Derbyshire County Council

Holmlea Care Home

Inspection report

Waverley Street
Tibshelf
Derbyshire
DE55 5PS
Tel: 01629 537110
Website: www.derbyshire.gov.uk

Date of inspection visit: 21 December 2015 and 6 January 2016
Date of publication: 25/04/2016

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

Overall summary

This inspection was unannounced and took place on the 21 December 2015 and 6 January 2016.

Holmlea provides accommodation and personal care for up to 40 older adults, including some people who may be living with dementia. At the time of our visit, there were 31 people were living in the home. There was a registered manager at this service. 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.

At our last inspection in August and September 2014, people were not always protected from receiving unsafe or ineffective care. This was because there were not always sufficient staff and records associated with people's care and safety were not always properly

Summary of findings

maintained. Following that inspection, the provider told us what action they were going to take and at this inspection we found that the required improvements were made.

People felt safe in the home and they were safely supported by staff when they received care. Revised staffing arrangements and recruitment procedures helped to make sure that people's needs were safely met and that staff were suitable to work and provide people's care at the service.

Risks to people's safety associated with their care needs, equipment and environment were identified and managed in a way that helped to protect them from the risk of harm and abuse.

Staff understood people's health needs and supported people to maintain and improve their health. Staff consulted with and followed instructions from external health professionals concerned with people's care when required.

Staff understood people's nutritional care needs. People were provided with the support they needed to eat and drink and they mostly enjoyed their meals. Improvements were planned to improve people's mealtime experience in consultation with them.

The provider's arrangements helped to ensure that staff followed the Mental Capacity Act 2005 (MCA) to obtain people's consent or appropriate authorisation for their care. Action was agreed to ensure that care being delivered to people in their best interests was fully accounted for and understood by staff.

Staff were the trained and supported and tthey understood their roles and responsibilities for people's care and safety needs. Staff were kind and caring and they supported the appropriate involvement of others who were important to people in their care.

Staff treated people with dignity and promoted their independence, rights and choice in their care. People were positive about their daily living arrangements and content that staff understood and supported their related needs and wishes.

Staff understood people's needs and knew how to communicate with them. People were actively encouraged and supported to engage and participate in a range of social, leisure and recreational activities.

People were appropriately consulted and they were happy with their care. They were confident to raise any concerns or complaints, which were listened to and addressed by the service.

The home was well managed and run and people, relatives and staff were confident about this.

The provider's arrangements to regularly check the quality and safety of people's care helped to make sure that people received safe and effective care, They also helped to make sure that improvements were made when required.

Staff understood their roles and responsibilities and they were motivated and informed about service improvements. Staff were appropriately supported to share their views or raise any concerns about people's care.

Summary of findings

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.

People felt safe and they were protected from harm and abuse.

Staffing and emergency planning arrangements helped to make sure that people were safely supported.

Potential risks to people's safety were taken in to account in the management, planning and delivery of their care and people's medicines were safely managed.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people's care. They understood and supported people to improve and maintain their health in consultation with external health professionals when required.

Consent or appropriate authorisation was sought and obtained for people's care.

Good

Is the service caring?
The service was caring.

People were treated with kindness, care and respect by staff who promoted their rights.

People and their relatives were appropriately consulted and involved in a way which helped to inform people's care needs and preferences

Good

Is the service responsive?
The service was responsive.

People's rights, known preferences and diverse needs were promoted when they received care and were used to inform their daily living arrangements.

Staff, understood and observed people's needs and provided them with prompt support when required.

People were confident and able to raise concerns or make a complaint about their care, which were appropriately addressed by the service.

Good

Is the service well-led?
The service was well led.

Record keeping improvements were made and assured in relation to people's care and the management and running of the service.

The service was well managed and the provider's arrangements to check the quality and safety of people's care helped to inform any improvements needed.

Staff understood and followed their roles and responsibilities and they were motivated, informed and supported to make service improvements when required.

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.

We visited the home on 21 December 2015 and 6 January May 2016. Our visit was unannounced and the inspection team consisted of two inspectors.

Before this inspection, the provider 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 looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with eleven people who lived at the service and three people's relatives. We spoke with four care staff, a cook, the registered manager and the provider's regional service manager. We observed how staff provided people's care and support in communal areas and we looked at six people's care records and other records relating to how the home was managed. For example, staff training records, medicines records, meeting minutes and checks of quality and safety.

Good

Is the service safe?

