

Lincolnshire Licences Limited

# Holmleigh 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

Holmleigh Care Home is a residential care home providing accommodation and personal care for up to 44 older people. At the time of the inspection 40 people were living at the home.

Holmleigh Care Home is situated in the village of Navenby, Lincolnshire and accommodation is provided across two floors.

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

At the last inspection we identified issues and made recommendations about the quality of medicines arrangements, cleanliness, care planning, staffing levels and communicating with and responding to people's needs. At this inspection we found the provider had made improvements in all these areas.

People were cared for by staff who understood how to safeguard them from the risk of harm. Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the risks.

The provider employed enough staff to make sure people's needs and wishes were met. Staff were recruited safely and trained to carry out their roles and responsibilities.

Medicines were managed in a safe way and systems were in place to control and prevent the spread of infection.

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.

Staff were kind and caring towards people and maintained their privacy and dignity. People and those who were important to them were involved in planning their care and asked for their views about the quality of the services they received.

People and the staff who cared for them had confidence in the way the home was managed. Systems were in place to regularly monitor the quality of the services provided for people and take actions to address any highlighted shortfalls.

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

### Rating at last inspection (and update):

The last rating for this service was requires improvement (published 28 August 2018) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below

# Holmleigh 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

This inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

Holmleigh 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.

There was a manager in post who had 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.

#### What we did before the inspection

We reviewed information we had received about Holmleigh Care Home since the last inspection. We sought feedback from the local authority and professionals who work with the care home and the people who live there.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the home and five relatives about their experience of the care provided. We spent time observing the care people received. We spoke with ten members of staff including the registered manager, two deputy managers, senior care workers, care workers, catering and housekeeping staff.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and supervision. We also looked at a range of records relating to the management of the home, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider reviewed the systems and processes for medicines administration to ensure their medicines policy was fully adhered to by all staff. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely. This included medicines which required special storage and recording arrangements, known as controlled medicines.
- We saw that staff stayed with people whilst they took their medicines and signed medicine records immediately after people had taken them.
- Staff involved in handling medicines had received training about the subject. A member of staff told us they received 'face to face' rather than 'e-learning' training so that good practice was reinforced. We noted that senior staff had recently attended training provided by the local authority about medicines management and shared up to date information with the staff team.

### Preventing and controlling infection

At the last inspection we recommended the provider increased their reviews of cleanliness to ensure standards of hygiene and cleanliness were maintained. The provider had made improvements.

- The premises were visibly clean and staff followed good practice guidance such as wearing gloves and aprons when necessary.
- Equipment used for helping people to move around was clean. Kitchen fittings and equipment were also clean.
- Cleaning schedules, introduced following the last inspection, were followed by housekeeping and catering staff.

### Staffing and recruitment

- The registered manager had recruited new staff members and there were no vacant posts within the team. The registered manager continued to review staffing levels in line with people's needs, using a tool provided by local service commissioners.
- People and their relatives told us there were enough staff to fully meet their needs. A relative described how they visited at least four times every week and always felt there were enough staff on duty.
- Call bells were answered quickly throughout the inspection and staff were available in communal areas to respond immediately to people's requests for help and support. One person said, "They always come when I

call."

- The provider and registered manager continued to follow safe recruitment practices.

#### Assessing risk, safety monitoring and management

- At the last inspection we found risk assessments were not always accurately completed and the actions taken to reduce risks were not always documented.
- At this inspection we found improvements to risk assessment and recording processes had been made. Risk assessments set out the seriousness of the risk identified, the actions necessary to minimise the risk and the expected outcomes for the person. We also saw staff used nationally recognised risk assessment tools to help their risk monitoring and review processes.
- Staff were aware of the risks identified to people's health, safety and welfare and they followed management plans. We saw examples of this when we observed how staff supported people to mobilise and manage their skin conditions.
- At the last inspection we found that newly installed windows in a part of the building did not have restrictors fitted. We saw the registered manager had rectified the issue immediately following the inspection.

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

- People told us they felt safe living in the home. One person said they were "Absolutely safe." A relative told us they no longer felt they had to visit their family member everyday as they were, "Safe and well looked after."
- Staff knew how to identify signs of abuse and were aware of the action they should take if they had any concerns for people's safety.
- Staff told us they had received training about keeping people safe and records confirmed this.

#### Learning lessons when things go wrong

- The registered manager regularly reviewed accident and incident reports to highlight any trends or issues. Where any issues were identified, such as falls at a particular time of day, action plans were developed to minimise and manage risks to people's health, safety and welfare.



