

Lakeland Care Services Limited

Holmewood Residential Care Home

Inspection report

Lamplugh Road
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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 

Overall summary

This was an unannounced inspection that took place on the 5th October 2015.

Holmewood is a period property set in its own extensive grounds. The home has car parking facilities and is served by public transport. The home is located on the outskirts of Cockermouth and has its own transport. The building has been adapted and extended provide care for up to 26 older people.

Accommodation is in single rooms with ensuite shower or bath facilities. There are suitable shared facilities with a large lounge, a quiet lounge and a large dining room.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People in the home told us they felt safe. The staff team had received training in the protection of adults. We judged that people were suitably protected from harm and abuse. Staff said they could talk to the registered manager and the provider if they were concerned.

The registered manager had suitable plans in place to deal with accidents and emergencies. There were risk assessments and management plans in relation to the premises.

Staffing levels were suitable to meet the needs of people in the home. Staff told us that there were enough staff to deliver good levels of care and services.

Recruitment and disciplinary matters were managed appropriately.

Medicines management was done correctly. People told us they were encouraged to deal with their own medicines where possible.

The home was clean and orderly and good infection control measures were in place.

Staff received supervision, appraisal and training. We saw evidence to show that members of the staff team were supported to develop in their role.

The registered manager understood her responsibilities under the Mental Capacity Act 2005. She judged that no one was being deprived of their liberty. People were asked for consent for care interactions. Restraint was not used in the service.

People enjoyed the food provided. Staff understood the need for good nutritional planning if people were underweight.

People in the service were supported to get health care support. The community nursing team and the local G.P.s visited on a regular basis. Specialist intervention was sought where necessary.

The house had been suitably extended and adapted to meet the needs of older people.

We observed a staff team who had a caring and sensitive approach to their work. People told us they were treated respectfully and that staff supported them to retain their dignity when care was delivered.

We had evidence to show that people's privacy and confidentiality were protected. Independence was encouraged.

End of life care was being managed well.

We saw good assessments of need on file and detailed and up to date care plans in place. People told us that they were asked about their needs and preferences.

People in the home were keen to talk to us about outings, activities and entertainments. We learnt that people went out to church, went to Cockermouth and joined in exercise classes in the home and enjoyed the entertainments on offer.

The home had an easily accessed complaints procedure in place but there had been no formal complaints received.

The home had an experienced and suitably qualified manager who was registered with the Care Quality Commission.

We observed a kind, friendly and caring culture in the home. Independence was encouraged and people felt their wishes were respected. People told us they were consulted.

Regular questionnaires went out to the people in the home, their relatives and visiting professionals. The results were analysed and changes made.

Quality was monitored by regular checks on all aspects of the service.

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 safe.

Staff understood their responsibilities in keeping people free from harm and abuse.

Staffing levels met the needs of people in the home.

Medicines were managed correctly.

Good



Is the service effective?

The service was effective.

Staff received on-going training and support to enable them to deliver care and services.

People in the service received nutritious meals and staff supported people who found keeping a normal weight difficult.

The staff gave people support to access suitable health care.

Good



Is the service caring?

The service was caring.

Staff displayed patience and kindness with people in the home.

People told us that they were confident that their privacy, confidentiality and dignity were always maintained by the staff team.

We had evidence to show that good end of life care was in place.

Good



Is the service responsive?

The service was responsive.

Good assessment and care planning were in place to support staff and give people their lifestyle choices.

People were happy with the entertainments and activities on offer.

There were suitable systems in place so that complaints would be listened to and dealt with.

Good



Is the service well-led?

The service was well led.

The service had a suitably qualified and experienced registered manager.

Staff understood the vision and values of the provider and the registered manager.

The manager had a quality monitoring system that covered all aspects of the service.

Good



Holmewood Residential 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 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.

This inspection took place on 5th October 2015 and was unannounced.

The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team were experienced in caring for older people and people living with dementia.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We also asked the local social work team and local health care providers for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people. We planned the inspection using this information.

We met with 17 people who lived in the home. We asked them about their experiences and we observed how they interacted with each other and with the staff. We met six relatives and asked them about the home.

