

Southampton City Council

Holcroft House

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?

Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 1 and 10 May 2018.

Holcroft House 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.

Holcroft House is a residential care home for up to 34 people who may be living with dementia. On the day of the inspection, 33 people were living there. The accommodation is on the ground level with several communal areas for different activities. There is also a garden, which is secure.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

People were safe living at Holcroft House. The provider had policies and procedures in place designed to protect people from abuse. Risk assessments were in place to reduce risks to people's health and safety. Appropriate recruitment procedures were in place and people's needs were met by suitable numbers of staff. There was a cleaning programme in place to reduce the risk of infection.

Mental capacity assessments and best interests decisions were completed where necessary. People were supported by staff who were trained appropriately for their role. People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary. Staff supported people to take their medicines as prescribed. The environment was suitable to meet the needs of people living with dementia.

Staff developed caring relationships with people and supported them to express their views and be involved in making daily decisions about their care and support. Staff supported people whilst being mindful of their privacy and dignity.

People received personalised care that was responsive to their needs and enjoyed a range of activities, which were tailored to their interests and choices. People and their relatives had access to the complaints procedure. People were consulted about their end of life care choices and wishes.

The service was very well-led. The vision of the service was to improve the lives of people and their health and wellbeing and this was achieved because people were at the heart of the service.

There was a strong emphasis on continuous improvement and the views of people using the service were central to changes made. Governance was well-embedded into the running of the home. There was a system of audits in place to monitor the quality of service provided.

The registered manager was very open to trying new ideas to improve the quality of the care and support given to people. There was a clear management structure in place which demonstrated good management and leadership. The registered manager worked in partnership with other agencies and ensured that the service continued to learn and improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had policies and procedures in place designed to protect people from abuse.

Risk assessments were in place to reduce risks to people's health and safety.

Appropriate recruitment procedures were in place.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective

Mental capacity assessments and best interests decisions were completed where necessary.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary.

People benefitted from an environment which met their needs.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with people

People were supported to express their views and be involved in making daily decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

People and their relatives had access to the complaints procedure.

End of life care was provided in ways people preferred.

Is the service well-led?

Outstanding 

The service was very well-led.

The vision of the service was to improve the lives of people and their health and wellbeing and this was achieved because people were at the heart of the service.

There was a strong emphasis on continuous improvement and the views of people using the service were central to changes made.

Governance was well-embedded into the running of the home. There was a system of audits in place to monitor the quality of service provided.

The registered manager was very open to trying new ideas to improve the quality of the care and support given to people.

There was a clear management structure in place which demonstrated good management and leadership.

The registered manager worked in partnership with other agencies and ensured that the service continued to learn and improve.

Holcroft House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 and 10 May 2018. The inspection team consisted of 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.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received written feedback from six health and social care professionals

During the inspection, we spoke with six people, one relative, four care staff, the chef, the registered manager and a senior manager. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of two people. We also looked at a range of records, including three care plans, two staff recruitment files and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe living at Holcroft House. One person said, "I do [feel safe], in fact, I think the staff here are marvellous." The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately and staff told us what action they would take if they suspected or witnessed abuse. This helped to ensure that people were kept safe from harm.

Risk assessments identified when people were at risk from every day activities, such as moving around the home, eating and drinking or using equipment. Risk assessments detailed what action was taken to minimise those risks and to deliver care and support which met people's needs safely. Risk assessments were updated when people's needs changed.

Arrangements were in place to ensure people's safety in the building. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly. There was a plan in place for where people would go if the building had to be evacuated. Fire safety, gas safety and electrical equipment checks had been completed and equipment was regularly maintained.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's needs were met by suitable numbers of staff. One person told us, "There are enough staff on duty" and another said, "[Staff] would come if I called them, I am very independent person and do not need much help." Staffing levels were set by the provider but the registered manager said they contacted their manager and extra staffing was agreed when needed. The provider had used agency staff to fill gaps in the rota. The agency sent over a staff profile in advance so that the registered manager could be assured of their suitability to work in the home. Agency staff were generally the same staff, which meant they were familiar with people living at Holcroft House.

