Care Quality Commission

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Holmwood Rest Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 31 October and 2 November 2017. The inspection was unannounced.

Holmwood Rest Home provides accommodation and personal care for up to 16 older people. There were 11 people living at the home at the time of inspection. The service is located in West Parley and is a detached dormer bungalow. The accommodation offers 14 bedrooms on the ground floor and two bedrooms on the first floor. There are two staircases to access the first floor, one with a stairlift. There is a communal lounge and dining area on the first floor. There is also a conservatory and an accessible garden.

Quality assurance measures were not always effective because they did not consistently identify gaps or trends in areas of support people received. The manager rectified gaps when we identified these, but improvements were needed to ensure that there was consistent oversight of the service.

The manager of the service did not have any external links or sources of good practice guidance. We made a recommendation about this.

Risk assessments were in place and identified the risks that people faced and provided guidance about how to manage these. Staff knew peoples individual risks well and their role in supporting people to manage these safely.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

There were enough staff available and people did not have to wait for support. People had support and care from staff who were familiar to them. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks in place.

People received their medicines as prescribed and these were securely stored. Where there were gaps in information about what medicines people needed 'as required', the manager addressed these immediately.

The home had good links with health professionals and regular visits and discussions meant that people were able to access appropriate healthcare input promptly when required.

People were supported by staff who had the necessary training and skills to support them. Training was provided in a number of areas the service considered essential and other learning offered was relevant to the conditions that people faced.

Staff understood and supported people to make choices about their care. People's legal rights were protected because staff knew about and used appropriate legislation. The manager was in the process of ensuring that documentation was in place for people who required decisions to be made in their best interests.

People spoke positively about the food and had choices about what they ate and drank. The kitchen were aware about people's dietary needs and catered to people's preferences and special diets where needed.

Staff knew people well and interactions were relaxed and caring. People were comfortable with staff and we observed people being supported in a respectful way. People were encouraged to make choices about their support and staff were able to communicate with people in ways which were meaningful to them.

People were supported by staff who respected their privacy and dignity and told us that they were encouraged to be independent.

People were supported by staff who knew their likes, dislikes and preferences. Staff told us that they communicated well staff were confident about their roles and responsibilities.

People were able to engage with a range of activities including one to one time with staff. People told us that they had enough to do at the home and enjoyed the activities on offer.

Relatives spoke positively about the staff and management of the home. They told us that they were always welcomed and visited when they wished. Both relatives and people told us that they would be confident to complain if they needed to.

Feedback was gathered both formally and informally and used to drive improvements at the home.

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 not always safe

People had risk assessments and staff were aware of the individual risks people faced and how to manage these.

People were protected from the risks of abuse because staff understood their role and had confidence to report any concerns.

People were supported by staff who had generally been recruited with appropriate pre-employment, reference and identity checks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People who were able to consent to their care had done so and staff provided care in people's best interests when they could not consent.

People enjoyed a choice of food and were supported to eat and drink safely.

People were supported to access healthcare professionals appropriately

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them

appropriate choices.

People were supported to maintain their privacy and dignity.

People's confidential information was stored securely.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff.

People enjoyed a range of activities and staff spent one to one time with people.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance measures were not consistently effective and meant that there were gaps in the oversight of the service.

People, relatives and staff felt that the manager was approachable and had confidence in the overall management of the service.

Staff felt supported and were confident and clear about their roles and responsibilities within the service.

Care Quality Commission

Holmwood Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 October and 2 November 2017. The inspection was unannounced and was carried out by a single inspector.

Before the inspection we reviewed information we held about the service. We had not requested that the provider submit a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection. In addition we looked at notifications which the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to obtain their views about the service.

During the inspection we spoke with five people who used the service and three relatives. We also spoke with four members of staff, the manager and registered manager/owner. We spoke with two professionals who had knowledge of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection. These included six care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments, meeting minutes and staff training records.

Good

Is the service safe?

Our findings

Staff told us that they undertook regular fire drills and there were evacuation plans in place for people in the event of a fire. However the evacuation plan for one person highlighted that they were independently mobile and would be able to walk downstairs to evacuate the home. The person's needs had changed and they required increased support. Staff were not consistent in their knowledge of how to support the person to evacuate. The manager told us that the person would be likely to be able to manage the stairs with a staff member and that they would ensure that all staff were clear about how to evacuate this person.

The service had a 'major incident plan' which provided contact numbers and details for essential services to the home. This had not been updated since 2012. We spoke with the owner because the incident plan required reviewing and updating to ensure that staff had access to the correct contact information and processes to safely support people in an emergency. The owner told us that they would review this to ensure that this was up to date.

