

Wessex Care Limited

Holmwood Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Holmwood Care Home is a residential care home providing accommodation and personal care to 21 people aged 65 and over. At the time of the inspection, there were 18 people living at the home.

Holmwood Care Home accommodates people in single rooms on three floors, within one building. There is a passenger lift to give easy access. There are two communal lounges, with one having an adjacent dining room. One lounge leads on to a large patio and garden. There was also a domestic kitchen, where people were able to prepare and cook their own meals.

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

Risks to people's safety had been identified.

Most of the home was clean, although this was not the case for less visible areas. There was debris on the framework of the dining chairs, and the seals of the kitchen sinks and shower cubicles were stained and worn. This was due to a delay in the normal "deep clean". On the second day of the inspection, the seals and re-grouting in the shower cubicles had been replaced.

There were enough staff to support people safely and a robust recruitment process was in place. People's medicines were safely managed although two people's medicines were not being administered in a timely manner. Accidents and incidents were reviewed, and lessons learnt where required.

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 had enough to eat and drink, although fluid monitoring for some was not fully completed due to a change in the documentation systems. People were supported by a range of health and social care professionals to maintain good health. The environment was comfortable, homely and met people's needs. Staff were undertaking their mandatory training, which needed to be completed by the end of the year. Staff felt well supported but said they would like more formal meetings with their manager.

People were supported by staff who showed kindness and compassion. There were positive interactions, and staff showed a friendly and respectful approach. People's rights to privacy, dignity and independence were promoted. People were encouraged to direct their care and give feedback about the service they received.

People were happy with their care and had a care plan in place, which showed their preferences. People were encouraged to follow their own routines and be as independent as possible. There was a varied social activity programme, which included in house and external events. People knew how to raise a concern and there was a weekly meeting to raise any concerns. This helped to minimise the number of formal complaints. Staff were passionate about providing good end of life care, but people's wishes were not always detailed in their care plan.

There were two registered managers. Both had an overview of the service, rather than day to day involvement. The registered managers were supported by a wider management team. Each had their own roles and responsibilities. The management team were passionate about the standard of care delivery and wanted to continually improve. There was a clear ethos of Holmwood Care Home being each person's home. Clear networking took place and there were a range of audits, to assess the safety and quality of the service.

Rating at last inspection

The last rating for this service was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 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 ●

Holmwood 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.

Inspection team

The inspection was undertaken by one inspector and a specialist nursing advisor.

Service and service type

Holmwood Care Home 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.

The service had two managers registered with the Care Quality Commission. This means that 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 on the first day.

What we did before the inspection

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We sent the provider a 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. However, due to the timescales involved, the document was received after the inspection. We took this into consideration, and gained information through various discussions and the reviewing of documentation during the inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the provider, the operations director, a registered manager, care workers and ancillary staff. We spoke with one health and social care professional during the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five 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.

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 good. At this inspection this key question has remained the same

Assessing risk, safety monitoring and management

- Risks to people's safety such as falling, pressure ulceration and malnutrition had been assessed.
- Three people had their fluid intake monitored to minimise the risk of dehydration. However, not all monitoring records were fully completed. For example, on one day, records showed a person had been offered 550mls but had only taken 300mls in 24 hours. There were other similar entries. Another person required regular repositioning, to ensure their skin remained healthy. Records did not show staff had always assisted the person, as often as identified in their care plan. The operations director explained that these shortfalls were due to a recent changes in the recording documentation and showed us these shortfalls had been addressed. There was no evidence to show that anyone had dehydration or pressure ulceration as a result of the lack of recording.

Preventing and controlling infection

- The majority of home was clean, but some less visible areas were not. There was debris on the framework of the dining room chairs, in the grooves of the kitchen steps and on the front of the cupboard doors. The seals around the sinks were stained and worn.
- There were pump action soap dispensers and paper towels in the toilets. The seals and grouting in the shower cubicle were stained. On the second day of the inspection, the seals and re-grouting in the shower cubicles had been replaced.
- The Operations director told us that they were aware of the cleanliness issues however the "usual deep clean" had been delayed and that this would take place soon.
- People were satisfied with the cleanliness of their environment. One person told us, "They work really hard to keep it all clean." A relative told us however, they did not feel one housekeeper was enough to ensure thorough cleaning of all areas.

