

Parkside Care Limited

# Holmlea Care Home

## Inspection report

48 Linskill Terrace  
North Shields  
Tyne and Wear  
NE30 2EW

Tel: 01912572407

Website: [www.parksidecare.co.uk/holmlea](http://www.parksidecare.co.uk/holmlea)

Date of inspection visit:  
19 December 2018

Date of publication:  
01 February 2019

### 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

Holmlea 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 home can accommodate 25 older people. When we inspected there were 22 people living at the home, some of whom were living with dementia.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People and relatives told us they received very good care from kind and caring staff. We observed there were positive relationships between people, relatives and staff.

People, relatives and staff told us the home was safe. Staff had a good understanding of safeguarding and the provider's whistle blowing procedure. They also knew how to report concerns if needed.

There were sufficient staff deployed to meet people's needs. People confirmed staff responded quickly when they needed assistance.

Effective recruitment procedures were followed to ensure new staff were suitable to work at the service.

Medicines were managed safely. Accurate records were kept to confirm the medicines people had received from staff.

Incidents and accidents were logged and investigated. These were monitored periodically to identify trends and lessons learnt.

A range of checks and risk assessments were completed to maintain a safe environment.

Staff were supported well and received the training they needed, Records confirmed supervisions, appraisal and training were up-to-date.

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.

Staff supported people to meet their nutritional needs.

Care records showed people had access to external healthcare services when required. This included GPs, district nurses, chiropodists and dentists.

People's needs had been fully assessed to identify the care they needed and wanted. This included any preferences people had relating to religion and end of life. This was used as the baseline for developing personalised care plans. Mental health care plans required additional information. Care plans were reviewed regularly and amended as people's needs changed.

There were good opportunities for people to participate in activities if they wanted. Activities were on-going throughout our time at the home.

People and relatives knew how to complain. Previous complaints had been dealt with effectively.

People, relatives and staff gave us very positive feedback about leadership and management of the home.

The provider had a structured approach to quality assurance, which was effective in addressing issues.

There were good opportunities for people and staff to provide share their views about the home. Staff told us their views were valued and listened to.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Holmlea Care Home

## 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.

This inspection took place on 19 December 2018 and was unannounced.

One inspector carried out this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with five people and three relatives. We spoke with a range of staff including the director, the registered manager, a senior care worker, two care workers, the cook and a domestic. We reviewed a range of records including three people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

When we last inspected Holmlea Care Home we concluded the home was safe and rated it good. Following this inspection, we found the home was still safe and our rating remains good.

People relatives and staff told us the home was safe. Relatives said, "It is very safe. [Family member] has a sensor mat [to help prevent falls]" and "I can sleep at night. I haven't got that worry [that family member isn't safe]." Staff comments included, "It is very safe. Very, very safe. We have a good team who care for the residents."

Staff understood safeguarding and the whistle blowing process. They told us they hadn't needed to raise concerns previously but would not hesitate to keep people safe. Previous safeguarding concerns continued to be dealt with effectively. The safeguarding log confirmed they had been referred to the local authority safeguarding team and fully investigated.

Where potential risks to people's safety were raised, a risk assessment was carried out. These covered environmental risks and specific risks to people's safety. They had been reviewed regularly and updated as people's needs changed.

People, relatives and staff said staffing levels were sufficient. People commented, "I press my buzzer and they come to see what is wrong", "There are always plenty of staff around. They come quickly if I need them." Relatives said, "There are loads of staff around. There is always someone to speak to" and "There are always staff around, there is always the right amount." Daytime staffing levels consisted of six care staff, as well as ancillary staff including kitchen, domestic and maintenance staff. We observed a visible staff presence throughout our visit. The registered manager monitored staffing levels to check they remained safe.

The provider continued to operate effective procedures to recruit new safely. This included receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The home was clean and well maintained. One relative commented, "There are no smells anywhere, it is beautiful." Another relative said, "It is always clean." Staff followed good infection control procedures. Infection control audits were completed to maintain high standards of cleanliness.

The provider continued to manage medicines safely. Staff received safe handling of medicines training and had their competency checked. Medicines were received, stored and disposed of safely. Medicines administration records (MARs) accurately recorded the medicines staff gave people. Audits were completed to check compliance with medicines management procedures.

Checks were completed to maintain a safe environment and were completed consistently. There were procedures to help ensure people were supported safely in an emergency. For example, each person had a

Personal Emergency Evacuation Plan (PEEP). The registered manager maintained an incidents and accidents log. This was monitored to check effective action had been taken.