People were supported to take their medicines as prescribed, by staff who were trained and assessed as being competent. One person told us, "Yes, it is all taken care of for us; I do not have to worry in case I have forgotten it" and a visitor said, "[Staff] are completely on top of [my relative's] medication requirements." A Medication Administration Record was completed to record that people had received their medicines. Where people needed to take medicines covertly, appropriate procedures had been followed to ensure this was safe and in the person's best interests. A risk assessment was completed to identify whether people were able to manage their own medicines safely or whether they needed staff support. People's medicines were stored safely and appropriately.

The home was clean and the registered manager completed an Annual Statement of Infection Control and an Infection Control Audit. Procedures were in place to ensure equipment and the environment were kept clean. Protective clothing such as gloves were available, as was anti-bacterial hand wash and gel. The Food

Standards Agency awarded a rating of five when they visited the home recently. This is the highest award level, which can be achieved.

The registered manager ensured lessons were learnt and improvements made when necessary. An issue had been identified at another of the provider's services and there was now a new improved risk assessment tool to identify risks when people moved to Holcroft House, particularly in an emergency. Another issue had arisen which led the registered manager to review the timing of their involvement with employment agencies to ensure the agency could meet their staffing needs.

Is the service effective?

Our findings

People received effective care and support. One person said, "The staff here all are brilliant; they will arrange anything I ask for." A visitor felt the staff had the necessary training to look after their relative. They said, "I think [my relative] is very well looked after, the staff do have a thorough understanding of [my relative's] needs and preferences." Another relative told us, "The communication with me is good and the staff are proactive in their approach. I am full of admiration for the team here. I have confidence in their systems; they even monitor food and fluid intakes."

People were cared for and supported by trained staff. New staff completed an induction programme, which included information about the service and completion of the Care Certificate. This is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. All staff, including support, completed the Care Certificate. The provider offered a comprehensive range of training to all staff, which included moving and handling and dementia awareness.

A staff member told us, "The training is very good, it's always kept up to date." Another staff member told us about a recent training course they had completed on end of life care, which they had found really valuable as it covered people's pain relief and religious needs.

A social care professional told us, "The staff have engaged very well in training, from domiciliary staff through to coordinators and management level; seeking to understand and implement good practice with relation to mental capacity assessments, Deprivation of Liberty Safeguards applications and authorisations, and respect of individuals human rights."

Staff were further supported in their work through regular supervisions and annual appraisals. These processes offer support, assurances and learning to help staff development.

People were supported to eat and drink enough. One person told us, "I can have what I want to eat; if it's on the menu and I don't want it, they will get me an alternative" and another person said, "I don't eat very much, they never make me have anything I don't want, I just have sweet ham only for lunch, I always have, and they get it for me."

People were offered a choice of food, however, the choice was made the day before. Staff told us that when the meal was served, some people wanted what they saw their friends at the same table eating. Staff then brought them another meal. One staff member told us how they presented a visual choice of puddings, and cakes on the trolley. They were also mindful that sometimes people did not understand a word such as 'quiche' so they used a different word, which people could understand. We spoke to a senior manager about this and by our next visit, a new system had been put in place. People were shown the two meal choices so that they could smell and see the food to help them make a choice. This system was in use in another of the provider's services so was easily put in place. The registered manager had already seen a positive impact on people and the chef found that people made different choices when they could see the food.

The chef kept a list of any special dietary requirements and staff ensured that people were given the right meals. Special dietary needs included, diabetic, gluten free, vegetarian and soft food. Staff supported people to eat their meals, for example, by cutting up the meat.

People had access to healthcare services when necessary. Staff contacted health professionals such as GPs, district nurses, dentists and speech and language therapists who visited people in the home.

The registered manager and staff team worked with relevant professionals to deliver effective care and support. A healthcare professional told us, "I have personally found [the registered manager] to be open to new ideas to improve patient care. The staff are quick to report any clinical problems, for example, wound care, and will ask for advice when needed." Another healthcare professional told us, "The staff escalate concerns to professionals or other services in a timely fashion. Actions are taken by managers and carers in response to professional advice."

