Prime Life Limited

Holmes House Care Home

Inspection report

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Ratings

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

Overall summary

Our inspection took place on 3 and 4 November 2014.

Holmes House is a residential care home made up of two units, Holmes House and Holmes Court. Together they provide accommodation for up to 75 people. At the time of our inspection 64 people used the service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People who used the service told us they felt safe. Relatives told us they were confident their family members were safe at the home. A social worker who visited the home to see a person they supported told us they had no concerns about that person's safety. A person using the service had sustained a head injury from a fall shortly before this inspection. A risk assessment of their mobility had not been updated to reflect their latest support needs.

Summary of findings

The service had a process for determining how many staff should be on duty. That process took into account people's dependency levels and the number of hours of care they required. People's dependency levels were regularly reviewed.

People's medicines were managed safely. The registered manager had made improvements to the security of medicines after a serious incident had occurred in August 2014.

The service was broadly compliant with the Department of Health's Code of Practice on the prevention and control of infections and related guidance. There had been no outbreaks of infections in the last 12 months. The provider had arrangements to keep the service clean and hygienic. However, we found three bathrooms, shower-rooms and toilets that had either no anti-bacterial hand-gels or soaps, or paper towels or toilet paper. A hand gel dispenser above a wash basin in the kitchen was empty.

People were supported by staff who had a good understanding of their needs. Staff had been supported through effective training and supervision. Staff we spoke with had awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. This is legislation that protects people who lack mental capacity to make decisions and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control.

People who used the service told us that they enjoyed their meals. Staff knew which people had particular dietary needs and supported people with those. People were provided with fresh drinks at regular intervals. People's food and fluid intake was monitored. Staff monitored people's health and involved the relevant health and social care professionals to ensure people were supported to maintain good health.

People who used the service and relatives spoke in very complimentary terms about the staff. A relative told us they had chosen the home for their parent because the staff were kind and caring. People were encouraged to give their views through every day dialogue with staff, reviews of their plans of care and through an annual satisfaction survey. Staff respected people's privacy. People were able to receive visitors without undue restrictions. Staff respected people's dignity and modesty when they supported them, for example when lifting people or ensuring their comfort.

People who were able to contributed to decisions about their care and support. All relatives we spoke with told us they were involved in discussions and decisions about their parents, spouses or family members. Plans of care reflected people's individual needs and how they wanted to be supported.

Staff were encouraged to report concerns about the delivery of care. Relatives told us that they found staff to be honest and open. The provider had adequate procedures for monitoring the quality of care and the home environment, but these had not always identified shortfalls in cleaning and hygiene standards at the home.

We have asked the provider to share this section of the report with the people who use the service and the staff that work there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not continually safe.

The provider had made improvements to people's safety and had implemented learning form incidents where people had experienced harm or injury. Enough staff were on duty. However, risk assessments were not always up to date and there were minor shortfalls in terms of infection control.

Requires Improvement

Is the service effective?
The service was effective.

Staff had received relevant training and support to help develop the necessary skills and knowledge to be able to support people who used the service. Staff had awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported with their nutritional and healthcare needs.

Good

Is the service caring?
The service was caring.

People who used the service and relatives told us staff were caring. The service had promoted dignity in care through four staff who acted as `dignity champions'. Staff respected people's privacy and dignity and showed kindness and compassion when they supported people.

Good

Is the service responsive?
The service was responsive.

People who used the service received personalised care that took into account their preferences and wishes. People knew how they could make suggestions or raise concerns. People's needs were regularly reviewed. The service had responded to incidents by making improvements.

Good

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

The service had an open culture where people using the service, relatives and staff could raise concerns. The registered manager was committed to making continual improvements and worked with the local authority to that effect.

The arrangements for assessing and monitoring the service required improvement to ensure all risks to safety and hygiene were identified and acted upon.

Requires Improvement

Holmes House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 3 and 4 November 2014. The inspection was planned at short notice because of concerns we received about the standards of care and support. The inspection was unannounced, which meant neither the provider nor the service knew we were visiting.

