

Holmhurst Care Homes Limited

# Holmhurst Care Home

## Inspection report

28 Gordon Avenue  
Portswood  
Southampton  
Hampshire  
SO14 6WD

Tel: 02380557999  
Website: [www.holmhurstcare.com](http://www.holmhurstcare.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Holmhurst Care Home is a residential care home providing personal and accommodation to up to 17 people. The service provides support to people with a mental health condition. At the time of our inspection there were 17 people using the service. Accommodation was spread over 3 floors accessible via stairs.

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

People were protected against risks to their safety and wellbeing, including the risk of abuse and unsafe care. Everyone we spoke with said they felt safe and did not worry about who to speak to if they had a problem. There were sufficient suitable staff deployed to support people safely. People's medicines were administered safely and in line with their prescription. We were assured the provider's infection, prevention and control processes and practices kept people safe from infection.

People's needs and choices were assessed, and care, treatment and support were delivered in line with guidance to achieve effective outcomes. People were supported by staff with the relevant skills and knowledge. People's dietary and hydration needs were being met. The provider worked with other services and agencies to make sure people had access to the healthcare services they needed.

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.

There were positive, caring relationships between people and the staff who supported them. The provider supported people to be involved in decisions about their care and support where they wanted to. Staff respected and promoted people's privacy, dignity and independence.

People's care and support reflected their needs and preferences. People could access leisure activities and interests both independently and with support from staff. People were happy with the service they received but knew how to complain if they needed to.

There were management systems in place, and staff were motivated in a relaxed, and supportive atmosphere. There were internal and external systems to monitor, improve and sustain the quality of service people received. The provider made improvements during the inspection based on our findings. People who used the service were engaged positively by the provider. The provider worked actively with other agencies where this could lead to improvements in the service people received.

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 November 2018)

### Why we inspected

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

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.

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

### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Holmhurst Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Holmhurst Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holmhurst Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed notifications and other information we had received about the service since the last 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

We spoke with 7 people who used the service. We spoke with the director of the service and 3 members of staff. We observed people's care and support in the shared areas of the home.

We reviewed a range of records. These included 3 people's care plans and multiple 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 of abuse

- The provider had suitable safeguarding and whistleblowing policies and processes in place to keep people safe. All staff had completed safeguarding training.
- The provider reported safeguarding concerns promptly to the local authority whenever necessary.
- Everyone we spoke with said they felt safe and did not worry about who to speak to if they had a problem.

Assessing risk, safety monitoring and management

- The provider had appropriate risk assessments for people in their care plans.
- The provider received an annual risk assessment for fire safety. The actions from this had been completed. The provider ran regular fire drills showing how quickly staff responded to them and people were evacuated.
- The provider had regular checking of water outlets carried out by an external company for the presence of legionella, a potentially fatal infection. These had come back as negative for the legionella bacteria. The provider had started recording temperatures at outlets to check the water was at safe temperatures to prevent legionella. Following the inspection, the provider arranged for a new legionella risk assessment.
- The provider had thermostatic mixer valves (TMVs) fitted to water outlets people used, such as baths. Thermostatic mixer valves reduce the risk of scalding for people. Staff were regularly checking water temperatures to ensure people were not scalded.

Staffing and recruitment

- People were supported by sufficient numbers of competent staff to meet their needs and keep them safe. We observed good interactions between staff and the people they supported.
- The provider made pre-employment checks on new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment files did not always contain all the information legally required. However, there was a robust induction to the service as well as competency checks to ensure staffs suitability for the role. We discussed this with the director who arranged to obtain the missing information, including requiring all staff to fill in their full work history.

Using medicines safely

- People's medicines were administered safely and in line with their prescriptions. Medication administration record (MAR) charts were completed appropriately. People's medicines were stored securely.

We observed staff administered people's medicines safely.

- As required (PRN) medication was used appropriately and staff had a good understanding of when people needed PRN as well as how to recognise signs and symptoms.
- Staff had been trained in administering medicines. Their medication administration competency checks were assessed every year to ensure they were safe to administer medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that 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

- The provider investigated and analysed incidents. We saw records demonstrating this had taken place, but it was not always clear what follow up had taken place. During the inspection the provider put processes in place to resolve this.
- The provider ensured accidents were monitored and audited to identify trends and actions for improvement.
- Accidents and incidents were reported to the registered manager. The provider put a process in place for the registered manager to review the reports to reduce the risks to people. The provider had worked with other health-care professionals where necessary.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and care, treatment and support were delivered in line with guidance to achieve effective outcomes.
- People had positive behaviour support plans in their care plans which were personalised and gave guidance for staff where people might communicate through their behaviours.
- Staff knew people well and applied their learning effectively to support people, which helped to promote a good quality of life. Their daily notes supported this.

