

# Southampton City Council

# Holcroft House

## Inspection report

Holcroft Road  
Thornhill  
Southampton  
Hampshire  
SO19 6HA

Tel: 02380402689

Website: [www.southampton.gov.uk](http://www.southampton.gov.uk)

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16 May 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Holcroft House is a residential care home providing personal care to up to 34 people. The service provides support to older people who may be living with dementia. At the time of our inspection there were 18 people using the service.

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

People told us staff were caring and had the right skills and experience to support them. Staff knew people well and understood their needs and preferences. People we spoke with were all positive about the service. One person said, "I am very happy. I wouldn't want to be anywhere else."

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and had effective measures in place to prevent and control infectious disease, including COVID-19.

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.

People's care was delivered by a service that was well managed and well-led. The leadership and culture promoted good quality, person-centred care, with a strong team ethos. There were effective management and quality systems in place.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 22 June 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holcroft House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Holcroft House

## Detailed findings

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand if the service was prepared to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Holcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the previous inspection report and other information we had received since that inspection.

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

During the inspection

Inspection activity, including our visit to the service location, took place on 16 May 2023.

We spoke with 7 people who used the service. We spoke with the registered manager and 5 members of staff. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. This included 2 people's care and medication records. We looked at 3 staff records in relation to recruitment. A variety of records related to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this. There was an easy to read guide with pictures to help support people to raise concerns if they wanted to.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. These included regular audits of safeguarding activities, and a staff safeguarding champion to keep colleagues updated. Staff were confident any concerns would be followed up correctly by the management team.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed and managed risks to their safety. Individual risk assessments included falls, poor nutrition, use of creams which could be flammable, and people's ability to administer their own medicines. Where people were living with diabetes, staff kept records of their food and fluid intake. Assessments included information for staff about triggers and signs, and guidance to help them manage and avoid identified risks.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. These included assessments for fire, legionella, a potentially fatal infection, and water safety undertaken by external experts. Equipment and appliances were serviced and maintained regularly to ensure safe operation. Hampshire Fire and Rescue Service had assessed fire safety arrangements as adequate for the number of people living at the home at the time. Recommendations to further improve fire safety had been noted by senior management and were going through the provider's approval and funding process.

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 MCA 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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions identified in DoLS authorisations were met in

people's care and support plans.

#### Staffing and recruitment

- The service had enough staff to support people safely and according to their needs and preferences. We saw staff were able to support people in a calm, professional manner. The numbers and skills of staff matched the needs of people using the service at the time of the inspection. People told us there were enough staff. One person said, "You only have to press a buzzer, and there's always somebody walking up and down."
- Staff recruitment and induction training promoted safe care and support. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider followed up written references with a telephone call to get all the information they needed about candidates.

#### Using medicines safely

- People received their medicines safely and in line with good practice standards. This included, when people needed to have their medicines administered in food without their knowledge, medicines prescribed to be taken as required, and controlled drugs. Staff who administered medicines had appropriate training and regular competency checks. None of the people we spoke with had any issues with medicines.
- The provider had effective arrangements in place to monitor and check that medicines were stored, managed and administered safely. There were appropriate policies and procedures, including monthly audits. Staff kept accurate and up to date records of medicines administered.

#### Preventing and controlling infection including the cleanliness of premises

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. People told us there were high standards of cleanliness and hygiene. One person said, "Oh yes, it is very clean, this floor is spotless. I used to be a cleaner, so I know, and I would tell them."
- The service had consistently high standards of food hygiene recognised by local environmental health professionals. Holcroft House had received 5 consecutive top 5 food hygiene ratings since 2013.
- The provider had updated their infection control policies to include measures recommended to control COVID-19. These were monitored by regular infection control audits. People told us their families visited whenever they could.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.



### Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. Managers reviewed incidents, including concerns raised by people's family, investigated and shared lessons to be learned from them. Records showed staff meetings included discussions about "what is working well, and not working well".

# 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 our last inspection we rated this key question outstanding. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture based on care and support which focused on people's individual needs and preferences. We saw examples of caring interactions between staff and people using the service. Staff knew people well and could tell if they were having a good day or a bad day. Staff told us they felt empowered to deliver the best possible care.
- The service supported people to achieve good outcomes. People were very happy with the service they received. One person told us, "I've always been happy here. I think I've been here two or three years now." Another person said, "To me it's run quite well. There's always somebody there to help you." Staff had supported a person to improve their mobility which meant they could stay in a familiar environment and not have to move to a more specialist service. The service received positive feedback from people's families about person-centred care and good outcomes for people.

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

- The registered manager and staff were aware of the need to be honest and transparent with people and their families. The registered manager understood the duty of candour and their associated responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities. There was an effective staff structure with the registered manager supported by a deputy, business support, team leaders and senior care staff. Staff told us there were good two-way communications with leaders and management. The registered manager had a system of team meetings, supervisions, observations and appraisals to support staff to deliver good quality care.
- Staff understood quality performance, risk management and regulatory requirements. There was a comprehensive system of quality audits covering areas such as medicines, infection control and safeguarding. These were delegated to senior staff and staff champions where appropriate. Staff had the opportunity to take part in quality performance activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff engaged with people who used the service as individuals. One person told us, "You talk, and they

don't walk away and not listen." People were involved in decisions about the home, such as how to decorate their rooms, and trees to plant in the courtyard garden. People could engage with staff about their care during regular care plan reviews.

- The provider had a variety of methods to engage with people's families, staff and other professionals. These included questionnaires and surveys.
- The provider had engaged a "dementia tour bus" – a service which uses a variety of techniques to allow participants to experience what life might be like for people living with sensory impairments associated with dementia. They had invited people's families and linked social workers to experience this alongside their own staff.

#### Continuous learning and improving care

- The registered manager involved the service in pilots and innovations to improve people's care and support. These included virtual transfer of care (VTOC) to assess the effectiveness of remote assessments using video conference technology. The service had signed up for initiatives to train care staff to take measurements, such as blood pressure and oxygen levels, to identify early signs of worsening health and seek timely healthcare assistance. Staff were open to continuous learning to improve people's service.
- The registered manager used a number of inputs to inform their improvement plans. These included their monthly manager's report, provider audits and an audit by the local authority quality and safeguarding team. There had been improvements to the scale and variety of leisure activities inside and outside the home, including activities tailored to people's individual interests.

#### Working in partnership with others

- The provider worked with other agencies and organisations to deliver good quality joined-up care. There was close co-operation with GPs, community nurses, and specialist teams such as speech and language therapy and occupational therapy. The provider was working with a supplier of bespoke crockery to source crockery adapted to people's needs. Partnership working improved people's health and wellbeing.