The building's corridors were arranged in a square design, which meant people could walk around the home without coming to a standstill at a brick wall. Each had a different theme and had recently been re-named. The registered manager consulted with people who had voted for their choice. The areas were named after the theme of the corridor. Staff had painted and decorated the areas according to the theme, for example, Blossom Mews had flowers on the walls.

Some areas of the home were in need of painting and decorating. The registered manager and a senior manager told us the work had been quoted for and was about to be commissioned.

People could move around the home and sit where they pleased. There were different lounge and dining areas and some people chose to sit together in friendship groups. The staff and registered manager had created different activity areas, such as a pub and a sweet shop. There were door knockers on bedroom doors and relevant pictures on the walls. The hair salon had been decorated in a 1950's scheme, with bold colours and black and white floor tiles.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of the procedures to follow and had obtained authorisations where necessary.

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 were being met. Best interest decisions were made and recorded appropriately.

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. Comments from people included, "[Staff are] always so kind and thoughtful", "The carers are always so kind and cheerful to me", "I love the gardens and because I get lost if I go out on my own, the carers will always take the time to come out with me. They are so kind and friendly, always cleaning the place. They treat us all with care and respect" and "I love it here, the staff are all so very kind. I make my own bed and have always looked after myself, the staff respect my independence. I do know that if I were to want help the girls would be there for me." A visiting professional told us, "The carers are all friendly to everybody. They know [people] well, they have really good relationships with residents."

A healthcare professional told us, "The carers know the service users well and are always willing to support and engage with the residents. In my opinion whenever I have visited it is evident that the residents are cared for well." Another professional said, "The staff have always demonstrated dignity and respect towards residents' care delivery. Whilst in the home I have witnessed staff interaction with residents and it has been warm and caring – staff appear to have positive and personal relationships with residents knowing their individual likes, dislikes and preferences. Residents certainly speak positively of staff and present as relaxed."

Staff encouraged people to sit together in friendship groups. The registered manager said that there were people who really enjoyed sitting together and chatting and although they may be talking about different topics, they were happy.

People made choices about their every day care and support. For example, we heard people being offered a choice of drinks throughout the day and people could choose to join in with the activities. A staff member said, "We know [people's] favourite clothes and colours. We ask them, hold up various clothes and they choose." We saw that people were well presented and in particular some women had matching outfits in their favourite colours, wore jewellery, had their nails painted and their hair styled.

Staff respected people's privacy and dignity and promoted their independence. We heard staff asking a person, kindly and discretely, to go for a walk with them. Initially, the person was not inclined to go, but staff maintained a casual but interested tone and asked them to go with them to their room. The person got up, took their hands and went with them, looking happy. One person told us, "I can get up when I choose, I am encouraged to do things that help me maintain at least some independence."

Named staff were designated as dignity champions. The role of a dignity champion is to challenge poor care practice, act as a role model, educate and inform staff working with them. The dignity champions complete quarterly audits on the subject of dignity. Staff told us that where people had gender preferences for care staff to support them with personal care, their choices were respected.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The provider offered a respite service for people to spend a short period of time whilst their families had a break. Respite breaks were planned in advance. During our inspection we heard a staff member talking to a relative who needed support sooner than was planned. The staff member responded to the person with empathy and offered the respite sooner than was anticipated. A social care professional gave us positive feedback they had received from families who had good experiences at the home whilst using the respite service. Another social care professional told us, "I have observed staff to manage behaviour which challenges others attentively with distraction techniques. I have observed staff to be very warm and gentle and support a personalised care plan to my client." They went on to say that when the person had been anxious around mealtimes, staff had offered to sit with them and offered different times and places to eat.

The care planning process began with gathering information from the person and other relevant people or professionals who knew the person and completing an assessment. People had care plans in place, which detailed their assessed needs and their preferences to enable staff to support them. One person had a specific fear and there was a care plan in place for staff to follow to reduce the level of fear. Staff knew about the person's fear and told us the actions they took to follow the care plan. Care plans were reviewed and updated to meet people's current needs.