Our findings

At our last inspection in August and September 2014, people were not always protected from receiving unsafe or ineffective care. This was because there were not always sufficient staff. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breach and at this inspection we found that improvements were made.

At this inspection people told us there were enough staff to assist them when needed. One person said, "Staff are there when you need them; they work hard." Another person told us," I don't usually have to wait when I need help; if staff are busy they let you know; it's never too long before they come."

Before our inspection we received concerns that staffing levels were not always sufficient to meet people's needs. Information we received in the Provider's Information Return (PIR) told us they had conducted an extensive review of their staffing arrangements at the service, which we found at our inspection. A revised staffing structure, together with related role specifications and job profiles and descriptions were introduced following staff consultation. A staffing tool had been developed to regularly inform staff planning and deployment arrangements. Staff rotas were regularly reviewed to make sure that relief staff were utilised where required during the transition phase to support the staff changes. This showed that staffing levels were monitored to ensure they were sufficient to meet people's needs.

Throughout our inspection we observed that people received assistance from staff when they needed it. Staff planning arrangements took account of staff absences, including holidays and sickness. Ongoing account was taken of people's personal care and dependency needs and used to inform staffing deployment arrangements. Recognised recruitment procedures were followed to check that staff, were fit to work in the home before they commenced their employment. For example, relevant employment checks were obtained. This helped to make sure that staffing arrangements were safe and sufficient to meet people's needs.

People said they felt safe at Holmlea. For example, one person said, "I feel completely safe here. We observed that information was displayed to inform people of their rights and how to keep safe. This included information about what to do if they witnessed or suspected abuse of any person receiving care at the home. One person said, "I would have no hesitation at all to report any concern if I needed to." Staff knew how to recognise and report abuse and they were provided with regular training and appropriate procedures to follow in any event.. This helped to protect people from the risk of harm and abuse.

People told us about other aspects of the provider's arrangements, which helped them to feel safe. We also observed the same, which helped to promote people's safety. For example, one person said, "The home is always clean, tidy and fresh." Another person told us, "Staff always wear gloves and aprons when they need to, which is reassuring." .

People's care plan records identified risks to their safety associated with their health needs and the equipment and environment used for their care. For example, risks from skin pressure damage or from falls. People's care plans also showed the care actions required to mitigate those risks, which staff understood. For example, one person told us how staff supported them to use their wheelchair equipment, which we also observed being done in a way that supported the person's independence and safety.

People were provided with the equipment they needed to ensure their safe support. For example, special seat cushions and bed mattresses to help to prevent skin sores and mobility equipment, which staff to use to help people to mobilise safely. One person told us, "I have a special cushion to sit on to stop me from getting sore, staff always make sure I have it." Records showed that equipment used for people's care was regularly checked and serviced for safe use. This helped to make sure that people were safely supported.

Emergency contingency plans were in place for staff to follow, which they understood. For example, the procedure to follow in the event of a fire alarm or power failure. Clear information was also provided and displayed for people about key safety procedures. This helped to ensure people's safety in the event of a foreseeable emergency.

People's medicines were safely managed. People said they received their medicines when they needed them. We

Good

Is the service safe?

observed that staff gave people their medicines safely and in a way that met with recognised practice. Records kept of medicines received into the home and given to people showed that they received their medicines in a safe and consistent way.

Staff responsible for people's medicines told us they had received medicines training, which included an assessment of their individual competency. Staff training records also showed that all relevant staff received this. The provider's medicines policy was subject to a periodic review and provided comprehensive guidance for staff to follow for the management and administration of medicines. This helped to make sure that people's medicines were safely managed.

Good

Is the service effective?

Our findings

People were happy with their care and felt their health care needs were being met. One person said, "I see the doctor when I need to." Another person told us the same and added, "I have regular checks from the doctor, podiatrist and for my sight; staff sort it for me so I don't have to worry about anything."

People's needs assessments and care plans, showed their health needs, conditions and related care requirements. Staff understood people's health needs and they supported them to maintain and improve their health. For example, through the use of individually agreed health action plans

People's care plans and their experience of their care was regularly reviewed with them. Record from this showed people's overall satisfaction with their care. For example, one person had commented, "I am very well cared for."

People told us that staff supported them to see their own GP and other health professionals when they needed to. This included the arrangements for people's routine and specialist health-screening such as optical care or diabetic health screening. People's care plan records reflected this and showed that staff followed relevant instructions from external health professionals when required. For example, in relation to people's nutritional needs and particular dietary requirements.