The inspection was carried out by an adult social care inspector. Before our inspection we reviewed all the information we had received from and about the service since our last inspection in June 2014. We looked at information we had received from a local authority safeguarding adult team about allegations of abuse and neglect they had and were investigating. We spoke with the provider's area manager, the registered manager, deputy manager, two senior care workers and three care workers. We spoke with five people who used the service and three relatives of people who used the service. We spoke with a social worker who visited the service on the first day of our inspection. The social worker was not an employee of the local authority that investigated the allegations of abuse and neglect.

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 looked at five people's care records, maintenance records, a staff training plan, the results of a recent satisfaction survey and management information records. We reviewed a local authority report of an inspection they had carried out of the service in September 2014.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they the service was safe. A person who used the service told us, "I feel safe here. My keyworker [a care worker who has main responsibility for a person's care and support] is absolutely brilliant and is always there for me if I need her." Another person told us that care workers help her walk around the home safely. People we spoke with knew who their keyworker was and told us that was the person they could raise any concerns with if they needed to. A relative of a person who used the service told us, "My mother is safe. I know I could raise concerns if I had any and I'm confident I'd be listened to." Another relative told us, "My mother is safe and secure here." A third relative we spoke with told us, "I've no concerns. I know I can raise concerns with the manager or any of the staff." Relatives we spoke with knew about risks associated with their parents or family member's care routines and whether they were at risk of falls. A relative told us that they felt more confident than before about their mother's safety. They said, "My mother is protected from falls. Staff keep an eye on her." A hairdresser who visited the home twice a week told us, "People only tell me they are happy here."

The provider had policies about safeguarding people from harm and abuse that staff had access to. Policies included a whistle blowing policy which informed staff about how they could raise concerns about people's safety and care. Staff we spoke with knew how identify and report abuse, signs of abuse and poor practice. They told us that they were confident that any concerns they raised with the registered manager would be investigated.

The provider had taken steps to protect people from abuse and avoidable harm in response to incidents that had occurred. Disciplinary procedures had been instigated and staff had been dismissed. Staff had received refresher training. Deficiencies in practice had been brought to care worker's attention and care practice was observed by the registered manager. The provider had used a staff newsletter to raise staff awareness about unacceptable staff behaviour that constituted psychological abuse. Staff we spoke with confirmed that they were aware of the lessons that had been learnt from safeguarding investigations and of improvements that had been implemented.

People's plans of care included risk assessments. Those assessments included information about risks associated with people's personal care routines and mobility. Where necessary, risk assessments had been carried out with input from specialists. For example, a risk assessment had been carried out which used advice from an agency that specialised in support of people with impaired vision.

Some people had been assessed as at risk of falls. The risk assessments included what care workers should do to minimise risk without restricting people's independence. One person's plan of care recorded that they should use a walking frame and be observed when they walked around the home. However, that person had an unwitnessed fall in the garden that had resulted in a head injury. They had not used a walking frame on that occasion. We were told by the registered manager that the risk assessment was out of date and that the person required neither observations nor a waking frame. This meant that person had not always protected from risk of avoidable harm because their documented risk assessment of their mobility was out of date and they had suffered a serious head injury which could have been prevented.

The provider had a process for determining how many staff should be on duty. That process took into account people's dependency levels and the number of hours of care they required. People's dependencies and staffing levels were regularly reviewed. All staff we spoke with told us that they felt enough staff were on duty. One told us, "Normally, enough staff are on duty" and another told us, "There are enough staff, sometimes it feels like we have extra staff." A social worker who visited the service at the time of our inspection told us that they thought there were enough staff in the lounge and that staff were visible and attentive. We also saw that staff were present in the lounge where most people spent their time and in other communal areas.