We met with the deputy manager, the general manager, the registered manager and the provider. We met five care staff, one of the housekeeping staff, the cook and the kitchen assistant. We spoke to them about their work. We looked at six staff files. We looked at recruitment, induction, training and support given to these staff.

We also looked at quality monitoring records, we were given a copy of the rosters for September, and we checked the fire log book and food safety records. We also looked at records of medicines and checked on the management of medicines.

Is the service safe?

Our findings

We spoke to people who lived in the home and they told us that they felt safe. One person said: "The girls are so good to me. I have no worries at all." People told us the staff were "very busy but have time to stop and talk." We learned that people were given their medicines in a timely way and were encouraged to manage their own medicines where they could. One person said: "They do my medicines through the day but night time I take it myself."

A number of people spoke to the expert by experience about levels of hygiene in the house. One person said: "The cleaner is in [my bedroom] every day and is very good...they even do the marks on the carpet." Another person said: "The laundry lady is marvellous. I couldn't ask for better."

We also spoke with a visitor who told us that there were no issues that they were aware of. "I come every couple of days at different times and I have never seen anything untoward. I feel that my friend is safe with this staff team."

We spoke at length with the deputy manager and two of the senior care staff. We had evidence to show that these three people understood their responsibilities in relation to safeguarding vulnerable adults. We also saw that all the staff team had received recent training on safeguarding. There had been no safeguarding issues in the service.

Staff told us that any concerns they had would be dealt with by the registered manager or the deputy. The staff and people in the home said that they saw the general manager and the provider on a regular basis and they could discuss any concerns with them.

The registered manager had suitable risk assessments in place in relation to safety of the premises and there was an emergency plan.

We looked at the current roster for the service and we received a copy of the rosters for September 2015. This showed that there were suitable numbers of care staff on duty on any given day or night. They were supported by housekeeping and catering staff. We judged that staffing levels met the assessed needs of people in the home.

We looked at staff files. These included recruitment records. New staff were not given access to vulnerable adults until references and checks were completed. We judged that recruitment was done correctly in the service.

There had been no disciplinary matters in the home with any member of the staff team. The manager had suitable policies and procedures in place about disciplinary action. The provider had access to specialists in employment law who would give advice if necessary.

We checked on the medicines stored in the home. We observed staff giving medicines appropriately. Ordering, storage, administration and disposal of medicines were done correctly.

Staff spoke to us about infection control. We also saw this being done in a practical way. Staff were aware of the need for protective clothing and the use of chemicals. We had evidence to show that the staff team could manage any outbreaks of infectious illness in an appropriate way.

Is the service effective?

Our findings

We asked people in the home and their visitors about staff competence, experience and skills. They told us that staff were good at what they did. We were told that the care staff were "...good", "...marvellous", "...excellent." One person said: "They look after you but they let you get on with what you can, until you need help. They concentrate on those that need it."

We observed meals being served and we asked people about catering. We were told: "The food is very good," "Plenty of food...too much really" and another person said: "The food is excellent...we had a wonderful lunch yesterday."

The registered manager used distance learning and in-house training from an external provider to ensure that staff had the right kind of training. The staff we spoke with showed a good knowledge of the theoretical background to their work. We also saw them delivering care in a practical way. This was done appropriately and with due regard to people's needs and wishes.

The registered manager had records of training completed for the team and each member of staff had their own individual training record. Staff told us that any gaps in their training were highlighted and training provided. Staff had received training in a range of subjects that the provider considered to be important for the work they had to undertake. We noted in care files and in staff files that there were details of best practice for specific types of care delivery. The staff said that the manager kept them up to date with new ideas.

When we looked at staff files we saw that staff received regular appraisal and supervision. Staff told us that they could talk about the work they had to undertake, their training needs and any personal issues when they had supervision with the manager. The files showed that this had happened but we spoke to the provider about recording some supervision in a little more detail.

Staff had received some basic training about consent, mental capacity and individual rights. The registered

manager had not identified any person in the home who was being deprived of their liberty. Staff could access detailed information about the Mental Capacity Act 2005 if they considered anyone was being deprived of their liberty.