People said they were provided with the support they needed to eat and drink and usually enjoyed their meals. Two people said, "The food choice is ok and there's always plenty," and "You can sometimes order something else, if there's nothing you fancy on the menu."

Some people chose to eat their lunch in their own rooms and many people choose to eat in the main dining rooms where tables were set with the required cutlery, condiments and napkins. Lunchtime was a cheerful, sociable and relaxed atmosphere. Staff chatted with people and took time to ensure they were happy with their meal and received their preferred portion size. Staff also checked people's earlier food choices with them, before plating their chosen meal and portion size from the main serving trolley. This showed that staff supported people to enjoyed their meals

Daily menus showed a choice of hot and cold food at each mealtime and showed a varied and balanced diet.

However, people were not always satisfied with some of the arrangements for their meals and menus. Some also said they had requested their main meal of the day to be provided at tea time instead of lunch time, but this had not yet been accommodated. Records of meetings held with people also reflected this. Food menus were also not visible or accessible to people in dining areas. We discussed this with the registered manager and the provider's external senior manager, who advised that menus and mealtime arrangements were under review to address this, in light of people's requests and management checks of people's meals arrangements. They told us that action had been taken to provide laminated daily menus on dining room tables to improve people's access. This showed that people were involved in decisions about their meals.

Staff understood people's dietary needs and arrangements were made during our inspection to provide catering staff with more comprehensive information to support this. Care and management records showed that people's weight and risks from poor nutrition were regularly monitored and managed in consultation with external health professionals when required.

At lunchtime we observed that staff followed instructions from external health professionals concerned with people's meals and nutrition when required. For example, some people had difficulty swallowing, chewing or recognising their food because of their health needs. Staff made sure that people were provided with the correct consistency of food and drinks and also the equipment and support they needed to eat and drink We observed that drinks and snacks were routinely offered during the morning and afternoon and that people received the support they needed. This helped to make sure that people received sufficient amounts of food and drink to protect them from any risk of poor nutrition.

Staff followed the Mental Capacity Act 2005 to obtain consent or appropriate authorisation for people's care. The 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.

Good

Is the service effective?

Some people were not always able to consent to their care because of their health conditions. Two of six care plans we looked at did not show an appropriate assessment of their mental capacity or a record of decisions about their care and support, made in their best interests. We found that overall staff understood people's care to be provided in their best interests. Most staff told us they had received training in the MCA although a few of the felt they would benefit from further training. At our first inspection visit, we discussed this with the registered manager and the provider's external senior manager, who took action to ensure that staff received further MCA training. This helped to mitigate the risk of people receiving inappropriate care, not in their best interests.

One persons' records showed they had made an important decision about their care and treatment in the event of their sudden collapse, which staff knew. Some people had designated others to make important decisions on their behalf, about their care, finances or both by way of legally appointed attorney powers. People's care plans identified where such arrangements were made, which staff understood. This helped to ensure that appropriate decisions would be followed in relation to people's care, treatment or finances in their best interests.

Staff told us they received the training and support they needed to provide people's care and support. They also told us that they were supported to achieve a recognised vocational care qualification. Plans were in place to introduce the Care Certificate for new staff. This identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. They aim to provide those staff with the same skills, knowledge and behaviours to support the consistent provision of compassionate, safe and high quality care.

Further training and care improvements were also planned. This included the introduction of a staff lead trainer, to promote nationally recognised best practice and understanding in relation to dementia care, along with environmental developments to support the same. This helped to ensure care based on best practice to meet people's diverse needs.

Good

Is the service caring?

Our findings

We received many positive comments form people and their relatives about staff who were consistently described as kind, caring and helpful. One person said, “Care staff are exceptional; they are caring and helpful. “ Another person told us, “Staff are remarkably kind and nothing is too much trouble; they fetch me a cup of tea and chat with me for a while when they knew I can’t sleep.” One person’s relative remarked that staff were ‘friendly but respectful.’

People and relatives confirmed that staff ensured their rights and treated them with respect. They said they felt at ease in the home and were regularly consulted, informed and involved in individual care arrangements. One person said, “I am asked and they listen and act on what I say, always.” Another person said, “There are always choices; I am asked what I think – staff treat me properly and kindly.” One person’s relative remarked that staff were, “Friendly but respectful.”