We looked at the safe management of medicines at our last inspection in June 2014 when we found that safe arrangements were in place. Those arrangements continued to be in place but now with added security after an incident had occurred where a person using the service had gained entry into a room where medications were stored. The registered manager had introduced improved security arrangements for the safe keeping or medicines.

The provider had arrangements for the prevention and control of infection. They had an infection control policy

Requires Improvement

Is the service safe?

that was compatible with national guidelines including the Department of Health's Code of Practice on the prevention and control of infections. The registered manager carried out checks that monitored compliance with the policy. The majority of staff had received training about infection prevention and control. We saw that staff wore disposable gloves when they supported people with aspects of care. All the bathrooms, shower-rooms and toilets we saw were clean and had information posters about hand hygiene on display.

However, we found some minor problems in some bathrooms, toilets or shower rooms. There were empty soap dispensers in two and a congealed soap dispenser in another. Another room had a soap dispenser that was broken. Paper towel dispensers in one bathroom and one toilet were empty. A toilet had no toilet paper. A cistern in a disabled toilet had a crack that could harbour germs.

Whilst none of the lapses in hygiene control were in themselves serious, that fact that there were nine instances showed that the arrangements for keeping the service clean and hygienic could be improved upon.

The service had a food hygiene rating of 5, the highest rating possible. However when we looked in the kitchen we saw that a soap dispenser above a wash basin was empty. This was during a period before tea time and evening meals were prepared. This meant there had been a lapse in hygiene control in the kitchen.

When we viewed the dining room as people were waiting for their lunch, we noticed remnants of a breakfast on the floor beneath a dining table. We brought this to attention of staff who immediately cleaned the area. However, this meant that staff had not followed procedures that required them to ensure that all left over food products were removed `swiftly and effectively' following mealtimes. Staff had not therefore kept part of a communal area clean.

Good

Is the service effective?

Our findings

People who used the service were complimentary about the staff. One person told us, "I can't fault the staff for anything." Another person said, "They [staff] look after me really well." Another said "I'm well looked after by them [staff]." Other people expressed that the staff were "good." Relatives of people who used the service told us that they felt staff had been well trained. A relative told us, "The staff understand what my mum needs. I believe they are trained." Another relative told us, "The staff are very good at personal care."

Staff we spoke with told us that they were well supported through training and supervision. A care worker told us, "The training has equipped me to do my job. I am keen to learn more about dementia and I know Primelife will help with that." Another told us, "The training is great. It's helped me do my job." When we spoke with staff they demonstrated a good understanding of the individual needs of people who used the service. Staff had a good awareness of the different types of dementia and the effect it had on people. A care worker told us they had recently completed a 12 week course about dementia which had helped them understand how dementia affected people. They had shared the knowledge from that training at staff meetings.

The service had a training plan which covered a wide range of topics about for social care in a residential care home environment.

Staff told us that they had been supported through supervision. They told us they found supervision meetings with their manager helpful and informative. A care worker told us, "The supervisions are helpful. I'm told about my performance and I can have a two way conversation with my manager." Another care worker told us, "I can put my views across [in supervision] and the manager listens."

The registered manager understood the requirements the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need with the least restrictive way of achieving this. No person using the service was under a DoLS authorisation.

Staff we spoke with demonstrated an awareness of MCA and DoLS. A relative we spoke with told us they told staff her mother would benefit from wearing a seat belt whilst in a wheelchair. Staff explained to her that a seat belt was a form of restraint and, as the person lacked capacity to consent to the use of the seat belt, it could only be used if authorised. That showed that staff understood about DoLS.

We made an observation in a small lounge where five people and a care worker were present. Three people appeared to be relaxed watching television. The care worker supported a person who was walking around the room whilst the fifth person displayed verbally aggressive behaviour towards the care worker. The care worker tried to calm and reassure the person without doing anything that caused the person further anxiety. This showed the care worker acted in line with recommended national guidelines about managing behaviour that challenged.