The provider had recently employed a part time activities co-ordinator, who was already starting work on various new projects to increase the range of activities available. Staff offered in house activities in the afternoons or outside entertainers visited. The registered manager had had the use of a mini-bus to take some people out on day trips. However, this opportunity was no longer available, so the registered manager had sourced the loan of another mini-bus and three staff were going to undertake the relevant driving test to enable them to take people out into the community.

People enjoyed a range of activities which were designed to encourage social activity. One person said, "The entertainment is excellent, I love the singing - it's most enjoyable." Staff told us about the cinema evenings. One staff member said, "We involve residents [in the choice of film]. I get everyone involved, we get nibbles and lemonade." The home was planning to enter 'Southampton in Bloom', which they had entered since 2013. They had previously won prizes.

The provider had a complaints procedure, which was displayed in the hall and people had a copy in their bedroom, which included pictures so that it was easier to read. One person told us, "I have absolutely no reason to complain." The last formal complaint had been recorded in 2016. We saw that the complaint had been investigated, action taken and an apology sent to the complainant.

People were supported to stay at Holcroft House at the end of their lives if this was their wish and if staff could meet their needs. Two staff had completed training in palliative care had completed a programme

which was run by a local hospice about supporting people at the end of their life. The programme resulted in a qualification and consisted of six steps to follow before and after a person died. Staff treated people who were receiving end of life care with care and dignity and changed the care according to people's changing needs. Thoughtful touches were also put in place by staff who knew what the person liked.

The registered manager told us about being approached by a specialist palliative care nurse regarding supporting people living with advanced dementia who may display behaviour, which challenges others. The identified outcomes of the programme in other services, were that some people no longer needed certain types of medicines. Three staff were to attend the training and equipment was being purchased for staff to use.

Is the service well-led?

Our findings

The vision of the service was to improve the lives of people and their health and wellbeing and this was achieved because people were at the heart of the service. The culture of the service was open and inclusive and achieved good outcomes for people. A visitor told us, "[The home] is doing a really good job with limited resources." The registered manager told us, "[We] are proud of our achievements in providing the best service of care we can give to our residents by remembering each resident is an individual person whom has achieved so much in their life and we support them to be able to continue this in a new chapter of their life."

We received consistent feedback that the service was led exceptionally well. A social care professional told us, "From my experience [of the home], the service is extremely well led. [The registered manager] demonstrates a continuous drive to improve delivery of care to residents. She is transparent and accountable for actions and quality delivery." A healthcare professional told us, "The [Registered] manager of the home is a delightful, friendly and highly experienced person who has been an absolute pleasure to work with. She has the resident's well-being at the utmost centre of all that she does. Although I have only witnessed a small part of the whole service, I have been very impressed with the management and her team of senior carers and co-ordinators." Another health care professional said, "[The registered manager] is very approachable and supportive. She knows the residents well and seems, in my opinion, to be an effective leader and is respected by the carers."

Staff also spoke highly of the registered manager. One staff member said, "You can talk to [the registered manager], she does not discuss your problems with anyone. She will try to rectify things if she can." Another staff member said, "[The registered manager] is approachable and will listen to issues. It is a nice, upbeat, happy home; clean, airy and a pleasant atmosphere."

There was a strong emphasis on continuous improvement and the views of people using the service were central to changes. Consultations and decisions were given the time needed to ensure everyone had an opportunity to be involved. The registered manager consulted with people and their families about new ideas, which resulted in a vote being taken to implement ideas, for example, the name of the new sweet shop. The registered manager was aware that people loved animals and asked if they would like a pet. Where people were not able to fully engage with the discussion, their relatives were involved. People decided they would like budgies. The registered manager took photographs of birds which were available to buy so everybody could choose which ones they liked. People and their relatives were then given the opportunity to suggest names and people voted for their favourite. The birds had been popular and people had recently asked for some more in a different part of the home.

