- People were supported to plan for their end of life care. Relatives told us people received compassionate support at the end of their lives. People's care plans held their end of life wishes to meet their cultural and spiritual needs. Staff had received end of life care training and there were links with local health professionals.

# 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 inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and owners promoted a positive culture. People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations and written compliments at the home confirmed this.
- People, their relatives and professionals gave us overwhelmingly positive feedback regarding the two owners. One person told us, "[Owner] is amazing, they are a fantastic manager and they're are doing a great job." And, "[deputy manager] is so good, very approachable, that's how much she cares."

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

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

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

- The owners and registered manager had sustained a governance system which continued to effectively monitor the quality of the care delivered and ensured compliance with regulations. They continued to use audits to assess standards and drive up improvements. There was an effective system to monitor and provide oversight on the service with day to day involvement from the owners.

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

- The provider maintained an open culture and encouraged people to provide their views about how the service was run. People and their relatives told us the registered manager was visible throughout the home. The service had sought the views of people they support and family members through care plan reviews, comment cards and residents' meetings.
- Feedback from people and from written compliments on the review website was overwhelmingly positive with a rating score of 9.8 out of 10. People were extremely positive about the care and the running of the service. One relative commented, "I would highly recommend Holbrook Hall. The staff are so friendly and very organised. There is plenty of activities, the food is lovely and well presented. Just like you were in a high-class hotel. In fact, when you walk in it feels like a hotel. You are always made very welcome whenever

you go. I wouldn't hesitate to live here, home from home. Every resident is well cared for."

- Staff told us they could contribute to the way the service was run. Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.

#### Continuous learning and improving care

- The registered manager and the owners were committed to ensuring continuous improvement. They met regularly to review the running of the service. Any learning points were shared with staff.
- The owners and their staff had a clear vision in how the service could continue to improve. This included a business plan and a contingency plan.
- The provider had identified staff who were nominated as champions in various areas including dignity in care and safeguarding. These staff shared best practice with other staff.
- The provider sought innovative ways to meet people's needs through investment in technology and linking with specialist professionals. People were provided with wireless pendants to monitor their safety and alert staff in the event of an emergencies such as a fall. In addition, they had set up a computer to enable people to communicate with their families via online systems such as video calling.

#### Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice and provided a quality service. These included healthcare professionals such as GPs, district nurses and other health professionals.