People in the home were, where possible, asked for their consent. People had signed their care plans and medication plans saying that they consented to staff intervention. We observed staff asking people permission for various types of intervention.

People in the home received good support from health care professionals. We noted that the staff team asked for support from specialists in dementia care and that dietitians, physiotherapists and other specialists visited the home.

People told us that they enjoyed the meals provided and said the good food kept them as well as possible. The expert by experience enjoyed a well prepared and nicely presented lunch with the people who lived in the home. Some people enjoyed a glass of wine with their meal. Fresh fruit and snacks were available for people to help themselves to at any time. We saw that people were asked about their dietary needs and preferences. The manager prepared the menus and asked people about the type of food they wanted.

We spoke to the cook who told us that they would fortify foods for people who were underweight but that at this present time there was no one in the home who was malnourished. Care plans showed that people were weighed regularly and their dietary and nutritional needs met appropriately. Staff understood how to encourage and support people with nutrition.

The property was an older house that had been suitably adapted and extended to provide suitable accommodation for older people. The provider spoke to us about plans to improve the home. People were happy with the shared space and with their own rooms. We saw that investment had been made in things like replacing windows. We spoke to the provider about replacing some of the carpets in the home and he said that this was to be done. Decoration and the purchase of new furniture were on-going.

Is the service caring?

Our findings

We judged how caring the service was by observing interactions between staff and service users. We also asked people their opinion about the caring approach of staff. These are some of the things that people told us.

“The staff are very good here. They look after you well. The girls are very good to me and they come in a trice if you push your buzzer.” Another person told us: “The staff are very good here and they look after me well.” One person told the inspector: “The staff are very, very caring...like family...respectful and friendly.” A relative said: “The staff are very caring...very good with really frail people...and always help people remain as dignified as possible”.

We saw that staff were trained in the basic principles of care, that they had received training in matters of equality and diversity and were encouraged to take a person centred approach.

During the inspection we noted that staff knew each individual well. Staff had built relationships, sometimes over a number of years, with all of the people in the home. Staff understood people's needs and preferences. They were aware of their family and friendship groups.

People were treated with dignity. Care interventions were done in a sensitive and respectful way. Staff knocked on doors, asked people about their preferences and allowed people time and space to just be themselves. A number of people in the service preferred to be in their own room and staff respected their wishes. One member of staff told us: “A lot of our residents like their privacy. If we felt someone was becoming isolated we would try to encourage them but we also know that some people do prefer their own company.”

Staff told us that they understood the principles of confidentiality. They were aware of how and when to share information about people. We saw evidence to show that people in the home were asked before information was shared with other people.

We saw staff explaining things to people who lived in the home. Medicines, moving and handling, activities and appointments were all communicated to individuals in a suitable way. People told us that they felt quite well informed.

The staff told us that the registered manager did hold some meetings where people who lived in the home and their relatives were invited. These meetings were not always well attended because as a relative told us: “I trust the management to manage the home properly. I don't really have any suggestions to make and any issues with my relative are discussed with them and with me.”

Staff were very aware of individual well-being. Daily notes showed that staff highlighted any concerns that people had. We also noted that staff discussed whether people were happy, anxious or low in mood. These issues of well-being were addressed through the care planning system.

People were encouraged and supported to be as independent as possible. We observed one person who was going out with friends who was very much in control of this outing. When we spoke to this person she was able to tell us that she was given all the help she needed to continue to be as independent as possible.

During the day we saw a number of very thoughtful and caring interactions. For example we saw a member of staff helping and supporting someone who needed help to do a daily crossword. This was done in an unobtrusive way and the staff said: “We like to help her get organised as she is really good at puzzles and crosswords and we like to encourage people.”

We had evidence to show that the staff team worked with the local health care providers when people were nearing the end of life. Staff told us that Macmillan nurses would come in to give them extra support at night so that a person at this stage was not left alone. We saw a number of thank you cards and letters showing that end of life care had been managed well.

Is the service responsive?

Our findings

We spoke to people in the home about how staff understood their needs and how care was delivered. People told us that they were satisfied with the care and support provided. People were keen to talk about entertainments and classes provided.