Using medicines safely

- People's medicines were safely managed.
- Information showed how people liked to take their medicines, and there was guidance for staff about medicines to be taken "as required".
- A written record was maintained of any changes to people's medicines, which were made by the GP. This included any changes in doses for monitoring purposes.
- Staff received training and had their competency assessed before being able to access and administer people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of people becoming victims of abuse. This included mandatory safeguarding training for staff, and written information about safeguarding for staff to refer to if needed.
- Staff were aware of their responsibilities to identify and report any safeguarding concerns. They said they would inform the operations director if they had any concerns. A health and social care professional said, "[The home] have continued to engage proactively with the safeguarding adult's team."
- People told us they felt safe. One person told us, "I feel safe, definitely. They're all so nice here."

Staffing and recruitment

- There were enough staff to support people safely. There were four care staff on duty during the day with housekeeping, catering and activity staff. At night, there were two waking night staff.
- During the inspection, the home was calm, and people were supported in a timely manner.
- People, their relatives and staff told us there were enough staff. One person told us, "There's always someone around and they come quickly if you need them." A staff member said, "I would say we have enough. It can be busy but there's more time in the afternoon to spend with people just chatting."
- Robust procedures were in place to ensure staff were safely recruited. This included information from previous employers about the prospective staff member's performance and a Disclosure and Barring Service check (DBS). This enabled providers to make safer recruitment decisions.

Learning lessons when things go wrong

- Accidents and incidents were reviewed, and actions taken to minimise further occurrences. Records showed consideration was given to potential trends.
- The operations director told us they would always put things right if shortfalls were identified with them. They said learning was important and there was a willingness to further develop the service people received.

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had enough to eat and were complimentary about the food. Specific comments were, "It's always well cooked and nicely presented" and, "We have a good selection. We certainly don't go hungry. The food's good."
- There was a varied menu and most of the food was cooked 'from scratch', with an emphasis on fresh fruit and vegetables. There were snack bowls containing crisps, chocolate and fruit, in communal areas.
- People were able to have alternatives if they did not like what was on the menu. One person confirmed this. They said, "The cook comes around and always asks me if I want something different. They give suggestions, so I can choose what I fancy."
- People were offered drinks on a regular basis. There was a choice of hot drinks and soft or alcoholic drinks at lunch time.

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

- People were fully assessed before being offered a place at the home. One person told us, "I told them about what help I needed, and it suits me well."
- Staff told us they were given enough information about people newly admitted to the service. One member of staff said, "We get told but we also read the person's assessment and care plan before delivering any care. We then add things, as we get to know the person."
- The information gathered during the assessment process was used to develop the person's care plan.

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

- People received a range of support from health and social care professionals, to remain healthy. One person told us they had seen the doctor and had antibiotics prescribed. They said staff had gained the antibiotics quickly, so they could start them in a timely manner. However, one person had damaged their glasses in October 2019 but had not been assisted to see an optician. This had impacted on the person's ability to read, which they enjoyed. The operations director told us they had been waiting for funding before the person was able to have new glasses. At the end of the inspection, they said this had been resolved and an appointment for the person had been made.
- Management and staff told us the service received excellent, timely support from health care professionals. The operations director told us, "We only have to call them and they're here the same day. They're really good." This included the local authority older people's team.
- A record was maintained of any consultations or appointments people had. This included the Parkinson's nurse and speech and language therapist.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged to make decisions and staff asked for consent before undertaking any care interventions. This included asking people where they wanted to sit, if they wanted a shower or a bath, and what time they wanted to get up. However, one person was told they were not able to have an alcoholic drink with their lunch. This restriction was not documented in their care records.
- Records showed people had been asked to consent to different areas, such as photographs being taken.
- The operations director told us some DoLS applications had been made, but none had been authorised due to high demand. They said the authorisations were being monitored.