People told us that they felt safe living at the home. One person told us about a piece of equipment the home had provided which helped them get into and out of bed safely. Another told us "I feel safe living here". We observed a member of staff walking behind a person to go to the dining room. The staff member provided verbal reassurance that they were walking behind them and guided them to sit at the dining table safely. One relative said "We have peace of mind and don't have to worry".

People were protected from the risks of abuse by staff who understood the possible signs and were confident to report. One staff member explained that they would be aware of "any physical signs…or any fear or anxiety". There had not been any concerns raised in the last year but the manager was aware of their responsibility to report and staff told us that they would raise any concerns immediately.

People had risk assessments in place which identified what support was needed to manage the risks they faced. For example, one person was identified at risk of falls and had a risk assessment in place. Staff were advised to manage this risk by ensuring that the person had their mobility aids to assist them to walk, provide supervision and check that the person had their call bell to hand when they were in their room. Staff were able to explain how they managed this risk in the way described in the person's risk assessment. Where another person had been losing weight, we noted that the home had identified this increased risk, monitored this and referred to the person's GP to seek guidance.

People were supported by staff who were recruited safely with appropriate pre-employment checks. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff confirmed they were not allowed to start work until these checks had been completed. The manager advised that retention of staff at the service was good and they had a stable staff team.

People were supported by enough staff to meet their needs and we saw that staff had sufficient time to support people and also spend time with them in a flexible way. A staff member told us "some places are

very regimented…here we have enough time to spend with people". The manager explained that there were two staff on during the day and two at night. There were separate cleaning staff and cooks and the manager also provided support for people and worked alongside staff.

Accidents and incidents were recorded and monitored by the manager to identify any trends. Where people had sustained injuries which required input from health professionals, this had been actioned immediately.

People received their medicines as prescribed. Medicine administration records had been completed accurately. Some people had medicines prescribed 'as required'. We observed that staff asked people whether they wanted these before administering and recorded their decision. Some people had 'as required' medicines forms which indicated why the medicine was prescribed and guidance for staff about how the medicine was to be administered. These forms were not in place for all 'as required' medicines. We highlighted this to the manager who reviewed and created a new recording form for these by our second day of inspection and was in the process of updating this information to ensure it was in place for all 'as required' medicines. Some people had prescribed creams which staff supported them to apply. There were body maps in place indicating where creams needed to be applied and the frequency.

Good

Is the service effective?

Our findings

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.

At our last inspection the manager had agreed that they would review each person to ensure all people living in the home had the capacity to consent to be at Holmwood Rest Home. We spoke to the manager and staff who were able to explain how they sought consent from people and considered people's capacity to make decisions about their support. However there were no documented assessments of capacity or decisions made in people's best interests. We spoke with the manager and on the second day of inspection they had completed a capacity and best interest's decision for one person and identified other people who required capacity assessments in relation to decisions about their support. The capacity assessment was decision specific and evidenced how the person lacked capacity. The best interest's decision explained other options considered and who had been involved in the decision. The manager explained that they would ensure that the documentation was completed for other people who required this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met."

Two people had DoLS applications which had been completed and sent to the local authority. Neither of the applications had been considered by the local authority at the time of inspection but the manager was aware about when other applications might be required for people and how to progress these.

Staff received training in topics which were relevant to the people they supported. Training was completed in a number of topics which the service considered essential, these included health and safety, moving and assisting, safeguarding and infection control. Staff completed learning in other areas including dementia care and nutrition which were relevant to the conditions and risks people faced. A number of staff also worked towards and completed national qualifications in health and social care. Staff told us that they had sufficient opportunities for training.

New staff received an induction into their role and if they did not have previous experience in health and social care, they were supported to complete the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff were positive about the induction they had received when they started at the home and we saw that a new staff member was planned to shadow other staff as part of their induction.

Staff received regular supervision with the home manager and told us that they had informal supervision daily because the manager worked on the floor with them. They felt supported and able to raise any learning or development needs.

People and relatives spoke positively about the food provided and had a choice about their meals. The home used a three weekly menu and the chef prepared a hot meal every lunchtime for people. Staff then prepared a lighter tea time meal and had sufficient time to manage this and also provide the required support for people. People's food preferences were well known and portions were served in varying sizes according to people's appetites and wishes. Where people had specific dietary needs, these were recorded and catered for. Staff offered to cut food up for people where this was required and offered people second helpings if they wished. People chose where they wanted to have their meals and the dining room was mainly set up with small individual tables. One person explained "it's more personal when you have your own table". A relative told us that they felt their loved one's health had improved because of their diet at the home. They explained "(name) loves their food….their diet is much better…their legs have got much better because they are eating healthier".