Staff support: induction, training, skills and experience

- New staff received an induction which included training to give them the right skills and knowledge to effectively support people and understand their role.
- Staff undertook ongoing training. This helped to ensure their skills were kept up to date and their practice was in accordance with best practice. We found not all of the training frequency was in line with national guidance. We discussed this with the director who said they would change their frequency to meet this.
- The provider's staff training included knowledge checks which as well as competency checks and observations ensured good practice.
- Staff we spoke to said they were well supported by the provider. Staff received supervisions from the registered manager. Supervisions are opportunities for 2 way conversations. These were clearly documented for last year but it was not always clear for the current year how regular staff supervisions were. We discussed this with the director who told us they would be properly documented in the future.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- The service protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by having suitable risk assessments in place. These included the consistency of their food and drink as well as any foods they were allergic to. Staff we spoke to had a good understanding of different people's needs.
- People had a self-service station available for hot and cold drinks, and fruit which was replenished during the day. This meant people were able to have drinks whenever they wanted.
- The provider had organised a BBQ for people on the day of inspection which went down very well. Food was well presented and appetising. There were vegetarian options available for those who wanted them. People we spoke to were complimentary about the food, telling us their choices and preferences were respected.

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

- The provider worked with other agencies to ensure good outcomes for people.
- Outcomes of referrals were recorded and used to inform people's ongoing care and treatment. For example, records demonstrated how staff followed guidance from a health professional in relation to their health condition.
- The provider had good relationships with the older persons mental health team and the GP surgery which helped with timely referrals for people living there. Some people had a mistrust of professionals so the provider had worked with them to improve this so they could receive appropriate treatment and support.

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

- The provider had suitably adapted the premises to meet the needs of the people living there. People's mobility was also considered as to their ability to climb stairs and the most suitable floor for their bedroom.
- People's bedrooms had been personalised to their preferences and individual needs with the support of staff where required.
- There was suitable and accessible outside space that people used extensively. Where people chose to smoke this was supported appropriately.

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

- People were supported to have access to healthcare services and receive ongoing healthcare. This included supporting appointments for dentists, neurological in patients, blood tests, and GP surgery.
- The service involved people in decisions about their health and encouraged people to make choices where possible. This included having a COVID-19 vaccination.
- The service had made appropriate referrals to relevant professionals and services, and had put in place their recommendations. These could be found in people's care plans, and staff we spoke to were aware of this advice. For example, staff supported people who wanted to dance at the BBQ but knew which people did not like physical contact.

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 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, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with the MCA. People were encouraged to make their own decisions and choices as much as possible and we saw examples of this throughout our inspection.
- Where people needed to be deprived of their liberty for their safety, the appropriate authorisations were being met. The provider also supported people to challenge decisions where the person did not agree with the decision. This showed that the provider was doing everything possible to support the choices of the people living there.

- Where people wished to smoke, the provider supported them to manage their money and cigarettes so as not to run out. This was agreed between people and staff which we observed working well during the inspection.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw staff treated people well and respected them.
- Staff were caring, compassionate and responded to people with kindness and patience. All staff members, including ancillary staff made a point of speaking to each person as they passed, checked they were ok and supported them if necessary. We saw this had a positive impact on people's well-being.
- People were positive about how they were treated by staff. Comments used to describe staff included, "Excellent", and "Lovely."