People were involved with decisions about making changes to the environment. For example, people and staff had decided to set up one of the lounges as a café area. Staff had painted different colour patches on the wall so people could consider the colours and express a preference.

People and their relatives were asked to complete questionnaires and we saw the feedback was positive. Comments included, "[My relative] came in as an emergency. Staff have been brilliant", "I have nothing but praise for all the staff" and "I am completely satisfied with the service and care given. I would highly recommend." There was also a suggestion box and a form entitled "How was your visit?" by the front door. Visitors were encouraged to give their feedback about how their visit had been.

Relatives' meetings were arranged, which gave relatives the opportunity to meet with the registered manager and raise any issues. Families were also invited to attend a number of celebrations throughout the year.

Governance was well-embedded into the running of the home. There was a management structure in place to support the registered manager. The person in the role had set dates when they would visit the home and staff were invited to join them for a 'catch up' on a one to one basis. The provider had a system of peer review in place, which meant that registered managers would complete a peer review on another service. The review looked at the outcome areas we look at during inspection and ideas were shared to improve the services. Inspection feedback and reports were shared with staff and discussed.

There was a system in place to monitor the quality of the service provided. This included a range of audits, such as infection control, care planning, safeguarding and health and safety. The registered manager kept up to date with developments in the care sector by attending professional events and a dementia conference as well as reading communications from professional organisations. The registered manager had also initiated contact and made links with a provider of a service rated Outstanding to gain and share ideas to improve the service further.

The registered manager ensured that, where necessary, there was learning from situations or incidents and processes were changed where necessary. The registered manager gave us some examples: one was regarding procedures, which had been reflected upon and changed when they were found not to work as well as intended.

Leaders and the registered manager were striving for excellence through consultation with professionals, research and reflective practice. The registered manager and staff worked with other agencies in ways which promoted peoples' health and wellbeing. They had been asked to be part of an 'enhanced health care pilot project', which was aimed to reduce admissions to hospital. Staff had a central number to telephone for medical professionals, which was open later than the GP surgeries. A lead nurse visited the home on a monthly basis (or when needed) to complete health risk assessments. Where health risks were medium to high, the nurse was able to check their health and review their medicines. A consultant doctor had also visited to give people a health 'MOT', which included tests such as electrical tests to look at blood flow. The scheme had a positive impact on people as health issues were found and the necessary treatment and support provided.

Another example of using relevant professional support was when considering the activity needs of people living with dementia. The service used a specifically designed assessment tool, which identified people's level of understanding around being involved in social or one to one activities. Strategies included, 'social' or 'sensory'. From that assessment staff tried to ensure that appropriate activities were planned to make sure people felt happy and confident in being involved. Currently, most people were assessed as having 'social' activity needs. The registered manager said the home had a number of sitting areas where people could meet up. One room had been used to recreate how a pub would look. There was a mural on the wall, a disco light, music, darts, table football, a piano [which two people played]. People could sit and chat and were offered shandy, white wine spritzers and snacks. Staff would suggest a pub night, or relatives would

take them to the pub room. In another room, people were invited to join in high tea once a month, with the appropriate crockery and relatives were invited. The registered manager said that people felt like they had gone out of the home. People's needs were kept under review as their health dictated, for example, if people were end of life, they could need sensory level activity, rather than social.

Health and social care professionals were confident that the service was well led. Comments included, "Staff communicate well with social care as a wider service and in all multi-disciplinary team scenarios", "I am always greeted professionally. Staff are happy to listen. Staff have provided useful information about the client. Staff do not present as stressed rushed or anxious" and "My impressions of the service at Holcroft have remained very positive across numerous visits. The staff are always very helpful and friendly and the systems I have seen in place are good."

The registered manager was very open to trying new ideas to improve the quality of the care and support given to people. They had been asked to be part of a pilot study into the benefits of a particular form of music and dance activity for people living with dementia. This had consisted of a weekly visit for a year and was seen to have improved people's lives in that they appeared calmer. The pilot was successful and the registered manager was committed to continuing the scheme by training staff to continue using the activity.