People had access to healthcare promptly when required. The home had weekly visits from a GP where any concerns or queries about people's changing needs were discussed. One health professional told us that staff "took efficient actions when needed" and said that staff were "all fantastic as far as I am concerned". Another health professional explained that the home made appropriate referrals quickly when required and sought appropriate advice and guidance. Staff told us about one person who had increasing anxiety. This had been noted by staff, reported and followed up with a health professional in a timely manner. People's care records showed input from various external professionals including opticians, specialist nurses and GP's.

Good

Is the service caring?

Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. Throughout our inspection we observed staff showing kindness and consideration to people, using tactile contact and reassurance where needed. When staff went into any room where people were they acknowledged people. Staff took time to chat with people and there was light banter throughout our inspection. Staff spoke with warmth and affection about the people they supported. One staff member explained "the residents are the best thing about working here", another said that people "know your name and look forward to seeing you…they are part of your family". We saw a written compliment from a relative which said 'thank you for all the wonderful care, attention and kindness…..you are all a credit to your profession". A professional told us they had observed staff interacting with a person who was upset. They explained that staff had "spent a lot of time encouraging (name) to move, explaining and reassuring them".

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. We observed a staff member walking with a person who had chosen to go to their room. The member of staff asked the person "do you want to sit in your chair or lay on the bed?" The person chose to lay on their bed for a rest and the staff member assisted them. We observed that people were offered choices about other areas of the support including when they wanted to get up, how and where they wished to spend their time. We observed staff communicating a persons' choices about their meal to the chef who them prepared this for them as requested. One person explained "I choose when I go to bed and like to sleep late and get up late". Another told us "I'm an early riser and I come and have breakfast early".

We saw that people were able to move freely and safely around the service and chose where to sit and spend their recreational time. One person liked to access the outside space daily and they were supported to do this at times which suited then. Another person liked to spend time in their room, although staff encouraged them to spend time in the communal areas, their preference was respected. The dining area did have a table which could seat several people, however people preferred to have individual tables to eat their meals. The dining area had the date displayed to help people to orientate. There were copies of the daily paper and magazines available, staff were observed offering papers to people who they knew liked to read the news.

People were supported to maintain their privacy and dignity. One person explained that staff always knocked and sought consent before entering their room. We observed that one person entered the communal area with their skirt tucked up. Staff quickly noticed this and assisted the person to adjust this so that their dignity was maintained. We observed that staff closed people's doors when they were going to assist them with intimate care to maintain their privacy. People were supported to remain as independent as possible. One person explained "staff don't do things for me which I can do for myself".

Sensitive information about people was stored confidentially in a locked area and we saw that staff locked this each time they updated people's records. Records were only taken out when staff needed to use these and all staff had access to records when needed. Staff files and other confidential information was also

stored securely.

Good

Is the service responsive?

Our findings

People had care plans which provided details about what support people required and also how staff needed to support people. Staff knew people well and were able to tell us about their likes and dislikes. For example, a staff member told us about one person and that if they started to talk about a particular topic, this would often make them upset. Staff were aware of this and knew that providing tactile contact and reassurance could help to give the person comfort. We saw staff interacting with the person in the way described and that they responded positively to this. Another person had asked for a change to their drink before bedtime. This had been shared with other staff in the handover book to ensure all staff knew that their preference had changed.

People's care was reviewed monthly and records showed what changes had taken place. There was space for people to sign to say that they had been involved in their reviews but this was not completed. The manager explained that they spoke with people on a daily basis and reflected any changes in their records each month. Although reviews were completed with people, this was not evidenced in records and the manager advised that they would ensure that reviews reflected how people had been involved in decisions about their support.

There were a range of social opportunities available for people within the home. Some external activities were arranged including a 'movement to music' class and reminiscence sessions. One person told us "they do exercises here which I enjoy". We observed some people spending time on a reminiscence activity and they were engaged and talking about memories from their lives. There were a range of board games and puzzles available but these were not often used. Staff told us that some people enjoyed a board game weekly and quizzes were also popular and run regularly by staff. Another person showed us their fingernails which had been painted by staff which they had enjoyed. Staff explained how they spent time reading to some people or just chatting over a cup of tea if people did not want to participate in group activities. Another person told us that they liked looking at the magazines available because they were more stories and pictures than the newspapers provided. A relative explained "(name) enjoys it if they have joint activities, bingo or word quizzes".

