

Anchor Hanover Group

Holmpark

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Holmpark is a residential care home registered to provide accommodation with nursing and personal care for up to 39 people. Most people living at the service were older people, some of whom were living with dementia. A total of 35 people lived at the service, however one person was in hospital at the time of our visit.

People's experience of using this service:

- There were enough staff to meet people's assessed needs and support their planned activities.
- Risks which affected people's daily lives, were documented and managed by staff.
- Staff had completed safeguarding training and knew what actions to take if they were concerned about people's well-being.
- Staff provided support for people to take medicines when they required these.
- Staff received training which enabled them to provide care and support in line with current practice to meet people's needs.
- People were supported to make daily living choices such as what they wanted to eat and how to spend their time.
- People benefitted from following their own interests and hobbies. Further improvements had been implemented with the 'Anchor Active' scheme and activities champions.
- Staff knew when to seek advice from other health care professionals and services.
- People were encouraged and supported by staff to make decisions about their care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were treated with respect and spoke highly of the staff. Staff knew people well and had a genuine interest in caring for them.
- Staff encouraged and supported people to be as independent as possible.
- Overall, care plans contained clear information for staff to help them provide consistent care to people. Care records were personalised and were in the process of being improved by the management team.
- The home environment was kept clean and was well maintained. Further work was being completed both internally and externally to enhance the environment further.
- People, relative and staff feedback was sought to improve the service further.
- Lessons were learned when incidents occurred to prevent further reoccurrences.
- A robust system of audits were in place which identified where improvements were required.

We found the service met the characteristics of a "Good" rating in all five areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good, with 'Requires Improvement' in Safe. At this inspection we found the previous issues in relation to medicines and risk management had been addressed. The last report for Holmpark was published on 30 November 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous

'good' service provided to people had remained consistent.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. 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?

The service was now Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-led

Details are in our Well-Led findings below.

Good ●

Holmpark

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, an assistant inspector and an Expert- by- Experience carried out this inspection. 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:

Holmpark is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run.'

Notice of inspection:

The inspection took place on 3 April 2019 and 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 potential abuse, information from the public, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). The commissioners had no concerns about the service.

We sent the provider a provider information return (PIR). This is a form which gives them an opportunity to

tell us about their service and what they do well. During and following our visit, we gave the registered manager and staff an opportunity to provide us with further information.

During our inspection visit we spoke with nine people living at Holmpark to understand their experience of what it was like for them. We also spoke with three relatives/visitors. We spoke with three care staff, two housekeeping staff, the maintenance person, the head chef, the group activities person, the deputy manager and the registered manager.

We reviewed a range of records. For example, we looked at five people's care records and a sample of medication records. We also looked at records relating to the management of the home. These included systems for managing complaints, incidents, and feedback from people who used the service. We looked at checks to ensure the environment was safe. We looked at the provider's checks on the quality and safety of care provided that assured them they delivered the best service they could. We checked two staff files to ensure they had been recruited safely.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I feel safe, doors are closed, there is always someone on night duty, always staff about. I am never alone, I've not had to use my buzzer (to call for help)."
- People's risk management plans were detailed and related to specific areas such as skin care and nutrition. Staff reviewed these as people's needs changed, to ensure they remained safe.
- Staff were knowledgeable in relation to people's care and knew what action to take to minimise the risk of harm.
- Personal emergency evacuation plans were in place in the event of a fire, along with contingency plans to ensure people's safety should any unforeseen circumstances arise. Staff had been trained and knew the actions to take in an emergency situation.
- Other safety checks relating to the environment had been completed.

Staffing and recruitment

- There were enough staff to support people when required.
- Staff told us there were enough of them to care for people in the home and go out with people if they wanted them to.
- We observed staff responding to people in a timely way during our visit.
- Staff recruitment files contained the necessary checks, to ensure staff were safe to work with the people living at Holmpark.

