

Holmer Care Home Limited

Holmer Care Home with Nursing

Inspection report

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Date of inspection visit:
22 January 2020
23 January 2020

Date of publication:
12 February 2020

Ratings

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

Summary of findings

Overall summary

About the service

Holmer Care Home with Nursing is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People were supported by knowledgeable staff who understood how to keep them safe and protect them from avoidable harm. People had their risks assessed and had up to date guidance to support people safely. The numbers of staff had been increased and was under review to ensure staff were deployed effectively to meet people's needs. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Staff understood how to prevent infection and followed best practice guidelines. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Staff were well trained and knowledgeable about people's needs and wishes. People enjoyed the meal time experience, and additional training had been arranged to keep staff updated with improved practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by compassionate staff who knew people well and championed their rights. The atmosphere within the home was friendly and welcoming. People and their relatives felt welcomed, involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were supported by staff who knew them well and supported them as an individual. Staff spent time with people, and there was a program of interesting events for people to join if they wished. Staff were completing additional training to improve people's involvement in daily pastimes. Complaints were investigated, and outcomes agreed, and improvements made when needed. When people needed support at the end of their lives staff were skilled and had links with community support.

The registered manager and her management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. Improvements such as communication between staff, had been identified and actions to improve this were being established. Staff said they were well supported and encouraged to share ideas for improvements. The registered manager and staff had established community links to improve people's well-being.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 January 2019 and this is the first inspection.

The last rating for this service was good (published 30 October 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Holmer Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a Specialist Advisor who was a specialist in nursing care, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service, four relatives and one visitor about their experience of the care provided. We spoke with 14 members of staff including the registered manager, governance and quality lead, clinical leads, nurses, senior care workers, care workers, auxiliary staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two staff who worked nights at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe because staff supported them when they needed them. One person told us, "If you're not ok they help you and do something about it."
- Staff were trained and demonstrated a good knowledge of how to recognise abuse and who to report any concerns to.
- The management team had reported concerns appropriately and had shared the information with CQC as required.

Assessing risk, safety monitoring and management

- People told us staff helped them remain safe. One person said, "I feel safe, I have met [registered manager], she keeps an eye on everything."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, one person was at risk of sore skin, staff ensured they consistently had the correct pressure relief available. Staff had a good knowledge of why this was needed, and the information was clearly recorded.

Staffing and recruitment

- People said there were staff available to meet their needs. One person told us, "You only have to call, and someone comes."
- Relatives said there were sufficient staff on duty to keep people safe. However, one relative said staff could be deployed more effectively at meal times to ensure people were not waiting for support. The registered manager explained a recent change with how meals were prepared meant the deployment of staff was being reviewed to ensure people's needs were met in a timely way. The registered manager was looking at how kitchen staff were deployed throughout the day to improve the availability of care staff at meal times.
- Staff told us there were enough staff and the registered manager would arrange cover if needed from agency staff familiar with people living at the home. Staff told us they rarely needed agency staff because existing staff would usually cover any gaps.
- The registered manager explained she had recently increased staffing levels, and constantly kept them under regular review to ensure there were enough staff to meet people's needs.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. This practice was reflected in staff files.

Using medicines safely

- Staff had been trained and their competencies checked by senior staff to ensure medicines were

administered in a safe way. Staff followed appropriate guidance and used an effective system to ensure people had their medicines as prescribed. There was safe storage and disposal of medicines at the home.

- Where people were prescribed as and when medicines there were protocols in place to ensure staff followed consistent guidance.

Preventing and controlling infection

- Staff demonstrated a good understanding of how to control and prevent the spread of infection. Staff used appropriate equipment and personal, protective clothing safely.

- There were cleaning schedules in place to ensure staff followed best practice. The registered manager had systems in place to ensure people were not at risk of infection.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, falls were recorded and reviewed by the management team to ensure lessons were learnt and people did not continue to be at risk. We saw there were appropriate referrals were made to support this. For example, to the fall's clinic.

- Staff were knowledgeable about reporting accidents and incidents and were confident they received feedback about any changes made as a result.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to coming to the home to establish their needs and wishes, this formed the basis for the delivery of their care.
- Staff used nationally recognised tools to assess nutritional risks, pressure ulcers and falls risks. These then informed staff about how to meet people's needs and improve their outcomes. Care interventions, such as turning charts, to prevent sore skin, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- People and their relatives thought staff were well trained.
- Staff told us they had completed training from when they first started their role. They completed shadow shifts with experienced staff who shared best practice knowledge and skills. They said they had the information they needed to support people well.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. One member of staff explained they had dementia training which had really improved their practice when supporting people at the home.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- People said the food was lovely and they enjoyed meal times. One person told us, "Food is excellent; you ask for what you want." People were offered choices with their meals and if people wanted something different they asked, and the chef was able to provide what they chose. When people needed support with their meal this was provided in a dignified and respectful way.
- The management team had introduced changes with how food was prepared at the home recently. The new chef was establishing menus and choices and regularly consulted with people about their meal time experience. The Quality Lead had identified additional training for staff to enhance their skills around providing a positive meal time experience for people living with dementia.
- People were offered drinks and snacks through the day and we saw people regularly chose fruit as a healthy option.
- The chef was aware of people's needs and ensured there was suitable food provided.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was an improvement plan in place to enhance the accommodation and communal areas. For example, to increase the dining area to encourage more people to participate in the social aspect of meal times.
- There were adaptations to support people's needs such as clear signage to identify key areas for people living with dementia. Further improvements had been identified to improve the experience for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed.
- We saw appropriate referrals were made to support people with their health needs. Staff explained they involved appropriate health care professionals when they needed to. For example, we saw the community equipment team had supplied equipment for one person to improve their mobility.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff always checked they were happy before they supported them. We saw staff consistently asked for consent before helping people. All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people needed support with decisions this was recorded in their care records with clear decision specific assessments and decisions made in people's best interests.
- DoLS applications had been made when required and there was a system in place to keep these under review. Any conditions associated with their DoLS authorisation had been met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person said, "Staff are always lovely." Another person told us about staff, "Everybody is ready to help you no matter what."
- Relatives said staff were considerate and patient towards their family member. One relative told us about staff, "They are all amazing."
- We saw examples of staff being kind and caring throughout the inspection. For example, we saw staff were quick to identify when people needed extra support such as a blanket or a snack and provided this for them.
- We saw staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were patient and knowledgeable about people and offered reassurance that was individual to the person when they unhappy about anything. We saw people really enjoyed the company of staff and staff took the time to talk to people throughout the day, sharing a book or just chatting about their day.