The service was responsive to people's changing needs and preferences. One person had a recurring pressure sore and needed to have some rest each day. They had been resting but missing social opportunities and activities. Staff suggested they rest at a different time of the day to ensure that they were still access the social activities. This was changed and meant that the person could rest when needed but still be included in the arranged social activities which often took place in the afternoons. Another person had asked for a change to their drink before bedtime. This had been shared with other staff in the handover book to ensure all staff knew that their preference had changed. A staff member told us about how they organised each shift to support people and they explained "we are flexible and change for them(people)". They advised that they decided what support people needed during each shift to take account of peoples preferences each day.

Relatives told us that they were able to visit whenever they wished and staff were able to give them up to

date feedback about their loved ones. One relative explained "we visit when we like and they (staff) always know how (name) is". Another relative told us that they were confident in the support their loved one received and said "they (staff) would definitely ring me if there were any issues". We observed that visitors were welcomed and that interactions with staff were friendly and relaxed.

The service had not received any complaints over the previous 12 months, but there was a process in place to record any complaints, investigate and respond to these in a timely manner. People and relatives all told us that they would be confident to complaint if they needed to do so and explained that they would speak with either the manager or the owner/registered manager. They felt that any concerns would be listened to by the service and acted upon.

Requires Improvement

Is the service well-led?

Our findings

Some quality assurance measures were in place but these did not effectively monitor the service to drive improvements for people. At the last inspection, we were told that appraisals for staff were due to be completed during August 2016. However at this inspection no staff had received an appraisal. The lack of appraisals had also been highlighted by the Local Authority as part of their monitoring processes, however this had not been actioned. The monthly medicines audit had not identified the gaps in 'as required' medicines forms which meant that some of these were not in place for medicines people were prescribed. People's care was reviewed monthly and this included their records, however these had not highlighted whether people required assessments of their capacity to make decisions about their support, or whether their emergency evacuation plan information was still current.

Other audits were in place which effectively monitored other areas of the service including cleaning, administration of medicines and identifying any trends or patterns in reported accidents and incidents.

The manager received daily support from the registered manager/owner. They were not aware of whether practice was in line with current best practice guidelines or identify ways to drive improvements because they did not have links with any external networks to discuss incidents or best practice ideas. The manager and owner worked closely as a management team and communicated well, however the management of the home had not done all that was possible to create opportunities to evaluate or improve practice.

We made a recommendation that the provider seek opportunities to link with external professionals and consider national best practice guidance to evaluate and improve oversight at the service.

The manager worked shifts at the home and took responsibility for the day to day oversight or the service. The registered manager at the home was also the owner and maintained daily contact with the home, visiting frequently to see people and staff. People, relatives, staff and professionals all felt that the management of the home were available and approachable. Professional comments about the manager included "approachable and have a good rapport with all the residents", "fantastic, very helpful and warm". A staff member explained that the "manager is very good, hands on and has done the job so know what it's like…very approachable". A relative said that the manager was "very on the ball and has helped to co-ordinate" the support for their loved one. The manager completed cleaning and medication audits monthly and monitored accidents and incidents.

Staff were clear about their roles and responsibilities and communicated well. Staff meetings provided a planned opportunity to update staff and discuss practice. There were regular handovers which were done verbally on an informal basis when staff started their shift. Handovers were also written and signed by staff which ensured that staff knew relevant information about the people they were supporting. The home had a flexible way of working and communicated effectively to determine what support was needed for each person in a way which suited them. Staff spoke positively about the team they worked with and comments included "we are a good team and work closely together" and "we work great as a team and talk about things". We observed staff communicating effectively and in a respectful way about people to ensure they

were clear about what responsibilities they held for the day they were working. The manager was also working on shift and was available and supportive to staff throughout the inspection.

Feedback was sought through the use of resident's surveys and informally through staff observations and interactions with people. The manager and staff provided examples of changes which had been made following informal feedback they had received. For example, staff had identified that people's dietary preferences were best known by the cooks at the home. If both cooks were absent for any reason, staff were less aware of these preferences. The home had therefore provided a white board in the kitchen so that these preferences could be easily seen and altered to be responsive even in the absence of the regular cook. People had fed back through a residents survey in March 2017 that they enjoyed having their nails painted as they used to before they lived at the home. The home purchased the necessary items and offered this weekly to people in response to this. This demonstrated that the home used feedback to drive improvements in the support people received.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.