Staff support: induction, training, skills and experience

- Staff received a range of training to help them to do their job effectively. However, records showed some staff had not completed all their training deemed mandatory by the provider. They had to the end of December 2019 to do this. The operations director told us staff would not be offered any work, if their mandatory training was not completed.
- There was a detailed induction programme for new staff. This included training, mentoring and working alongside more experienced members of staff.
- Staff were able to progress and undertake more formal qualifications. The operations director told us about staff who had recently gained promotion. They said, "They've done a great job. They've really shone."
- Staff felt well supported on a day to day basis from management and each other. They received formal supervision, to discuss their performance, training needs and any concerns. Whilst these sessions were productive, staff told us they would like them to be more frequent.

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

- The environment was comfortable and homely. One relative told us, "It might be a bit rough around the edges, but it's just like a home." A staff member confirmed this and said, "It's like home from home and makes the transition easier for people."
- People were encouraged to personalise their room and bring items of furniture and personal possessions with them on their admission.
- People told us they liked their room. One person said, "I like the big windows. It gives lots of light and I have all my bits and pieces." Another person said, "I have everything I need and it's just where I want it. I like the view."

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.

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

- People were treated with kindness and compassion. There were many friendly interactions and kind aspects of support. For example, staff accompanied one person to the lounge. They placed their arm on the person's back for gentle support, and gave reassurance and praise, as they walked.
- Management told us there were systems in place to ensure people were well treated. This included equality and diversity training and role modelling. They told us all staff were caring and compassionate and everyone was like, "A big family."
- Staff told us they enjoyed working with people. They recognised people's individuality and said each person's support varied according to personal preferences. One member of staff told us, "It's such a pleasure to be part of people's lives and their experiences, and to hear to their stories. We're very lucky. It's a great job."
- People and their relatives were complimentary about the staff. Specific comments were, "They're so kind" and, "They're happy to do anything they're asked, and they do it with a smile". One relative told us, "They genuinely seem to care. It's always the same faces. There's a really stable staff group, which is great for consistency and says a lot." A health and social care professional said, "I have noted that staff have always shown kindness and respect to the resident and have been receptive of any suggestions to try and help relieve their distress." Other comments were, "The staff are competent and clearly passionate about their work" and, "I've found the staff friendly, professional and proactive."

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

- People were encouraged to direct their care and give feedback about the service they received. One person told us they were regularly asked in conversation, if they were happy with their support.
- Staff told us there was a weekly coffee morning where people were able to raise any suggestions or concerns. The operations director told us people were "very vocal" and, "readily shared their views if they were not happy."
- The chef spent time with people on a daily, individual basis, to discuss and gain feedback about the meals provided. They said people's views were important, and amendments to the menus were always made as a result.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted. One person confirmed this and said, "[The staff] always, without fail promote dignity. The way they talk to you, the way they treat you. It couldn't be better."
- Staff spoke to people in a respectful manner. They knocked on people's doors and called out before

entering. Staff apologised if they thought they were interrupting and said they would come back later if this was better.

- Staff were confident when talking about people's rights. They gave emphasis to Holmwood Care Home being the person's home. This included staff remembering they were a guest in the person's home, with the need to respect people's belongings and space.

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 had a personalised care plan. The information showed people's needs, their preferences and the support they required. This included clear support a person needed to maintain good mental health. However, records showed one person had an air mattress, which was not correct. The information also stated the person needed regular repositioning, to ensure their skin remained healthy. Records did not show staff had always assisted the person, as often as identified in their care plan.
- People were happy with the care they received. One person said, "I'm very happy here. [Staff] help me with what I need but they don't intrude or overdo it. I can't fault them." A relative told us, "The care is great. They treat [family member] as an individual and they know exactly what [they] need. I can't fault the care here." A health and social care professional told us they had no concerns about the care people received. They said hygiene was of a good standard, and staff always followed any instructions given.
- The operations director told us staff had worked hard with people to enable good outcomes. This included promoting independence and enabling people to remain out of hospital. They said they knew people well, which enabled them to provide individualised support.
- People told us they could follow their own routines, although one person said they went to bed when staff told them to. Staff explained the reason for this, yet this was not documented in their care plan.