Using medicines safely

- People received their medicines safely. Medicines were stored and administered in accordance with good practice and records we checked, showed staff had correctly signed medicines administration records when they had been given.
- Some refrigerated eye drops were not dated on opening which meant there was a risk they could be used when out of date, and their effectiveness reduced. We raised this with the management team who immediately addressed this and reminded staff to date all such medicines on opening.
- Weekly and monthly audit checks were completed to identify when any errors had occurred, and action was taken when any were identified. This included one to one and group supervisions with staff to learn from their mistakes.
- Staff were suitably trained to administer medication and were assessed to ensure they remained competent to do so.
- The registered manager had identified the medicines room could become too hot at times and so air conditioning was being fitted to address this. This would ensure any medicines stored would remain within the required temperatures to ensure their effectiveness.

Preventing and controlling infection

- People told us staff kept their rooms clean. The environment was visibly clean and odour free. One relative told us, "Staff wear aprons and gloves when assisting with personal care."
- Staff working in the laundry were knowledgeable about reducing the risks of cross infection and had systems to ensure this remained effective.
- Staff received the required training in relation to infection control to ensure the environment remained safe.

Learning lessons when things go wrong

- The registered manager clearly recorded any incidents which occurred at the service and considered ways to reduce the risk of reoccurrence. For example, one person had temporarily left the service unaccompanied which placed them at risk. Measures had been put in place to prevent this from happening again.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and poor practice and were confident to raise any concerns with the registered manager or the provider. Staff felt confident to 'whistle blow' and information was also displayed for visitors to the service to enable them to report any concerns they had.
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service at the beginning of their employment which included shadowing more experienced staff members.
- Experienced staff had regular face to face or on-line training, and refresher updates to ensure they were suitably skilled to work with the people they supported. Training included dementia awareness and how to move people safely.
- Volunteers were welcomed to work at the service and had been provided with induction and training to enable them to support people effectively.
- Staff received regular opportunities to meet with their manager's individually to discuss any issues they had.

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

- People's rooms were decorated in line with their personal preferences and choices.
- The registered manager had plans to improve the home and garden space for people. New garden furniture had been ordered to enable people to enjoy being outside in better weather.
- Aspects of the home environment had been improved, so there were quiet spaces for people to sit and enjoy. Memory boxes were in place for some people which helped them find their bedrooms more easily because they contained items that were important to them.
- Other areas of the environment contained items to engage people's interest and prompt memories, including a map of the world detailing where people had travelled to and what they had enjoyed there. Pictures of people's hands were displayed which gave information about their personal history and working lives. They stated for example, 'these are the hands of a nurse, or builder, or factory worker'.
- A bar and a cinema screen in the dining area were focal points for some activities in the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had a pre-assessment before they came to live at Holmpark to ensure their individual needs were identified and could be met.
- Care plans considered people's needs, wishes and histories. Staff used care plans to help them deliver care and support people in the way they preferred. People were included in decisions about how they received their care.
- Care records were regularly reviewed and where a change had occurred, records were updated. Additional monthly reviews were undertaken to ensure records remained accurate.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked within the principles of the MCA. One staff member explained the principles they followed as, "Don't assume someone does not have capacity, they have got it unless you can prove they haven't. Consider the time of day, the place, give them opportunities to make a decision, don't assume the decision is 'unwise' if you don't like it, consider what is the least restrictive option." People confirmed staff involved them in making daily decisions about their care and support.
- We observed staff gaining consent from people before care was delivered, for example, when supporting them with medicines. Staff offered people choice and respected their decisions. Where people were unable to make a choice, staff worked with the person and helped them make decisions in the person's best interests.
- Seven people had authorised restrictions on their liberty and a number of people were waiting for this to be assessed. The registered manager oversaw DoLS to ensure they were managed in accordance with the legislation.

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

- Mealtimes were a sociable occasion where people said they enjoyed the food and were offered plenty of drinks. One relative told us their family member had gained weight since living at the home and was eating a more varied diet.
- A number of people enjoyed cultural diets including Caribbean food and were well catered for.
- The head chef was passionate about ensuring people were offered choice and involved in planning meals. A seasonal menu was available and a spring menu tasting session had enabled people to choose what foods they liked.
- People's dietary needs were well catered for including people's allergies or intolerances. For example, staff in the kitchen prepared foods for people which were gluten free.
- Where people were at risk of losing weight, staff encouraged them to eat additional snacks to maintain their health. One person had lost weight recently and whilst the correct action was being taken to support them, this was unclear in their care records. The registered manager confirmed the records would be updated to make this clearer.