# 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 requires improvement. At this inspection this key question has now improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we recommended the provider review the requirements for mental capacity assessments when people may not be able to make decisions about their care and support. The provider had made improvements.

- At this inspection we found that people's capacity to make their own decisions had been assessed. Care plans guided staff as to how to support some people to make decisions, such as using simple and clear language or repeating information at different times. We saw staff followed the guidance in care plans when supporting people.
- Care plans also guided staff about how to support people who did not have the capacity to make certain decisions. Staff demonstrated an understanding of the MCA principles and followed best interest guidance. We saw those who were important to the person were consulted about best interests decisions.
- No-one who lived in the home was subject to a DoLS authorisation at the time of the inspection.

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

- At the last inspection we received mixed feedback from people about the quality of meals provided for them. At this inspection people and their relatives were more positive about the quality of the meals and the choices available to them. A person told us, "The food is good." A relative said, "The food is right up [family member's] street."
- Relatives we spoke with commented that staff took time to ensure people had enough to eat and drink. Where people were at risk of not eating and drinking enough staff recorded their intake and referred to senior staff if they had any concerns.

- People had been referred to appropriate healthcare professionals where concerns had been identified about their diet and nutrition. We saw some people had been prescribed food supplements or had fortified meals to help them to stay healthy.
- People's weight was monitored and recorded.

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

- People's care and support needs had been assessed before they moved into Holmleigh Care Home. This was to make sure those needs could be met effectively, and staff had a prior understanding of people's needs and preferences.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religion.
- Staff used evidence-based tools to assess people's needs and identified risks such as nationally recognised nutritional and tissue viability scoring charts.

Staff support: induction, training, skills and experience

- Staff received an induction to the home when they started to work there and records confirmed this.
- Staff received regular training in subjects that helped them carry out their work in the right way, such as moving people safely and managing skin care. They also told us they could ask for extra training if they felt they needed it, for example, to be able to meet a specific health need.
- Staff told us the registered manager and senior staff supported them in their roles and they received regular supervision which helped them to improve their performance and personal development.

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

- People received all the healthcare they needed at the times they needed it. A relative told us how their family member had regular appointments with their dentist, chiropodist and optician.
- People's care plans set out the support they needed for preventative healthcare, such as mouth care and maintaining healthy skin.
- The registered manager and staff worked closely with local healthcare professionals to improve people's healthcare. For example, they were part of a new local healthcare initiative called the Home Health Team (HHT). Advanced nurse practitioners, in liaison with GP's, visited the home each week to review people's health needs and provide treatment and support where necessary. This also helped to ensure earlier identification of the need for referrals to specialist healthcare services.

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

- People's private rooms and communal areas were comfortably furnished and decorated.
- People could access all the areas in the home they needed and wanted to, including the garden area.
- The registered manager told us about the action plan in place to refurbish two bathroom areas to better meet people's needs. We saw the refurbishment would be completed within the next two months.

# 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 requires improvement. At this inspection this key question has now improved to good.

Good: 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the provider reviewed the way in which staff communicated with people, to enable issues to be more specifically identified and addressed. The provider had made improvements.

- Since our last inspection we saw staff had been provided with training about empathy and the issues had been addressed in staff supervisions. At this inspection we saw staff chatted pleasantly with people about their day and their interests.
- People and their relatives told us they were well cared for by the staff team. One person said, "I'm very happy here; it's not just the bricks and mortar that make a home." A relative told us they had never seen their family member 'looking so well'. Another relative said, "[Family member] is a person in their own right again; I've got my [family member] back."
- Staff knew people well and how they liked their care to be provided. One person commented, "Duvet covers and pillowcases are always perfectly ironed." This was important to them.
- A relative told us how staff made sure their family member always had their hair and nails done the way they liked. Another relative said, "The staff make it; it's notable for being interested in the individual."
- Staff understood the importance of promoting equality and diversity. For example, care records contained information about people's religious beliefs and people who were important in their lives.
- People told us they were encouraged to do as much as possible for themselves. We saw examples of staff encouraging people to maintain their mobility and be as independent as possible with eating meals.
- People told us staff maintained their privacy and dignity. Staff spoke with people in private, or in low voice tones, about their needs. We saw staff knocked on people's doors and waited to be invited in and asked permission before providing care.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

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

- People were involved in planning their care where they were able to be. Where people could not express their wishes, their representatives had been involved.
- When we spoke with people and their relatives about how they were supported to make decisions and

express their views, a relative told us, "They're really good about explaining stuff and frank." This helped people to make informed choices and decisions.