People who used the service told us that they enjoyed their meals. Comments from different people included, "Dinner was good, we have a nice choice"; "I enjoyed dinner, it was nice"; and "The food is good, I can't fault it. I can get food whenever I'm hungry." A relative told us that they had noticed that, "People always have snacks available."

People's plans of care included details of their nutritional needs. People's food and fluid intake was monitored and recorded which meant that staff knew whether people were eating sufficient food and drinking enough. Staff recorded people's food and drink intake on daily food diaries. These were well designed forms. Not all staff had aggregated the daily amount of fluid people had consumed but otherwise the forms were well completed. People who required one had a nutritional risk screening tool which was regularly reviewed. This meant that staff could identify any nutritional health issues and take appropriate action, for example referring a person to a dietician. Some people required their food in a softened form to prevent choking. Staff knew which people were able to eat independently and which people required help with eating. We saw that people who required help with their meals received support. Staff were patient and supported people to eat at the pace they wanted. The registered manager made regularly observations of meal

Good

Is the service effective?

times to ensure that people's dietary and nutritional support needs were met. A social worker we spoke with told us that staff had encouraged the person they supported to eat and drink and monitor their food and fluid intake. The social worker told us that person had gained weight and had a good appearance.

Staff had a good understanding of the individual needs of people, including their health needs. Staff made daily notes about how they supported people. Those notes provided assurance that people had been supported in line with their plans of care and confirmed what people had told us about they had been cared for. Staff were attentive to people's health and well-being. They recognised signs that a people's health had changed, for example noting changes in people's mood, behaviour, sleeping patterns and appetite. Staff had passed concerns to a senior or the registered manager who the arranged for a doctor or nurse to visit the service. People were supported to attend appointments with doctors, dentists, opticians and other health professionals. Specialist nurses visited the home to attend to people who had pressure ulcers. This meant that the service helped people to access relevant healthcare services.

Good

Is the service caring?

Our findings

People who used the service told us staff were caring. A person told us, "The staff are very caring. We always have a chat with them. Another person told us, "The staff are so kind. They always make sure I have clean clothes to wear and they even clean my glasses [spectacles] for me." Another person told us, "When I'm feeling down my key worker always cheers me up." One person who used the service had provided written feedback that staff were helpful when they needed their help and were always on hand to take care of their needs. Relatives of people expressed similar things about staff. They described staff as friendly and caring. One relative described how staff had helped her mother become much happier through their kindness. They told us, "The staff have been lovely with my mother, she is so much better here."

Relatives spoke to us about how they had developed relationships with staff and how that had made the feel confident that staff cared a lot about the people they supported. A relative told us, "The staff are very friendly and caring. I know them by name. We always have a chat with staff and I know they care about my mother. My mother always looks clean and is dressed in clean clothes. That matters to my mother." Another relative told us, "I know my mother is very fond of the staff, she'd say if she wasn't. The staff treat her as though she matters to them." A third relative we spoke with told us, "The staff are very good with my dad and from I have seen with other residents." They added, "I chose this home for my dad because of the staff."

Shortly before our inspection the service had completed a survey of relatives of people who used the service. A relative had added a comment to the effect that staff could not be any kinder or caring than they were.

Few people were able to be actively involved in making decisions about their care and support. Those that were told us that staff respected and acted upon their views. For example, one person told us that told us that it was important to them they were as independent as possible. At times they wanted to change their own bed linen or tidy their room and staff had allowed them to do that. Another person told us that they felt listened to. They told us that they wanted to be independent insofar as they chose how they spent their time. They told us, "Staff help me walk around and help me to be independent. They help me get up when I want to and go to bed when I want to."

Relatives told us they felt involved in decisions about the care of their parents or relations. A relative told us, "The staff involve me and keep me informed about how mum is." Another relative told us, "I'm very much involved. I made suggestions about records I wanted staff to keep so I could see when my dad had showers and staff did that."

