Anchor Trust

Holmpark

Inspection report

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Ratings

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

Overall summary

We inspected this home on 13 and 14 October 2015. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 39 older people. At the time of our inspection 35 people were living at the home.

The registered manager was present during our inspection. 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 we spoke with told us that they felt safe living at the home and relatives we spoke with confirmed this. We found that staff knew how to recognise when people might be at risk of harm and were aware of the registered provider's procedures for reporting any concerns.

At the time of our inspection there were adequate staffing levels to meet people's individual needs. It was identified

Summary of findings

that at times more staff were needed to ensure staff responded to people's needs in a timely manner. The registered manager advised that recruitment had commenced to address this issue.

People were supported by staff who had received training and had been supported to obtain qualifications. This ensured that the care provided was safe and followed best practice guidelines. Recruitment checks were in place to ensure new staff were suitable to work with people who needed support. More robust checking of references needed to be undertaken to reduce the risk of unsuitable staff being employed by the service.

Most people received their medicines as prescribed; however, the management of medication was not always safe and improvements were needed to ensure that every person received their medication as prescribed. There were errors noted in respect of some medication administration where medicines were not needed routinely or were not in a monitored dosage system.

People's needs had been assessed and person-centred care plans were being developed to inform staff how to support people in the way they preferred. Measures had been put into place to ensure risks were managed appropriately.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People were supported to have access to a wide range of health care professionals.

Staff we spoke with were knowledgeable of the requirements and their responsibilities of the Mental Capacity Act 2005.The registered manager had plans to review people's consent in respect of sensor mats in their rooms and to improve the exit arrangements at the front door of the home. Some necessary applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

People told us, or indicated by body language that they were happy living at the home. We saw that staff treated people with respect and communicated well with people. People told us they wanted to go out more in their local communities. Some people were not offered the choice of social activities.

There was a complaints procedure in place and this was displayed in different formats to support people's preferred way of communicating. People told us they knew who to speak to if they had any concerns. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led and compliant with the regulations.

We found the provider was in breach of Regulations. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

Recruitment procedures were not always robust and needed to be improved.

Medicines were not always safely managed.

Staff knew how to recognise and report abuse and were aware of the registered provider's procedures for reporting concerns. The home was in process of recruiting additional care staff to support people.

There were established systems in place to assess and plan for risks that people might experience.

Is the service effective?

Requires improvement

The service was not always effective.

Assessments of people's capacity to make decisions and determination of their best interests had not always been undertaken for some aspects of people's care. Necessary applications to the local supervisory body for Deprivations of Liberty Safeguards had been made, to protect people's rights.

Staff had the knowledge and skills they required to meet the needs of the people they supported. Staff told us they felt supported and received supervision.

People were supported and encouraged to have enough to eat and drink and maintain good health.

Is the service caring?

Good

The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

People were involved in planning their care as their needs changed. Some people were not supported to pursue their interests and hobbies within their home and the local communities.

People were supported to maintain relationships which were important to them and promoted their social interaction.

Summary of findings

People and their relatives were aware of how to make complaints and share their experiences.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Quality assurance systems were in place but some records and audits required for the effective running of the home were not completed or in some instances had failed to identify issues.

People, relatives and professionals told us that the management team were approachable; however, some people told us the managers were not always visible.

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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 13 and 14 October 2015 and was unannounced. The visit was undertaken by 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 service.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people in the supported living accommodation) to obtain their views.

The provider was asked to complete 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. This information was received when we requested it.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with nine of the people who were receiving support and/or care. We spoke with four relatives of people living at the home and spoke at length with four care staff, the head chef, one team leader, the area manager and the registered manager. We spoke with one visiting health and social care professional during the inspection.

We spent time observing day to day life and the support people were offered. We looked at records including five people's care plans and medication administration records. We sampled three staff files including their recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the service monitored the quality of the service.

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

Following our inspection we spoke with one health and social care professional involved with people who used the service.

Requires improvement

Is the service safe?

Our findings

People who were able to communicate with us confirmed that they did feel safe living in the home. One person told us, "I feel very safe here." Other people looked relaxed in the company of the staff and their environment. A relative we spoke with told us, "[name of relative] is very safe living here, I feel very reassured they are in a safe place."

People told us if they did not feel safe they would tell staff members. One person we spoke with told us, "If I am worried about anything I would tell any of the staff, they are all lovely." Another person living at the home told us, "I haven't got any worries, but if I did, I would rather tell my own family first before I tell staff." A relative we spoke with told us, "If I had any concerns at all I would go immediately to [name of registered manager] and I know it would get sorted."