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

- A varied activity programme was in place. This was arranged by designated activity staff and included both in house and external activities. The activity programme was printed and circulated to people each month, so they were fully informed of what was available to them.
- The operations director told us most people living at the home were active, and therefore the activity programme took this into account. The programme included an exercise class, which people engaged with well. People were also supported to go into town, the market, church or to local community groups. Some people told us they did this independently or with family members.
- People told us they enjoyed the social activities on offer. One person told us "I join in with most things." Another person said, "I'm happy here in my room but can join in if I wanted too. They do my nails, which I like." A health and social care professional said, "Staff recognised the importance of meaningful engagement for the wellbeing of those they care for."

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.

- The AIS were being met. Information was available in large font if needed. There was also a translator, which enabled verbal and written information to be translated into different languages.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern. They said they would generally speak to a member of staff or the operations director if they were unhappy about the service.
- The operations director told us there were rarely any formal complaints. They said this was because people raised any concerns, during their weekly meeting. These were quickly resolved which minimised the risk of escalation.
- A record of concerns was maintained. These were reviewed to identify potential trends.

End of life care and support

- End of life care was provided at the home, although no one was receiving this type of care at the time of the inspection.
- Staff were passionate about providing good end of life care. One member of staff told us, "I sat with one person and held their hand as they passed. It was such a privilege. I'll never forget it."
- The home had subscribed to a five-week end of life training course through the local hospice. The operations director told us they had built excellent relationships with the hospice and could call them for advice at any time.
- People had treatment escalation plans in place. These stated if or when the person wished to be admitted to hospital if very unwell. Personal wishes however, regarding end of life care, were not detailed within people's support plans.

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

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

- There were audits to assess the quality and safety of the service. These included infection control, medicine administration and a recruitment checklist
- There were two registered managers, who had an overview of the service. They did not have day to day involvement or management of the home. The operations director undertook the role of overseeing the day to day management and running of the service. All directors met each week to review the running of the service. A review of the management team within all the provider's locations was taking place.
- Staff had direct access to the operations director by phone, email and a secure Facebook group.
- There was a clear staff structure and systems were in place to ensure staff were kept up to date with any information they needed to know. This included staff meetings and handovers.

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

- There was a positive culture, which was adopted throughout the staff team. One member of staff told us, "We treat people as our family but with a professional approach."
- People were empowered to be as independent as possible, do as they wished with their time and go out when they wanted to. One person told us, "All I need to do is tell them when I'm going, and out of respect, I give them a vague return time." They said staff respected their wishes and reminded them of the weather conditions before they went.
- The management team were passionate about providing people with a good service. They invested in the service and had clear expectations of how staff should go about their work.

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

- The registered manager and the management team were aware of the duty of candour. They said they would report anything that had gone wrong and take steps to ensure it did not happen again.

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

- People, their relatives and staff were encouraged to give their views about the service. This was within meetings, surveys and informally through conversation.
- People's independence was promoted, and individuals were able to maintain their room if they wanted to. This included making their bed, dusting and tidying. One person told us they liked to do their own

laundry yet finding a washing machine that was empty was a challenge. The operations director told us plans were in place to refurbish the small kitchen, which would include adding laundry facilities for people to use when needed.

Continuous learning and improving care

- The management team told us high standards within the service were an expectation. They said any learning opportunities were taken to ensure further improvement. A health and social care professional confirmed this and said, "Staff are willing to learn from their mistakes and demonstrate a determination to strive for constant improvement."
- A new electronic care planning system had recently been introduced.
- There was an organisational development plan in place.

Working in partnership with others

- The management team was involved in many committees, boards and working groups. This enabled them to keep up to date with best practice and be involved with new initiatives.
- The home had established links with other health and social care professionals.