- We saw people were encouraged to decide, for example, where they wanted to spend their time, what they wanted to eat and when they got up or went to bed.
- Information about advocacy services was available in the home. These services are independent of the home and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.

# 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 requires improvement. At this inspection this key question has now improved to good.

Good: 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; 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

- At the last inspection we found care plans did not always contain key information about people's needs. At this inspection we found the registered manager had fully implemented an electronic care record system and care plans were detailed and up to date.
- People and their relatives were involved in planning for their care needs. Care plans reflected people's needs that staff told us about and guided staff about how to meet those needs. For example, oral healthcare, maintaining good skin condition and safe moving and handling.
- Assessments and care plans were reviewed regularly. Review details were summarised into one document which showed, for example, what changes had been made, any actions taken and who was involved in decision making processes.
- People were encouraged to maintain contact with people who were important to them. We saw, for example, arrangements were in place to assist people to contact relatives in different countries in the ways they wanted to. One person told us, "I've kept in touch with many friends I've had for 25 years." A relative also told us how staff had arranged for their family member to attend a family celebration.
- People told us there was 'plenty' for them to do during the day if they chose to join in. They spoke about outside entertainers coming to sing with them or play the piano. They also said there were opportunities to do exercises, play bingo, do gardening or take part in quizzes.

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 provider had complied with the AIS. Information was available for people in different formats. For example, we saw large print versions of books and leaflets. We also saw some people had telephones with large buttons and pictures accompanied other information people needed. The registered manager said they were able to provide information in other languages if required.
- Communication needs were reflected in care records and we saw staff followed those plans.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and said they would do so if needed. One person

said, "I have no complaints but would go to [registered manager or two deputy managers] if I did." A relative told us, "We don't have any complaints; we'd speak to [registered manager] if we did. They added that when they raised 'minor niggles' they had all been addressed in the right way.

- The provider had a complaints procedure in place which was displayed around the home so that everyone could access it.
- Since our last inspection the registered manager had received two complaints about the services provided in the home. Both had been managed and resolved in line with the provider's policy.

#### End of life care and support

- The registered manager and staff worked with health and social care professionals to make sure people had a dignified and pain free death.
- Staff were involved with a new local GP initiative developed to improve end of life care for people. Regular healthcare professional meetings were held to discuss people's care and ensure they were receiving all the support they needed.
- Staff followed best practice guidance for end of life care and anticipatory medicines were made available make sure any symptoms were managed effectively for the person.
- The Home Health Team (HHT) mentioned earlier in this report, supported the completion advanced care plans which set out people's wishes for the end of their lives.

# 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 requires improvement. At this inspection this key question has now improved to good.

Good: This meant 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; 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

At our last inspection we found audits had not always identified the improvements required. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and deputy managers carried out regular audits of topics such as infection control and prevention, care records and staff training. Audits highlighted shortfalls such as gaps in recording staff signatures on medicine administration records. Where shortfalls were identified, action plans had been developed to address them.
- The registered manager had improved the way in which actions were recorded. They now kept one on-going action plan for the home. This included shortfalls found through audits and any other issues which required action to be taken, such as bathroom refurbishment. This meant that all improvement information was in one place and the registered manager and provider could monitor progress more effectively.
- The registered manager and provider had addressed all the recommendations we made at our last inspection.
- The registered manager understood their legal responsibilities. For example, they had informed CQC about any accidents or incidents that occurred in the home and they had displayed the previous inspection rating.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were unanimous in their praise for the registered manager and the staff team. A

person said the registered manager was 'brilliant'. A relative told us, "[Registered manager and deputy managers] are a special sort of person rather than just doing it for a job.

- Everyone told us the registered manager and staff were approachable if they had any issues and they were confident the right action would be taken to resolve them.
- Staff were equally positive about the support they received from the registered manager and senior staff. They told us they had confidence in the management team and could express their views about the services provided. One member of staff described how they had put forward an idea to improve menus and this had been taken forward.
- People and their relatives were encouraged to express their views about the services provided through surveys and meetings. The registered manager had commenced a satisfaction survey shortly before the inspection. Although the survey was not fully completed, we saw initial feedback from people was positive. One issue had been raised about the condition of the garden path. We saw the registered manager had already acted to address this.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked in partnership with other organisations to support the provision of good quality care, such as local health and social care services, local authority commissioners and local safeguarding teams. This included attending training events and regular meetings.
- Lead staff were allocated for areas of care such as infection control, tissue viability, oral health care and end of life care. They supported the rest of the staff team with implementing good practice and any new learning.
- We noted a range of good practice information published by nationally recognised organisations was available for staff to refer to.