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

- People said they could make their own choices about what they wanted to do. One person told us, "I can do what I like, I soon say if I don't want to do something." Relatives said their family members could make their own choices as much as possible, they said they felt included by staff who kept them up to date.
- Staff asked people what they wanted to do and offered choices to meet people's needs. One member of staff spent time reassuring one person and offering different options about what they wanted to do. The person became more relaxed and chose something they enjoyed.
- There were opportunities to feedback about the quality of the service and suggest improvements through regular meetings with people and their families.
- The chef took time every day to ask people how they had enjoyed their meal and identify improvements. For example, on the first day of the inspection the meat was tough, the registered manager and the chef agreed to change their source for meat to improve the quality.
- There were regular questionnaires provided to people and their families. We saw where the feedback had raised issues, such as the food and communal areas. The provider was making the improvements, for example the new in-home cooking and the environmental upgrades.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and encouraged to be independent where possible. One person said, "Staff are so kind. They don't mind doing things. Really wonderful, they go out of their way to help." They went on to explain how staff had supported them through an embarrassing incident and had

been really positive and maintained the person's dignity.

- People had signs on their doors that staff utilised when people needed some privacy. We saw staff were aware of these signs and respected them which supported people's dignity. Staff ensured people's dignity was maintained when supporting them to mobilise.
- Staff were respectful of people's needs, for example making sure they were at the same level as people when they spoke with them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People said they received the support they needed, when they needed it by staff who knew them well.
- Information was gathered from people living at the home and their families to build a picture about each person care needs, preferences and history. People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- The registered manager and clinical leads were reviewing care planning documents to ensure they were up to date and ready to up load onto new electronic systems.
- The management team had identified that communication between staff needed improving and had started to improve handovers and the systems in place to ensure staff monitored changes in people and actioned them. The provider was implementing electronic systems which would improve recording and improve communication.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team had a good awareness of the accessible information standards and told us of ways in which they were meeting the standards. For example, they provided information in different formats when needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. There was clear information about people's communication needs recorded in people's plans. For example, one person had a white board to support their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had mixed views about if they had interesting things to do. One person said, "You don't get bored," another told us, "Plenty to do, if it's boring it's your own fault." Others said they would prefer more access to the outside and walks. The management team had recognised improvement was needed to ensure peoples wishes were met.
- Relatives said their family members were well cared for, and staff spent time with people. All relatives said

they were welcome at the home and could visit whenever they wanted.

- There were arranged events planned regularly, including at weekends which people told us they enjoyed participating in. Staff told us they would adapt the program to meet people's needs. We saw staff had time to spend with people either sitting and chatting or reminiscing with old photos or books. People really enjoyed these interactions, we saw these were built into the culture of the service.
- The management team were in the process of implementing a recognised tool to create an occupational profile for people which focusses on what people can do rather than what they are unable to do. This would provide an increased person-centred approach towards social interactions between people and staff.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. One person told us about their experience, "It's very nice. Could not have been better." Another person said they would not change anything at the home.
- We saw where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvement was established.

End of life care and support

- Staff told us they were skilled to support people with end of life care. They were knowledgeable about how to respect people's needs and wishes. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.
- There were systems in place to provide support for people and their families at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives said staff knew them well and treated them as individuals. We heard about and saw demonstrated a person-centred approach from staff and the registered manager.
- Relatives explained they had confidence in the registered manager and staff. They said the registered manager was approachable and would listen and follow up anything they raised with her.
- People and their relatives were encouraged to feedback on any improvements that were needed. The registered manager had regular drop in sessions to create opportunities for people and their families to share ideas and concerns.
- All the staff we spoke with said the registered manager had created an open and positive culture at the home. Staff said the registered manager listened to their feedback and ideas and gave examples where suggestions had been acted on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw the registered manager had completed this when needed.

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

- The management team and staff were clear about their responsibilities and the leadership structure. The governance and quality lead regularly visited the home and was accessible to staff. Staff were confident the management team would listen and support them when needed.
- The registered manager was clear about their responsibilities for reporting to CQC and the regulatory requirements. Risks were identified and escalated where necessary.
- The provider completed regular checks to ensure quality care was provided. For example, at a recent visit the governance and quality lead established that communication between staff needed improving. We saw these improvements had been put in place and were under review to ensure they were effective.
- The provider had plans in place to complete improvements to the home and the quality of care provided which were reviewed regularly with the management team.

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

characteristics

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. We saw when feedback had been gathered it had been analysed and improvements considered when needed. For example, people had fed back that they were not always happy with the quality of the food. We saw the provider had taken action and had changed systems and people told us they enjoyed the food now.

Continuous learning and improving care

- The provider spent time at the home and drove through improvements. For example, working through audits which fed into action plans to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts. This ensured lessons were learnt across their services.

Working in partnership with others

- The registered manager and staff had established strong links with the community and health professionals to support people living at the home.