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

- The provider sought the views of people during the care planning process and through individual contact. People's care plans detailed what was important to them and how they wanted to be supported.
- People were supported to use the services of an advocate where they did not have family available. A person was supported to have an advocate to represent them.
- Staff had good knowledge of people and their needs. During the inspection we observed staff had sufficient time to be able to talk to and support people. People told us staff listened to their wishes. For example, their choice if and when to have a bath or a shower was respected.
- People were offered the choice to be involved in decisions and reviewing their care plans. Although the majority of people did not have an interest in doing this, they were happy with the outcomes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. We observed cheerful and positive interactions between people and staff.
- Staff supported people to be independent and supported them with their plans and choices. People told us they did not have any concerns about independence.
- People told us staff always knocked on the door of their room before entering. One person had their own key to their room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised to meet their needs. People's care plans were reviewed regularly to see if there were any changes needed. Staff gave people the opportunity to be involved in their care plan reviews.
- People were happy with the general level of care. When asked about the care they received, one person told us "It's OK across the board."
- Staff were aware of people's likes and dislikes, food preferences and routines. People had control over their routines including what time that wanted to get up and go to bed. This was reflected in people's care plans.
- People appeared clean and well presented during the onsite inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and included in their care plan.
- People's communication needs were met by experienced staff who knew them well. People mainly communicated verbally but there were details in their care plans for any specific needs. For example, one person's communication care plan stated, "No additional needs, but needs time to avoid being flustered."
- During the inspection we observed staff communicating well with the people who lived there.

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 were supported with whatever activities they preferred. These included going to the shops, gardening, and playing snooker. People were also offered the choice of organised trips such as a boat trip.
- Some people spent most of their time in their rooms. Staff encouraged people to take part in activities although people's wishes were respected if they did not want to participate.
- People could generally go out as they wished. The provider had offered advocates to support people if they chose.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was accessible to people if needed. People were aware there was a complaints process - instructions were on one of the notice boards.
- People told us staff were approachable but had not needed to raise concerns with them.
- Staff were able to raise concerns when needed, and any changes from these were reflected in people's care plans.

#### End of life care and support

- The service was not currently providing end of life care to any of the people living there. However, they had plans in place for people if this were to be needed.
- Staff had the option to complete end of life training if this was required.

# 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 good. The rating for this key question has remained 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

- The provider worked closely with people and staff to create a friendly, open and comfortable atmosphere in the home. Staff felt supported to deliver high quality care that led to good outcomes for people.
- People were supported well by staff, and we observed positive and friendly interactions throughout the inspection. Staff appeared happy to be there and showed interest in what people had done if they went outside the home. This created a welcoming and homely atmosphere for the people supported as well as visitors to the home.
- People told us the registered manager and directors were visible in the service. A director was present during the inspection and people confirmed they had seen him before and knew he was part of the leadership team. We observed people were comfortable around staff with the director taking the opportunity to talk with 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 provider was aware of the need to be honest and transparent in the event of certain notifiable events and had contacted the relevant person appropriately when the need arose.

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

- Staff were clear about their roles, the risks people had and how to report issues.
- There was a system of regular checks and audits to monitor the quality of service provided. The provider recorded the regular checks they carried out. This included monthly quality audits to check the home and people's care continued to meet their needs. This included health and safety and medicines.
- The provider had an incident log in place so that incidents could be reviewed and followed up with the local authority safeguarding team or notified to CQC. However, it was not always clear how these had been followed up. We discussed this with the director who said they would improve the form and have better oversight of the incidents in future.
- The provider had two registered managers in place, 1 was also 1 of the owners. The other owner (director) visited the home regularly to provide oversight of the service.

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

- The provider involved people who used the service where they could.
- Staff were engaged and involved. There were staff meetings and supervisions which were opportunities for 2-way conversations. The supervisions we reviewed had a good format and meaningful content. A staff meeting from March 2023 included minutes and attendees with a follow up action plan from the meeting.
- People were able to give their feedback to the provider through surveys which the provider analysed for areas to review. Feedback from people in January 2023 was either good or excellent.
- People we spoke with were able to express their views although did not show interest in opportunities to be involved in the running of the home. People told us the service met their needs, staff respected their preferences and they were happy to stay.

#### Continuous learning and improving care

- The provider kept up to date with current guidance and standards through local professional forums, online resources, and ongoing professional knowledge. They were open to suggestions from other agencies.
- The provider engaged external auditors to identify areas needing further work so they could improve the quality of the service. This identified issues with recruitment that we also found during this inspection. The provider had worked to resolve these during the inspection.
- The provider had used the fire risk assessment to complete an action plan to ensure that the service was safe in the event of a fire.

#### Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with the local authority, GP practice and older persons mental health team.
- Where the provider had worked with mental health teams, there was specific information in people's care plans about any capacity assessments or to manage their conditions. These were updated regularly.
- There was evidence the provider had worked with advocates to ensure people had independent support and guidance if they wanted it. One person was being supported by an advocate where they wanted to move to a more independent setting.