# Is the service effective?

## Our findings

When we last inspected Holmlea Care Home we concluded the home was effective and rated it Good. Following this inspection, we found the home was still effective and our rating remains Good.

People's needs had been assessed both prior to and shortly after their admission to the home. This was used to identify the care people needed and wanted. The assessment included discussing with people about any needs they might have relating to religion, culture or lifestyle. Some people had needs in relation to their religion. One staff member commented, "There is a church service every month. If people want to participate all well and good. If they don't that is fine, it is up to them." One relative told us they had been "very involved" in deciding what care their family member needed.

Staff received good support and received the training they needed for their role. One staff member commented, "I feel really supported. You can go to registered manager and it is sorted straightaway, the same with the staff. The whole place it is just fab", We get plenty of training." Another staff member told us, "I am very supported. We get regular supervisions. There is always training going on." A third staff member said, "They are really bang on with training. If there is anything we want to learn more about, they will get training courses for us." Records confirmed training, supervision and appraisals were up-to-date.

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 Mental Capacity Act (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS). DoLS authorisations were in place for those people requiring one. Care records confirmed MCA assessments and best interests decision had been made, where restrictions had been placed on people. For example, where people lacked capacity and could not consent to their admission to the home or for the use of bedrails and sensor mats to keep people safe. Staff had a good understanding of MCA and clearly described how they would support people with making daily living choices.

People gave positive feedback about the meals. They said meals were varied and they had choices. People said, "The food is okay. Everyone gets two choices or you can just ask for something different", "I like my breakfast, I had toast and eggs" and "The food is very good, it is nice. There is good variety and a good choice. I am very happy with all the meals. It is healthy as well." Throughout the day people were offered drinks and snacks. People completed a food, drink and mealtime questionnaire to identify their preferences, such as altered diets, food, likes and dislikes and preferred mealtimes. The cook had a good understanding of people's needs and preferences. They told us most people required a normal diet. However, a small number of people received a pureed diet following a speech and language therapist's recommendations.

Staff supported people to access health care services when needed. One relative told us, "They chase things up medically. They are on the ball very much with that." The registered manager said, "The district nurse is in and out of the home." Records showed people had input from a range of health and social care professionals, such as GPs, district nurses, chiropodists and dentists. Where specific recommendations had been made, these were incorporated into people's care plans to guide staff about the most effective ways to



care for people.

# Is the service caring?

## Our findings

When we last inspected Holmlea Care Home we concluded the home was caring and rated it good. Following this inspection, we found the home was still caring and our rating remains good.

People and relatives gave very good feedback about the care provided at the home and the staff team. People commented, "I am very happy here", "They do a very good job of looking after me" and "The staff are all friendly and they will help you." Relatives commented, "I am very happy, the care is second to none, excellent", "They bend over backwards to make sure needs are met" and "The staff are amazing, they really care about the residents."

The provider had received many written compliments, praising the care provided at Holmlea Care Home. They described staff as showing "loving attention" and being "kind and welcoming". They also stated family members had received "the best possible care" and were "well looked after".

People were treated with dignity and respect. One relative told us, "They [staff] give people the dignity they deserve." Staff described how they promoted dignity and respect when providing care. For example, always explaining what was happening, offering reassurance and gaining consent. The provider promoted dignity in care. Staff received specific training and had access to a 'good practice guide'. The provider documented examples of positive interactions they saw.

Staff promoted people's independence where possible. One staff member told us, "We promote independence as much as possible. People confirmed they were encouraged to do as much as they could. They said they could access the local community when they wanted. One person commented, "You can go out when you want to." Another person said, "Most of the time I go out. I go shopping."

People were supported to personalise their rooms. We observed people's rooms contained lots of personal items. One relative told us about how the handyman had taken time to hang their family member's personal pictures "exactly where they wanted them".

Staff had a good understanding of people's needs. The home had a stable staff team, some of whom had known the people for a significant time. Staff also told us they had been encouraged to sit with people and chat. We observed this happened frequently, with staff regularly chatting with people about their interests. Staff commented, "If you want to sit and have a chat, you have a chat" and "You get to know people really well and can judge how people are."

Care records were detailed and personalised. They included information about people's preferences and a life history. This is important so staff have a better understanding of people's individual needs. Care plans included specific prompts for staff to raise awareness of what was important to people. For example, to ensure people were given choices and their preferences.

Relatives advocated on behalf of some people. Two people had independent advocates, who visited the

home regularly. Advocates had supported people with making some decisions. People were provided with information about the availability of advocacy services.