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

- People received support from other healthcare professionals, including GP's, district nurses and dieticians when this was required.
- A 'customer transfer record' was used when people moved to another service or went into hospital, to ensure important information was provided in relation to how to support them.

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

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- Feedback received from everyone we spoke with was positive. Comments included, "I could not be more cared for," and, "The staff are very kind, they put themselves in our place." We observed staff supporting one person to stand, offering reassurance and encouragement.
- One relative told us, "It is really good here..it is the feeling of the place, they are very good with activities and we feel involved. I really like the staff and I trust them. The building is nice and bright and the management are very good to communicate with us if there are any issues."
- Another visitor told us the care was 'absolutely fantastic' and staff were very friendly and good at reassuring their friend. They told us staff did things which they felt were 'way beyond their duties'.
- One staff member told us, "Yes staff are caring and some go the extra mile. If someone wants to go somewhere, staff will arrange this. It's the little things, like taking time putting make up on for someone, or buying them cards and flowers."
- Staff knew people well and cared about the people they supported. Staff spoke about, and described people, in a caring and sensitive way.
- People told us staff treated them like part of the family and we observed these positive interactions during our visit. Many staff were long standing members of the team. People and staff were visibly relaxed and comfortable in each other's presence. One person gave a staff member a kiss on the cheek to show their appreciation for what they had done to help them. Staff and people laughed and joked together.
- In the residents and relatives survey 100% of responders stated that staff treated them with kindness.
- Staff and the family of one person were arranging a celebration event of their life to include Asian food, poetry readings, artists and Bollywood dancing. For one person who was Afro-Caribbean, staff braided their hair for them.
- Inclusivity of people was promoted by the provider and we saw there was a LGBT (lesbian, gay, bisexual and transgender) group people could join if they wished to.

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

- People were involved in making decisions about their care. People told us they were assisted to bathe when they wanted and their preference for a female staff member was met. Other people told us they had breakfast when they wanted to, and one person ate a cooked breakfast late in the morning which was their preference.
- People's involvement in their care decisions took into consideration their diverse needs, preferences and life stories. This included any religious needs which were supported at the service in relation to several denominations which were supported by visits from different faith groups.

- People gave feedback at monthly meetings about the care and support they received and any improvements they would like made. Minutes of these meetings were displayed and showed the planned changes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to maintain people's privacy and dignity. One staff member discreetly offered to support a person who needed assistance with their personal care. One visitor told us they had seen kitchen staff stop what they were doing to assist someone who needed to wash their hands. Staff told us dignity was about talking with, and about people respectfully, and allowing them to make choices.
- People told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.
- People were supported to be independent. One person told us, "Staff allow me to do what I can, but assist if I am struggling."
- People's rooms were known as 'flats' and contained a kitchenette area should they wish to make their own drinks and snacks. One visitor told us, "They leave [Person] to their own devices (which they like), however staff are there if they need anything." Staff encouraged another person with cleaning as they enjoyed doing this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met

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

- People told us staff knew them well. One person told us, "Staff chat with me to know what I like and would like to have, they pay attention to little details."
- Care records contained detailed information about people that was individualised. However, there were some gaps in relation to dates and signatures and some information required updating. We raised this with the registered manager who confirmed further work was being completed to review and update people's records.
- People were involved in the assessment and care planning process and information was evident in relation to people's history, likes and dislikes and how they wish to be cared for. For example, one person's care record documented in detail how to reassure them if they became anxious.
- Reviews of care took place with people, and their relatives were involved where appropriate.
- Some people spoke different languages and a variety of staff were able to communicate with them. Some communication cards were used to support this further.
- The manager and staff understood the requirements of the Accessible Information Standard (AIS). AIS is a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- People pursued interests and hobbies that were tailored to their individual needs and wishes. 'Anchor Actives' was the 'whole staff' approach to supporting people in the home. This included domestic staff who used the time they spent with people to interact with them, not just to fulfil their cleaning duties. Resources to engage and interest people were kept on each floor to support this interaction further.
- We observed people being occupied in day to day activities throughout the home ranging from playing board games, to listening to music, reading the paper and chatting with others.
- Staff used an iPad (hand held electronic device) to encourage people to explore and research their specific interests such as music and films, and to introduce interactive games. This had been well received by people.
- People were involved in the local community and some people had recently been to the local cricket ground, cricket being a particular passion for one person. Other activities planned on people's feedback included a visit to the zoo.
- Further links were being fostered in the community, for example with a local nursery. A 'Come dine with me' event with other local care homes was reported as being a great success and gave people the opportunity to interact with different people and make new friendships.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint, but had never needed to do so. One visitor told us, "I