We spoke with six members of staff; all had received safeguarding training and were able to identify the types of abuse people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. The registered provider had a whistle-blowing policy and a confidential hot-line telephone number. Staff we spoke with told us they were aware of the number and could describe how to raise concerns confidently.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. One person we spoke with told us, "I would really like a pendant alarm in case I fall in my room and was unable to reach my buzzer." This was brought to the attention of the registered manager to investigate. Staff were aware of risk management plans and ensured they were applied. Staff told us that they were aware of the need to report anything they identified that might affect people's safety and that they had access to information and guidance about risks.

Staff could consistently describe plans to respond to different types of emergencies with the exception of one member of staff. Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed.

There were sufficient numbers of staff on duty to meet the individual needs of people using the service. A person we spoke with told us, "There is staff around but they work long hours and seem to be tired; they don't have the time to sit and talk." Another person told us, "Staff look after me, but they are always in a rush." A relative we spoke with told us, that on occasions the call alarms had not been responded to in a timely manner. Staff we spoke with told us that overall there were enough staff to support people. One member of staff told us, "If everyone turns up for their shifts we have enough staff, although an extra person would really help."

We saw staff were visible in the communal areas and we observed people being responded to in a timely manner. The registered manager told us that they used a specific staffing level assessment tool to establish their current staffing levels. The numbers of staff on duty were based on the specific needs of the people who used the service. This was updated on a weekly basis. Staff rotas showed that staffing levels had been consistent over the four weeks prior to our visit. The registered manager informed us that they were currently recruiting to increase the numbers of staff on shift throughout the day.

A member of staff who had recently been recruited told us, "I had to provide references and complete a check with the Disclosure and Barring Service (formerly Criminal Records Bureau) before I could start work." The recruitment records we saw demonstrated that there was a process in place to ensure that staff recruited were suitable .These included: checks of staff identification, obtaining references from former employers and checking with the Disclosure and Barring Service. Two references we saw for newly appointed staff were not robust enough to confirm the validity or position of the people providing the information and some safety checks had not been completed, failing to reduce the risk of unsuitable staff being employed by the service. We were informed of plans to implement additional checks for the future.

During the inspection visit, we observed a member of staff preparing and administering medication to people; this was undertaken safely and people were encouraged to

Requires improvement

Is the service safe?

assist in their own administration which promoted their independence. One person told us, "I always have my medicines on time." We looked at the systems for managing medicines and found systems were not always effective in ensuring that medicines had been administered as prescribed. We identified that there were errors made when medicines were not needed routinely or were not administered from monitored dosage systems. The service had not ensured that they recorded the amount of medicines that needed to be carried forward from one 28 day cycle to the next 28 day cycle. We found inaccurate codes were being used on the medication administration records to indicate when to administer prescribed medication. The service had not followed good practice guidelines in specific pain relief medication.

We checked the number of tablets available against the records to establish if they had been given as prescribed. We identified one count error when we checked tablets that did not tally with the medication administration records. We discussed this further with the registered manager who told us that the person's medication had not been administered as necessary, although the impact on the person had been low; it had meant the provider had failed to ensure proper and safe management of medicines. The home's supplying pharmacist and their own internal audits had identified some areas to improve on to ensure medicines were managed safely and consistently, these had not been actioned. Improvements to reduce some of the risks of errors were actioned by the registered manager before we left the service.

Some people had secure and locked medication storage in their own accommodation and each person also had keys to their accommodation. People had been assessed to ensure that they were confident and able to manage their own medication, which promoted people's independence. Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure staff were able to administer medicines safely.

Requires improvement

Is the service effective?

Our findings

We spent time talking with people about how the skills and abilities of staff ensured delivery of effective care to the people who received support. A person living at the home told us, "I think that the staff know what they are doing." A relative we spoke with told us, "Staff are able to look after my [name of relative] needs well." Staff we spoke with told us that there was a variety of training and qualifications offered to them and they spoke positively about the quality and content of the training.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff. All the staff we spoke with told us training was available to them. There was no evidence of any competency assessments carried out after training had taken place. The registered manager told us there were plans to introduce care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported.

A new member of staff told us "I also did some shadowing where I observed [more experienced staff] before I was left on my own." The registered manager told us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff.

We saw and staff told us that they received handovers from senior staff before they started each shift in the home and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet peoples' specific care needs.

Staff we spoke with were knowledgeable about their responsibilities to promote people's rights in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff told us they had been provided with training. Records and discussions with the registered manager identified that some referrals had been considered necessary and that applications had been made to the local supervisory body for Deprivations of Liberty Safeguards (DoLS).

We saw that the home had a secure locked front door which was operated by a fob system, some of our discussions with people living at the home identified that they would like a fob so that they could answer their own front door when family visited instead of having to rely on staff to answer the door. We noted one person went out independently but had to ask staff to open the door. We discussed this with the registered manager and they advised that they had plans to review the arrangements that were in place. We saw in one person's care plan that they used a sensor mat in their bedroom which alerted night staff to them getting up so that they could attend and support the person. Care records did not show evidence of consent or decisions being made in their best interest. Staff we spoke with were not sure if best interest decisions had been made as they told us this equipment had been in use for some time. This meant people had not always been consulted about their care and treatment, which may have an impact on their liberty.