Two relatives who visited the service several times a week told us that they had seen staff treat people with dignity and respect. We saw that too. Staff spoke politely to people and explained what they were doing and why. When staff helped people into the dining room for lunch they showed care and respect for the person rather than simply carrying out a task. For example, we heard a care worker say "[name of person using the service] would you like to go to the top table with me?" Staff respected people's privacy. Staff did not enter people's rooms without knocking on a door and being invited in. Staff do not interrupt people who had gone to one of the smaller lounges in the home to spend time alone, or people who had chosen to sit in areas outside of the main lounge.

Staff we spoke with had detailed knowledge of the people the supported. A relative told us, "The staff know my mum better than I do." A social worker who visited the home during our inspection told us that staff were very well informed about the needs of a person they supported. Staff we spoke with knew about people's likes and dislikes and their life histories. We heard staff talking to people about what they had done in the past, for example about their professions and where they had lived. Staff knew what television programmes people liked and they told people when those programmes were broadcast.

The provider had promoted dignity and respect through staff training, supervision and communications such as newsletters. The service had four staff who acted as `dignity champions'. Their role was to promote dignity and respect amongst all staff, especially new staff. Staff we spoke with were able to name the dignity champions. They gave example of how the supported people in a dignified way, for example drawing curtains in people's rooms when they provided personal care. When staff used lifting equipment or supported people to be comfortable they ensured that people's modesty was protected by discretely adjusting people's clothing.

Good

Is the service caring?

People's relatives were able to visit the service without undue restrictions. We saw visitors throughout our two day inspection. The service's visitors signing-in book showed that visitors came at all times throughout the day.

Good

Is the service responsive?

Our findings

People who used the service told us that they had contributed to decisions about how they were supported. Two people told us that they had told staff they wanted to be as independent as possible. One of those people wanted to be independent insofar as they wanted to able to spend their time how and where they wanted. We saw that staff supported that person to walk to different communal areas where they wanted to spend time. Another person told us that whenever they wanted to tidy their room, change bed linen or assist with their laundry staff had allowed them to do so. They added, "I have plenty to keep me occupied. I do crosswords and puzzles, play dominoes."

Relatives of people who used the service told us that staff listened to them when they made suggestions about how their parents, spouses or family relatives could be supported. A relative told us, "If you ask them anything they'll deal with it."

Plans of care we looked at showed that people or their relatives had been involved in the assessments of their needs and reviews of their care. People or their relatives had a say about how they wanted to be cared for and supported. The registered manager or a senior care worker had assessed people's levels of dependency and plans of care had been developed to reflect people's individual needs. Plans of care included details about how people should be supported with various aspects of their care. For example, plans of care detailed how people should be supported with personal care, their nutrition, medication and mobility. This meant that people's plans of care were individualised and focused on their needs.

Plans of care included details about people's interests, hobbies and things that were important to them such as their religious faith. We saw people reading newspapers of their choice or reading books or magazines. Some people had gathered to watch a film of their choice. A relative told us they had informed staff that their mother liked to draw pictures. We saw pictures that person had drawn were on display in communal areas. People were supported with their spiritual needs because the service had arranged religious services for people to attend if they who wanted. This meant that people had been supported to maintain and enjoy their personal interests, hobbies and religious needs.

The service provided activities for people with dementia. Some activities were based on research by leading dementia specialists. The provider had encouraged a care worker to take a lead at the service for those activities. Many activities took into account people's life history and occupations they had. Activities included use of memorabilia, music and films from past eras. Some people had taken part in baking classes and made cup-cakes which they and other people at the service had at tea time. People had made models and figures that were displayed in communal areas. Several people had tactile objects to hold for comfort and relaxation. A room with sensory lighting was available for people to relax in and we saw it being used. The service had encouraged relatives to bring family possessions that could be used in one-to-one activities with people. This meant that people were supported to enjoy activities that were stimulating and meaningful.

We saw people engaging with other people in a friendly and meaningful way. People had conversations and walks with others Some people sat in pairs or small groups. We saw staff play a game of dominoes with four people. A person who used the service told us that they had made friends with other people who used the service. Another person told us, "It's a good mix of people here. We help each other."