“Plenty to do here. What would I be doing at home? Just sitting in a chair with no one. This is much better,” “You can join in with stuff if you want but you don't have to. You can sit quiet if you like” and “I like to go down for the physio thing with exercises, that's very good. I will be getting down to town again shortly.”

We looked at a number of care files in depth and checked on points in other records. We saw that people were assessed prior to admission and that this assessment was on-going through the care planning process. The staff team had identified people's physical and health needs and had also looked at emotional and social needs. Reassessments of need were done with health and social care professionals when necessary.

The care files contained life stories and pen pictures which gave details of people's likes and dislikes, life history and social and emotional needs. We read a number of care plans that guided staff on how people would prefer to have their personal and health care needs met. The care plans were written in a narrative style and gave good guidance for staff on how a person preferred to be cared for.

The care plans were up-to-date and we saw evidence to show that when needs changed the plans were changed

straight away. We spoke at length with the deputy who was fully aware of the need for responsive planning. We spoke to people who told us that they were asked about their needs on an on-going basis. People were able to say that they could direct the staff so that care plans were appropriate.

The home did not employ an activities coordinator but staff told us that the registered manager had a programme of weekly and monthly events and activities. We learned that the staff were expected to organise activities in the afternoon and staff said that they enjoyed this part of their work. People in the home told us about the different activities they enjoyed. They also enjoyed the regular entertainers who came to the home. A weekly exercise class was very popular with people in the home. Local community groups came into the home and people living in the home joined in these groups.

A number of people told us that they went out every Sunday to church and that there were services in the home. The service had good connections with local church and community groups. People told us that they were encouraged to join in the activities and entertainments but could choose whether to participate.

There had been no formal complaints logged with the service. There have been no complaints received by the Care Quality Commission or by the local authority. There was a simple to follow complaints procedure. People living in the home and their relatives told us that they spoke to the manager or the deputy on an informal basis. They felt that this meant that any issues did not turn into complaints.

Is the service well-led?

Our findings

We asked people who lived in the service about quality and leadership. They were happy with the way the home was organised and felt that they were consulted. We were told that “[The registered manager and the deputy] run the place well...they understand how to manage staff and get everything done properly.” One person said: “I have had a questionnaire about things, the girls ask me what I want but I sort myself out really.” Another said; “It is very friendly... they look after you but you can still do as you please.”

A visitor told us: “My relative was in another home before this but this is so much better. The other one was an institution but here it is a home. I can't tell you the peace of mind we have all had since they came in here.”

The home was managed by a suitably qualified and experienced person who was registered with the Care Quality Commission. People in the home said that they trusted her management. The staff we met told us that they were more than satisfied with the leadership.

On the day of the inspection the registered manager was not in the home because this service has either the registered manager or the deputy manager on duty every day of the week. The management team did this as they wanted to monitor the care provision every day. They also felt that it was a good way to have as much contact as possible with friends and families of people living in the home.

The registered manager sent out regular surveys to people in the home, relatives and visiting professionals. A survey

had been done in late 2014 about the food provided. We saw that this had been analysed and changes made in line with suggestions. We also saw a general satisfaction survey completed in the summer of 2015 which again had been analysed and suggested improvements were being worked on.

We learned from the provider that he had bought new ‘off the shelf’ policies and procedures. The registered manager was customising them to the home’s needs. We looked at these and saw that these new policies included a number of legislative changes and that the procedures took into account the makeup of the service and local arrangements.

We also saw evidence of regular quality monitoring. Medicines and care records were checked on a daily basis. The management team looked at care delivery daily and care plans were working documents. The deputy reviewed care needs on a monthly basis or more often if needs changed. Food and fire safety were routinely checked and updated. The registered manager had a simple yet effective plan for the home that included training, developments to the environment and on-going improvements to the care and support given to people in the home.

Records in the home were easy to access, accurate and up to date. We saw that the registered manager had worked hard to make records as effective as possible.

The provider talked to us about proposed changes to the service and some plans for increasing numbers of beds. We saw that there was monitoring of maintenance and repair. Upgrades to the building and grounds had been completed with more planned.