

Leonard Cheshire Disability

# Holehird - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Holehird provides care and nursing for up to 29 people with physical disabilities. At the time of the inspection there were 25 people living there.

The home is a detached period property that has been suitably adapted. Accommodation is provided over two floors and has accessible outdoor areas with extensive gardens. It is close to the town amenities of Windermere and the Lake District.

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

The service continued to provide exceptional effective treatment and person-centred care which had outstanding results and for some people life changing. The in-house physiotherapy and clinical teams worked exceptionally well with other organisations in helping people achieve positive and life changing outcomes. They built people's confidence and supported them in regaining their independence sufficiently to leave residential care.

Visiting professionals told us the team at Holehird were extremely effective and totally committed to extending their clinical knowledge for the benefit of people in their care. We were told the team used their extended skills and made a huge effort in enabling people to develop their functional skills and daily activities. The service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. We saw that staff treated people with kindness and respect and made sure their dignity was maintained.

The provider had policies and procedures to support the safe recruitment of staff. The registered manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night to make sure people received the support they needed.

Staff gave people the support they needed to take their medicines. People received their medicines safely and as their doctor had prescribed. People received support to maintain good nutrition and hydration in line with their personal choice.

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 and their families had been fully involved in planning and reviewing the care and support provided.

People's rights were protected. People were treated with respect and their dignity and privacy were actively

promoted by the staff supporting them. People were fully supported to maintain their independence. The provider planned people's care to meet their needs and take account of their choices. People could see their families and friends as they wished.

People knew how they could raise concerns about the service provided. The provider and registered manager monitored the quality of the service and identified areas which could be improved. Governance and quality assurance were well-embedded within the service. Staff said they felt valued and respected.

The leadership of the service promoted a positive, open culture. The registered manager and staff team displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had excellent effective care.

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

The last rating for this service was good (published 3 May 2017).

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?

Outstanding ☆

The service was exceptionally 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.

# Holehird - Care Home with Nursing Physical Disabilities

## **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

The inspection was carried out by two inspectors 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

Holehird is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We looked around the home, reviewed records relevant to the running and quality monitoring of the service, the recruitment records for all new staff employed in the last year and policies and procedures. We looked at training and supervision records. We looked at care records and the records of medication administration, medicines storage and management.

We spoke with three people who lived at Holehird and four relatives, three more relatives contacted us to share their experience of the service provided. We observed people's daily routines and staff interaction. We spoke with seven staff members on duty, including the registered manager and two members of the clinical team. We also received information from visiting professionals about their experiences of working with this service.

After the inspection

We continued to seek clarification from the registered manager to corroborate what we found. This included recruitment and maintenance records. We obtained more feedback from two health and social care professionals who had been involved with people living at the home.

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

We reviewed a range of records. This included five people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

### Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. However, the online recruitment form used had not captured all of the information required for people recently employed. The registered manager took immediate action to obtain the missing information during the inspection and there was no impact on the safety of people living at Holehird.
- There were sufficient numbers of appropriately trained staff on duty during the inspection and on the rota for the day and night shifts. However, we received mixed comments from people about the number of staff available. One person said, "They are always short staffed but they [staff] are very caring and just struggle on." A relative told us, "A year ago they were struggling with staffing but they are up to full strength now." The registered manager confirmed recruitment was ongoing and regular agency staff was used.

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

- People were safe and protected from abuse. Staff understood their responsibilities around protecting people from abuse. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.
- People told us they thought the service was safe. One person told us, "I do feel safe." A relative said, "Yes my relative is perfectly safe here."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The staff had identified and managed risks to people's safety. Any potential risks were recorded in the care plans and gave guidance to staff about the actions to take to ensure the safety of the people they were supporting.
- The registered and clinical managers reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence and where lessons had been learned these were shared throughout the staff team.

### Using medicines safely

- People received their medicines when they should and as they had been prescribed. One person said, "When I ask for more pain killers they [staff] bring them to me straight away."
- The provider had audit systems in place to check people had received their medicines safely. Staff who administered medicines were qualified nurses with appropriate training. We observed medicines being administered and saw good practices.

### Preventing and controlling infection

- The home was clean and there was ongoing maintenance. Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.
- The clinical managers were the identified champions in infection control. We saw where there had been a risk of cross infection the clinical leads had implemented a regime that had prevented any further occurrence of infection.



# 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 outstanding. At this inspection this key question has remained the same.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive in working with others to achieve exceptional outcomes for people.

Staff working with other agencies to provide consistent, effective, timely care

- The clinical and staff team excelled at developing working relationships with other agencies and professionals to optimise people's outcomes and significantly improve their quality of life. One person had improved so much with their mobility and management of their complex condition, including reducing the use of medication, sufficiently to move back into the community to live a more independent life. This had been with the continuous liaison with community professionals, therapists, doctors and pharmacists. One health professional told us, "The team at Holehird collaborate with us [acquired brain injury rehabilitation team] to ensure efficient and effective use of our respective times to optimise the potential for people to engage with therapeutic activity."

Supporting people to live healthier lives, access healthcare services and support

- People told us their conditions and physical abilities had significantly improved while at Holehird. Another person living at Holehird, on admission, needed the assistance of three staff to support them to stand and had issues with maintaining continence. We were told they had made such exceptional progress, with the support in house physiotherapy team, can now walk with the aid of walking sticks and has regained full control of their continence and was planning to move out of Holehird to live with a relative.
- The clinical team were described by a visiting health professional as outstanding in facilitating people to attain goals that seemed unrealistic on admission. One person told us, "I am utterly convinced that I have done so well because of the amazing support I have had from the staff team. I have been reassured and encouraged to do more than I thought I could at times. Most striking is my reduced need for pain medication, I have reduced the amount over the last year by 70%. The team have also supported and encouraged me to lose 30Kg in weight."