## Is the service responsive?

### Our findings

When we last inspected Holmlea Care Home we concluded the home was responsive and rated it Good. Following this inspection, we found the home was still responsive and our rating remains Good.

People told staff responded well to their requests for help. One person said, "They [staff] will do anything for you. You just tell them what you want and they get it. We get everything we want." Another person told us about how they needed a battery for their hearing aid. They said, "[Staff] went and got it straightaway. I think they are very good here." One relative said, "They are on the phone straightaway about anything." In order to facilitate for one person to access the local community, the provider purchased a specialist wheelchair. The registered manager adapted the rota so that a particular staff member had time to take the person out. The staff member also used their own time to accompany the person on outings.

People had personalised care plans which, in most cases, clearly described the care they needed. Although staff had an in-depth understanding of people's needs, we noted some 'mental state and cognition' care plans would benefit from additional information. This was to ensure care was provided consistently. For example, one person's care plan described how a person needed support with making decisions, due to living with dementia. However, their care plan did not describe the most effective strategies for staff to follow.

Other care plans were detailed and covered a range of needs such as physical health, spiritual needs and nutrition. These were evaluated to reflect people's current situation. The evaluation records contained meaningful summary of changes to people's needs. One relative described how the care their family member received had adapted with their changing needs. They said, "As needs have changed, they [staff] have slotted in with what was needed." People had the opportunity, if they wanted, to discuss their end of life care wishes. End of life care plans had been created where people had specified particular wishes.

There were good opportunities for people to participate in activities. Relatives commented, "They always have got so much going on [to keep people engaged]. If nobody [entertainers] is coming in, the staff are interacting with people. There is also a lot of interaction with residents' families" and "There are always activities going on and they take people out as well." Recent activities included carol singers, a pantomime and a bring and buy sale. On the day we visited people were involved in arts and crafts based around painting their own Christmas baubles.

Some people had relatives who did not live locally and could not attend the home. In order to keep these relatives involved, the registered manager arranged for photographs to be emailed showing their family members involved in special events or activities. A CD-Rom containing photographs had been sent to relatives who do not have access to email.

Although people and relatives gave only positive feedback, they knew how to raise concerns if needed. One relative commented, "I honestly can't think of any criticisms." Another relative said, "There is nothing I could say that is negative." Previous complaints had been fully investigated and a written response sent to

complainants, in line with the provider's complaint procedure.

## Is the service well-led?

### Our findings

When we last inspected Holmlea Care Home we concluded the home was well-led and rated it good. Following this inspection, we found the home was still well-led and our rating remains good.

The home had a registered manager. 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.

People, relatives and staff described the registered manager as supportive and approachable. One person said, "If you want her [registered manager], she is there for you." Relatives told us, "The manager is fab, she is always here" and "[Registered manager] is just fantastic. She knows all the residents. She is really efficient. I have every faith in her." Staff commented, "[Registered manager] is always there if you need to speak to her. She is such a supportive manager." The registered manager told us the owners were very involved in the home and provided good support. They said, "The owners genuinely care. The director is really approachable. They are in and out of the home a lot."

The home had a friendly, homely and welcoming atmosphere. One person said, "Everyone gets on with everyone else." One staff member said, "It is like a big family, one big happy family." Another staff member told us, "There is a nice homely feel. We always have a laugh and lift people's spirits up."

The provider gave opportunities for people, relatives and staff to share their views about the home. For instance, people had been formally consulted to gather their views. Regular meetings also took place. One staff member said, "We have staff meetings. If there is something we feel is wrong, we speak out. They will take account of our views. Usually something will come of it [to resolve the issue]." Another staff member commented, "If we have any concerns we can bring them up there [staff meetings]. Minutes of these meetings were available which confirmed people's and staff member's views were discussed."

The last consultation with people was done in July 2018. People had given positive feedback about their care, safety and the staff team. For example, 88% of people were either 'extremely' or 'very satisfied' with their care, with the remaining 12% being satisfied. Where areas for improvement were suggested, these were considered and an action plan developed. Actions included reviewing the activities offered and redecorating some areas.

The provider continued to operate a structured approach to quality assurance. This included regular checks of care plans and infection control. These had been effective in identifying and addressing issues in the home. We viewed the last local authority commissioner's quality report which was positive, with no significant concerns identified. The directors carried unannounced out of hours visits to check on people's safety. The findings from these were recorded. Previous checks had identified no issues requiring further action. Positive feedback had been given to staff for how well organised they were.