Staff supported people to maintain contact with their families. The registered manager told us that the provider had agreed to install a computer that people would be shown how to use to keep in contact with friends and relatives who lived a long way away or abroad. This meant that the service had helped people to develop and maintain relationships and friendships that protected them from social isolation.

People who were able to told us that they knew how they could raise any concerns or complaints. They added that they were confident they would be listened to. Relatives we spoke with told us they knew how to raise concerns and complaints. A relative told us, "I'm confident about raising concerns [if they had any] and that I'd be listened to." Another relative told us, "I'm confident I could raise any concerns with the manager or the key-worker or any of the

Good

Is the service responsive?

staff. They are up-front and honest." One complaint had been received since our last inspection which had been investigated and responded to, though not to the complainant's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People who used the service told us that they were involved in discussions and decisions about their care and support. They explained they did that through discussions with their key worker. They also told us they knew who the registered manager was and that the registered manager had regularly spoken with them. A relative of a person who used the service expressed that they had decided that the service was the best place for their father because of the staff and the way the service was run. They said, "The [registered] manager is very open and aware. The key worker is very open. I'm able to talk to the staff. They are transparent. They are all very good and would be even better if they were more proactive."

The registered manager understood their legal responsibilities. They had effective procedures in place for ensuring that the conditions of registration with the Care Quality Commission were met.

The provider had procedures for monitoring and assessing the quality of the service. These included survey of people who used the service and their relatives. A survey had been completed shortly before our inspection. We looked at a summary of responses that had been made so far. People's responses were positive and most respondents rated the home as good or excellent. We also saw that the provider had acted quickly to improve areas that people had rated as low as adequate.

Other monitoring activity operated at two levels. The registered manager carried out scheduled checks and audits covering all aspects of the service. These included reviews of plans of care, audits of medicines management, observations of care practice and the safety of the premises. The registered manager evaluated the results of the checks and audits and had reported these to their regional director who carried out their own checks and audits to verify the registered manager's monitoring of the service. However, on the day of our inspection we brought several items to the attention of the registered manager and regional director that had not been identified by their checks.

The provider had a governance structure which meant that any concerns about the quality of care at a service location were made known to the operational board that consisted of the provider's most senior personnel. This meant the operational board had an oversight of all locations where they provided a service.

The provider had a clear vision to provide a high quality standard of living that was tailored to people's individual needs. The provider placed people's respect, dignity and right of choice at the heart of decision making. This was promoted through policies and procedures, staff training and development. The provider had whistle-blowing procedures that were accessible to staff. Staff had access to a whistle-blowing telephone helpline. Whistle- blowing information posters were on display at the service which meant staff, and visitors had information about how to raise any concerns. This showed that the provider had promoted and encouraged openness. The provider had promoted the Care Quality Commission's new approach to inspections which asked whether a service was safe, effective, caring, responsive and well-led. This showed that the provider was up to date with changes in what was expected of providers.

Staff received feedback about their individual performance and the performance of the service. This included feedback about our inspections and inspections by the local authority. Staff were involved in discussions about how to improve the service following inspections and investigations of incidents were people had suffered harm or an injury. Staff we spoke with told us about improvements that had been made. This showed that the provider and registered manager were open with staff and encouraged their involvement in developing the service. The regional manager visited the service regularly and spoke with staff and people who used the service as part of their monitoring activity.

Staff we spoke with shared the provider's vision for the service. They told us that their responsibilities were to provide quality care that was safe and respected people's dignity which matched the provider's vision. Staff we spoke with told us they enjoyed working at the service.

The registered manager and the management team were visible and available to people who used the service, relatives and visitors and staff. A social worker who supported a person who used the service told us that the registered manager was always available to discuss that

Requires Improvement

Is the service well-led?

person's needs. During our inspection we saw the registered manager take a participative interest in the people who used the service. Senior care workers were also active and available to staff.