People’s care plans showed their agreement to their care and the involvement and contact information of family or friends who were important to them. A range of resources such as health advisory and promotion literature was also provided for people and their relatives in dedicated area of the home. One person’s relative told us they found the resource materials ‘very helpful.’ This included information about specific external advocacy services if people needed advice or support from someone to speak up about their care on their behalf. This helped to provide people and their relatives with the information they needed about people’s care.

Throughout our inspection there was a relaxed atmosphere where staff, people receiving care and their visitors were at ease and friendly with each other. People’s relatives told us they were able to visit the home at any time to suit the person receiving care and they were invited to join social events and seasonal celebrations.

We observed that staff were kind and caring in their approach and that they took time with people and did not rush them. For example, we saw staff helping one person living with dementia to eat their meal. They explained that the person could easily become anxious and distressed. We saw that they took time to explain what was happening and to support the person to complete the task at their own pace. We saw that staff promoted people’s independence where possible. For example, they supported people to make choices about their care, such as where to spend their time, what to eat and drink and encouraging people to do as much as they were able to themselves. People also said they were asked for their gender preference of staff, who provided their intimate personal care, which they appreciated. This showed that staff showed concern for people in a caring and meaningful way.

We found that promoting people’s rights in their care was a fundamental part of their staff induction and training programme and their stated aims of care. This included promoting anti-discriminatory practice and ensuring confidentiality in relation to protecting people’s personal information. Staff understood this and promoted people’s rights when they provided care. For example, they ensured people’s dignity and privacy by closing bedroom doors when personal care was being provided. We also found that the service had achieved a recognised local authority award for ensuring people’s dignity in care, known as ‘The Dignity Award.’ This showed that staff understood and promoted people’s rights and dignity when they provided care.

Good

Is the service responsive?

Our findings

We received many positive comments from people felt that staff understood and supported their preferred daily living routines and care preferences. One person said, "They checked I was ok with male care staff helping me sometimes; I don't mind at all, but I'm pleased they asked me." Another person told us how staff supported their choice in relation to the arrangements for their medicines. They said, "They sorted this properly, once they knew my wishes."

People said that staff had time to spend with them when they provided care. One person said, "Yes, staff have time to complete my care; they don't rush me." Another person commented that staff acted promptly when they experienced discomfort and pain and they told us, "They (staff) were very quick to get the doctor; I'm fine now, it's all under control."

Staff promoted people's choice, independence and inclusion. People's care plans were agreed with them or others acting on their behalf and they detailed people's known preferences, daily living routines and care choices. For example, people's preferred times for rising and going to bed, where they preferred to eat their meals and their lifestyle interests and hobbies. One person told us about some of their preferred daily living arrangements, which they said staff supported. For example, they told us, "Staff lock my bedroom door after each night check – because that is what I've asked them to do." The person's care plan also showed this arrangement.

We found that people's care was personalised to their needs and abilities. For example, one person spoke about their care and support in relation to their sight impairment and described staff as 'quite remarkable.' This person told us that staff introduced themselves by name when they approached them or entered their room. Staff made sure the person could easily locate their personal items independently because they knew where they were. This person also said that staff helped them to choose their clothing each day by describing the type and colour of each garment.

Staff told us about another person living with dementia who had difficulty communicating with others and often did not understand what was happening. We observed that staff supported the person with their lunchtime meal in a gentle and sensitive manner. They made sure that the person had the time and space they needed and used simple words, gestures and appropriate touch, to support the person to eat their meal. This showed that staff understood the person's communication needs and supported them in a way that ensured their social inclusion at the home.

People were provided with equipment and support they needed to aid their independence. A number of people were living at the service with sensory and dementia care needs. We observed that staff made sure that people were wearing their spectacles or hearing aids when they needed them. We saw that large faced clocks and orientiation boards with daily calendar and weather information were provided in communal lounge areas to assist people's orientation. One person living with a sight impairment showed us their own talking clock, which they kept with them to help them keep track of time.

We also saw that picture signs were used to aid people's recognition of their environment and key service information, such as the provider's complaints procedure was also provided in an alternative easy read and picture format to help people to understand. A range of health promotion and advisory literature was displayed to inform and support people's care and rights. For example, information about advocacy organisations, such as the Alzheimer's society.

Further environmental improvements were planned to promote people's independence. For example, environmental aids to support people's recognition to use the toilet independently. This showed that people's diverse and sensory needs were recognised and accounted for in their care.