have not made any complaints, but I know how to, I have no qualms in doing this, I would be up there like a shot and speak to [registered manager] or staff."

- There was a complaints policy in place. There had been one complaint and one 'concern' raised in 2018 which had been responded to in accordance with the policy. Any 'lessons learned' had been considered in relation to the concerns shared.

End of life care and support

- At the time of our visit there was no one receiving end of life care, however there was some information in people's care plans about their wishes at such a time. The registered manager told us work was being done with GP's to include further information so they could be assured people received the care they wanted in their final days.

- Staff were confident they would be able to meet people's wishes and choices for their care.

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People and staff told us the management team were visible and approachable and the home had a welcoming atmosphere. One staff member told us, "We all work as part of the team and morale is good." Another told us the registered manager was 100% supportive and always available to give advice.
- The registered manager had been in post since October 2017. They told us they felt supported by the provider and had an action plan and further ideas to continue to improve the care for people living at Holmpark.
- A comprehensive system of audit and checks ensured the care provided met people's needs. These checks were carried out by the registered manager and deputy and other senior members of the provider's management team. The checks had identified further work was required in relation to care records and this was being completed. Since our last inspection visit, improvements had been made to risk and medicines management.
- Medicines checks and audits were completed and identified any errors and lessons learned.
- The registered manager understood their responsibilities under Duty of Candour to be open and honest and accept responsibility when things went wrong.
- The registered manager and provider understood their regulatory responsibilities. Statutory notifications about important events at the service had been sent to us as required and the last published ratings were displayed for people to see.

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

- People's feedback about their care, the service and what they wanted was sought through surveys and group attendance at meetings. A 'wish tree' in the reception area displayed ideas and suggestions from people and their views were considered when making improvements. A 'you said', 'we did' board displayed what people had asked for, and in response a curry night and a knitting group were being planned.
- Relatives and friends had additional opportunities to feedback at regular meetings in relation to what changes they would like to be made.
- Staff had the opportunity to attend monthly meetings with the management team to discuss any issues related to the running and improvement of the home and felt listened to. The deputy manager worked with staff to encourage self-reflection, and consider what they did well and where they could improve.
- Compliments were recorded and included one from a visitor whose family member was no longer at the home, 'I visited the home many times a week, and I can tell you I miss you all as well, you were all so kind in

the way you looked after [person].'

- A provider newsletter was available sharing information such as staffing updates and events.

Working in partnership with others

- The service had developed good community links and the registered manager was committed to reaching out to other outside organisations to benefit people. For example, there were links with some local schools, arts projects and sports foundations.

- Some fundraising events had taken place and the home had links with charities such as the Alzheimer's society and Cinnamon Trust, who provide support to people with their pets.

- The management team worked in partnership with other organisations such as the local authority commissioners, GP's and other professionals to improve outcomes for people and ensure their care needs were met. The registered manager also attended a local home manager's meeting to forge links and keep up to date with best practice. Each Wednesday a 'blue light breakfast' was held at the home for local NHS and emergency services staff.

Continuous learning and improving care

- Accidents and incidents were clearly documented alongside any learning identified in audits of people's care. These included any safeguarding concerns or falls. Any lessons learned were cascaded to staff at individual and team meetings.

- Staff champions were in place for areas such as falls to ensure staff were supported with learning. The registered manager told us following the introduction of new exercise classes, there had been a reduction in the number of falls in the home, which they would continue to monitor.