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

- Staff used evidence-based techniques and were innovative in supporting people to achieve their goals. One professional said about the team, "They use a critically assessing attitude to ensure effective outcomes for people."
- Staff had regularly reviewed people's care plans and where changes had occurred their care plans had been updated. The needs assessments included information provided by the other services which supported staff in meeting people's specific needs.

Staff support: induction, training, skills and experience

- The provider supported the staff team in extending their clinical knowledge in order to meet people's specific needs. A visiting professional to the home told us, "They [staff team] are effective in sharing good practice. I frequently perform joint therapy sessions with the staff."
- Staff were extremely knowledgeable about people's needs. One person told us, "Cheshire homes [the provider] have a good training programme." A relative said of the staff, "Definitely well trained."

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

- People were provided with meals and drinks they enjoyed. People were supported to eat a varied and nutritious diet based on their individual preferences. One person told us, "The food is really good. They will always make me something else if I don't like what's on offer."
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.

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

- The provider had improved the main communal area by building in a café facility that could be easily accessed by people and their relatives at any time they chose to. The café provided people with a social area we saw was used frequently throughout our visit and people appeared to enjoy socialising there.
- The provider had also installed a specialised kitchen area that met people's accessibility needs to promote their independence and build their skills in preparation for independent living.
- People were able to bring their own items and equipment into their rooms to personalise them as they wished.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff were knowledgeable about their responsibilities under the MCA and people's rights were protected. The registered manager had made DoLS applications when required and where relevant independent advocacy was arranged.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been agreed by people with the appropriate legal authority to do so.
- The staff knew people well and gave people the time they needed to make decisions about their care. The staff were patient and respectful and supported people to make choices about their daily lives.

# 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 good. At this inspection this key question has remained the same.

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

- Staff were kind and caring and people told us staff were always polite and willing to help them if they had a problem. One person said, "I think staff are very kind and caring, they are brilliant." Another person said, "They listen to me and how I like things to be done."
- People's cultural, gender and spiritual needs were met. One person who was happy with their needs being met told us, "I have communion every month." Staff had received equality and diversity training.

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

- Staff understood people's rights and had received training in protecting and promoting them. People were included in all decisions about their care and the staff respected the choices people made.
- Care records showed that care planning was centred on people's individual needs and preferences. Staff reviewed people's needs regularly including consultation with relatives and any professionals involved.
- People were often supported to express their views by their families. The registered manager arranged advocacy services if they were needed. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records were written in a positive way and included information about the tasks people could carry out themselves as well as detailing the level of support they required. One person said, "They [staff] don't take over but they do help me."
- The staff took appropriate actions to maintain people's privacy and dignity. People could spend time privately and call on staff as and when they needed to. People's records and personal information were kept securely.

# 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 good. At this inspection this key question has remained the same.

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

- People's needs had been thoroughly assessed and staff supporting them had a good understanding of their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- There was a positive person- centred culture in the home, created by a highly motivated and skilled staff team. We saw where consistency and continuity of care provided by the staff team had a major impact on people's quality of life. Care plans had goals and outcomes tailored to people's needs and level of ability to clearly show their personal progress.
- Staff communicated with relatives and friends. Involving them in the care and support plans, to express their views and make choices about the care delivered. A relative told us, "I have seen the care plan and I was involved in reviewing it."

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.

- Staff had identified how people needed information to be provided and people's communication preferences and needs were detailed in their care records.
- Staff gave people time to understand information and supported them to do so. Pictorial information was also used as an alternative to written and /or verbal information.

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

- People told us their visitors were made welcome in the home and said they could see their friends and families as they wished. Relatives we spoke with told us they could visit when they wanted and said there were no restrictions on when they could visit.
- Staff were available to support people in accessing activities of their choice. A visiting professional told us the individual activities provided were extremely beneficial in supporting people's progress and rehabilitation. A relative told us, "They have quite a lot to entertain them."

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. No one we spoke with raised any new concerns or complaints during the inspection. People told us they would speak to the staff or registered manager if they had any complaints.
- The registered and clinical managers used any learning from incidents and shared it with staff during regular meetings.

#### End of life care and support

- No one was receiving end of life support at the time of the inspection. However, people were supported with loss and the bereavement process when needed. Staff understood the importance of supporting people's emotional and spiritual wellbeing, in line with their personal end of life wishes.

# 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 good. At this inspection this key question has remained the same.

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

- Staff consistently placed people at the heart of the service, understood the importance of maintaining an inclusive culture and a belief in getting the best from people.
- The culture within the home cultivated an attitude of 'we can do this' amongst people and staff to achieve people's goals. This had led to some life changing outcomes for people, with a significant impact on their independence. Professionals gave us individual examples of how the physiotherapy and clinical team worked with a focus to give people control in their lives to get more from it.
- Staff told us they felt valued and appreciated and supported to develop in their work, staff morale was good. They told us Holehird was, "A happy place to work" and "It's all about team work."

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. We had been notified of significant events which had occurred in the home. The notifications showed appropriate actions had been taken in response to incidents, including sharing information with appropriate people when incidents had occurred.
- The registered and clinical managers regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The provider and registered manager used quality assurance systems to ensure safety, quality and improvement of the service were consistently monitored.
- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff consistently worked in partnership with the wider professional team to ensure people received the care they required and if their needs changed. Where specialist services were involved in providing people's

support, the advice they had given had been included in people's care plans.

- Relatives told us they had been involved in regular reviews of people's care needs and received regular information.
- Staff worked effectively in partnership with health care professionals from multidisciplinary teams. Supporting professionals consistently praised the physiotherapy team and staff for coordinating partnership working to achieve exceptional outcomes for people to improve mobility, confidence and independent.