People were supported to follow their interests and engage socially with others in ways that were meaningful to them. We received many positive comments from people about the arrangements for this One person said, "There's plenty to do if you want to; activities, parties and events are regularly organised and the church services are great." Two other people said, "Children come in from the local school to chat and sing to us," and "I enjoy the gardening and baking days; that's what I always liked to do at home." Three people had recently visited a local school to support a World War Two curriculum project work by sharing their memories of war time with the children.

Good

Is the service responsive?

A notice board showed a daily programme of activities and regular events, which people could choose to join. Minutes of meetings showed regular discussions and planning for this and related fund raising activities. A library corner was provided with a range of books and other materials and equipment were provided to support people's social and recreational engagement and interaction. One person told us they often enjoyed a game of skittles and another said, "We have a new Wii, so that will be fun."

Two people and their visiting relative described a 'lovely vintage tea party,' which they had done baking to support. People gave us lot of examples of other events they had recently enjoyed. For example, a pea and pie supper, a group Christmas meal out and fancy dress and regular visiting entertainment, which one person described as, "Great fun."

Another person told us they had particularly enjoyed getting involved in developing a garden area at the home from reclaimed materials. This had arisen from people's views and suggestions about developing the garden areas to make it more accessible for people. The person told us they were pleased with this, which was collective achievement and said, "I painted the bench, with a little help from staff." The development had included raised garden beds, which supported people to engage in gardening and led to their third prize award in the provider's inter-home gardening competition. This showed that people's were supported to socialise and engage with others in a way that met their choice, preference and interests.

People told us they knew how to raise concerns or make a complaint and were comfortable to do so if the need arose. The provider's records showed that two complaints had been made during the last 12 months. They also showed that the complaints were thoroughly investigated, recorded and responded to. This resulted in some improvements to care practice through staff instruction in relation to people's dementia care and medicines needs.

Good

Is the service well-led?

Our findings

At our last inspection in August and September 2014, people were not always protected from receiving unsafe or ineffective care. This was because records associated with people's care and safety were not always properly maintained. This was a breach of Regulations 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection, the provider told us what action they were going to take to rectify the breaches and at this inspection we found that improvements were made.

We saw that people's care and treatment records were securely stored and overall they were accurately maintained. A couple of delays had occurred in the transferring of information about changes to people's capacity and consent needs by senior staff, from their computer held records to the printed or written care plan records, which care staff followed. However, staff understood people's related needs and the registered manager agreed to take action to address the delays. This helped to mitigate the risk of people receiving inappropriate care that was not in their best interests.

People, relatives and staff were confident about the management and running of the home. One person said, "Things certainly seem well managed here." Two other people and a visiting relative said the manager was visible and approachable and regularly took time with them to find out how they were. People and their relatives knew staff and we saw that a staff photo board was displayed, which showed the names and roles of each staff member at the service.

There were clear arrangements in place for the management and day to day running of the home and external management support was also provided. The provider's area management lead was present for part of our inspection and records showed that they regularly visited the home to check the quality and safety of people's care. Staff said the registered manager was approachable and accessible and they were confident in the management and leadership of the home.

The registered manager and the provider's external manager told us that they carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. They also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. This helped to identify and plan any improvements needed.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included cleanliness revised staffing arrangements and record keeping improvements. Other improvements were being progressed through the provision of additional equipment, environmental adaptations and staff training to enhance the care experiences of people living with dementia. Further improvements were assured from the provider's checks of quality and safety in relation to environmental repair, infection control measures and staff supervision arrangements.

Checks of accidents, incidents and complaints were also monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care. For example, checks of accident patterns had led to the review of one person's care plan in relation to their safety needs to help mitigate risks to their safety from falls. Further analysis showed a reduction in the number of their falls.

The provider had sent us written notifications telling us about important events that had occurred in the service when required to help meet their legal obligations with us. For example, a notification of serious injury to a person following a fall.

Staff we spoke with understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

Staff said they were regularly asked for their views about people's care in staff group and one to one meetings. Meeting minutes showed that service improvements and the reasons for this were discussed with them when

Good

Is the service well-led?

required. Staff were supported to recognise what good practice looks like through training, regular practice bulletins via provider and sharing good practice' service developments and procedural updates. The registered manager also attended an external multi-professional care policy group to inform their planned service review of dementia care. This helped to ensure that care and service developments reflected nationally recognised practice, which staff understood.