In other instances we observed that staff supported people in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they regularly sought consent from people before attending to their daily living needs. One person we spoke with told us, "Staff always ask me if I want to go downstairs, but I never do, I like my own company." The person ate their meal where they had chosen. One member of staff told us, "Some people here are unable to communicate verbally, but they can still give consent and make simple decisions like when we show them the choices of food at meal times or hold up different items of clothing for them to choose. We call it the show and tell."

People told us they had access to a wide range of different food and drinks. One person we spoke with told us, "I never leave any food on my plate, it is freshly cooked and I love the homemade soup and there is a choice." A relative we spoke with told us, "Always plenty of food, I've stopped and had a meal with [name of relative], it was very nice."

The provider stated in the provider information return (PIR) that they had recently introduced nutrition and hydration stations in the communal lounge, so people could have access to snacks at all times of the day and to enable people to access snacks independently. We saw people accessing the stations independently and also taking things off the displays to take to their own rooms. One person told us, "I like to have a look at the food and always choose something naughty but nice." The chef in charge told us that risk assessments had been put in place to ensure this was done safely.

We observed lunch being served and noted interactions between people and staff were positive and people were

Requires improvement

Is the service effective?

laughing and relaxed; people seemed to enjoy their meals and had enough time to eat at their own pace. We saw staff sitting and supporting people with their meals in a dignified manner. Where people had support needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs. One member of staff we spoke with told us, "If the food served here is not good enough for my mom, it is not good enough for anyone."

People told us that they were receiving food appropriate to needs and reflected their wishes. Where people had dietary needs due to religious or cultural needs this was provided. A person who lived at the home told us "I can only eat [certain foods]; staff will buy this for me."

People living at the home had a range of health conditions. People were supported to stay healthy and access support and advice from healthcare professionals when this was required. A relative we spoke with told us, "[name of relative] has regular access to the chiropodist and dentist and I'm always told if the doctor is needed, communication is very good."

We contacted one health and social care professionals following our inspection who gave positive comments that the people who lived at the home were supported to maintain their health.

Good

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. One person told us, "Staff are kind and caring, I love living here." Another person we spoke with told us, "Staff are great, Holmpark is the best home in Birmingham." A relative we spoke with told us, "Staff are lovely, I've been delighted with how [name of relative] has settled down, I can't fault any of the staff."

A person we spoke with advised that there were no restrictions in place in respect of visitors and told us, "My granddaughter comes to visit me and sometimes I go out with her for the day." A relative supported this and their comments included, "There are no restrictions here, I can come and see [name of relative] anytime."

We observed positive and respectful interactions between people and staff. Some people were able to talk to staff and explain what they wanted and how they were feeling. Others needed staff to interpret and understand the person's own communication style. We saw that staff responded to people's needs in a timely and dignified manner. We observed examples of staff acting in caring and thoughtful ways. A relative we spoke with told us, "I'm pleased that staff support my [name of relative] with something that is important to her, her personal appearance, even the male care staff have a go at applying make-up and I admire that." Staff we spoke with had a good appreciation of people's human rights and promoted dignity and respect. One member of staff told us, "People here have the right to personal space and privacy and the right to live as they wish." Another member of staff we spoke with said, "People have the right to be treated as individuals."

One person told us, "Staff respect that I'm very independent, I often go out with my mates and I have my own mobile phone." The staff we spoke with told us they enjoyed supporting people and whilst they could describe people's health and personal care preferences, they did not always know people's personal life histories. This meant that staff may not deal with things that matter to people.

We observed that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what they wanted to do. A person living at the home told us, "Staff look after me well and walk behind me when I'm walking with my frame so that I don't fall." We saw staff supporting a person who required the use of a hoist; staff communicated well with the person, explaining what they were doing and reassuring the person during the transfer in a kind and dignified approach. This showed that staff were able to help people to understand how and why people were supported in the way they were.

We saw staff acknowledged people when walking through communal areas and did sit and talk to people. A person we spoke with told us, "I would like more personal time with the staff, but they work hard and don't get the opportunity to sit with me all the while."

All of the relatives we spoke with were pleased with the support and care their relative received and praised the staff. One relative told us, "Staff here include my [name of relative] in activities and conversations even though they cannot verbally communicate, they never leave them out."

The care records we looked at demonstrated that people had been asked about their preferred end of life arrangements. One person we spoke with told us, "Everyone here knows what I want to happen when I die." The registered manager had plans in place to review people's wishes on a more regular basis.

Requires improvement

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. One person told us "I am able to make my own decisions about what I want to do and my care needs are reviewed regularly with [name of care manager]." Another person we spoke with told us, "My religion is important to me and arrangements have been made for my food and my preferred worship." Staff we spoke with were able to describe people's religious observances and how this affected their choices. People told us they were able to get up and go to bed when they wanted. Relatives we spoke with told us that they were asked to contribute towards helping to determine care plans and had participated in care reviews with their relatives.

People who used the service told us they were happy with the quality of the care provided, however, some people we spoke with did not feel that staff were always able to care for them in the ways they wanted. One person told us, "I can only have one shower during the week, as staff do not have the time, I would like one every day." Another person told us, "I have a shower three times a week, but I have to have it at a certain time so staff can fit it in." This demonstrated that daily routines were more task led than person-centred. A relative we spoke with told us, "Staff do seem to know [name of relative] needs well, they know how to best care for them."

Care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of personal details. We saw these had been regularly reviewed and any changes had been updated but not all changes had been actioned. Some staff, who were named workers assigned to support people, were not always able to describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives. Some were unable to remember people's surnames and referred to them by use of first name followed by room numbers.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. A person living at the home told us, "Staff offer me activities pertaining to my ability and sight loss, I have been offered talking books." Another person we spoke with told us, "I am supported to carry on with my hobby of writing." People and staff told us that the service had recently been on a virtual cruise, which included staff dressing in different costumes from around the world and food being offered from different countries. We saw limited activities and stimulation being offered on the day of the inspection. We saw that some people were not offered the choice of participating in any social activities. One person told us, "I would love to go out on trips or just outside in the garden. We are inside all the time." A person who lived at the home told us, "The vicar comes once a month and offers communion, I would love to be able to go to church." Staff told us that they did not always have the time to spend talking with people.

People were supported to maintain relationships with people that mattered to them. One person told us, "I communicate with my family every day, I have my own phone."

People and their relatives knew how to complain and were confident their concerns would be addressed. A person we spoke with told us, "I have on occasions raised concerns and they have been addressed satisfactory."

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people living in the home. Records identified four complaints had been received during the past twelve months; these had been responded to appropriately and in line with the complaints procedure.

Requires improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the home, however, we found some of the quality audits were not effective or robust enough to identify risks and address areas of concern.

Assessments of people's capacity to make decisions and determine their own best interests had not always been undertaken and there were no systems in place to continually review information to ensure it was current.

A recent internal medication and pharmacy audit had identified some areas for improvement in the safe management of medicines. We found some that some of the issues they had been identified remained the same despite an action plan being produced. People were at risk of not receiving their medication as prescribed and the processes for checking and monitoring had failed to identify that action to reduce risks related to known medication administration errors had not been addressed.

Systems in place to check that recruitment procedures were being adhered to were not always robust. We found that some processes and steps to check the validity of the people providing references and safety checks for new staff were not followed.

These issues regarding governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

People living at the home gave mixed responses about how the service was managed. The registered manager was aware of the need to make changes and was making improvements. One person told us, "Yes, I know who the managers are, I like it that we are looked after well." Another person living at the home told us, "We don't get to see the manager much; they don't come and see us a lot." Relatives spoke positively about the registered manager; they knew the manager by name and said they could approach them at all times. One relative we spoke with said, "[name of registered manager] is very good, great communication and they try really hard to engage with us." Another relative told us, "I have recommended this home to other people."

The registered manager told us that people were supported and encouraged to give feedback about the service. Some people had completed questionnaires. The questionnaires were available in different formats which met individual communication needs. A person living at the home told us, "Oh yes, I am asked for my views about how this home is run." A relative we spoke with told us, "I have completed surveys regularly since my relative has been here." The provider stated in the provider information return (PIR) that the service had listened to the views and experiences of people and their relatives about the service. Displayed in the reception area was a "You said, we did" information board. People and their relatives told us that the service held regular meetings to ask for views and experiences of life at the home. Records of meetings identified that meetings were held and that feedback had been used to drive improvement within the service.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns were clearly displayed around the home which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and told us that the registered manager encouraged them to tell the truth and own up to any mistakes. The registered manager told us, "I encourage staff to speak up and tell the truth, so we can address the concerns together." Our discussions with the registered manager showed they were aware of the new regulation regarding the duty of candour this demonstrated the home had an open and honest approach. Staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff told us that staff meetings were held regularly and were always well attended. Records of staff meetings identified that concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Records of accidents and incidents demonstrated that the registered manager analysed the data to identify any trends or issues. Staff we spoke with told us that they were aware of the previous Care Quality Commission

Requires improvement

Is the service well-led?

inspection report. We saw a copy of the report displayed on the notice board in the reception area. This meant staff had a shared understanding of the key challenges within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have robust systems in place to monitor the quality of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b) The provider did not maintain a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c)