

Hallmark Healthcare (Holmewood) Limited Holmewood Manor Care 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Holmewood Manor Care Home is a residential care home that provides personal care for up to 37 people, some of whom are living with dementia. At the time of inspection 34 people were using the service. The accommodation is in a purpose-built home split over two floors. Each floor contained bedrooms, a communal lounge and a dining area. There were accessible outdoor spaces.

People's experience of using this service: People were supported to have choice and control over their lives. However, at the time of the inspection there were limited opportunities for people to take part in meaningful activities and people expressed a wish for more intervention in this area. Most staff engaged well with people and responded to their individual needs promptly. Care was delivered on the whole, by staff who were well trained and knowledgeable about people's support needs.

People's needs had been assessed, plans developed, and care delivered, in line with good practice. However, they had not fully considered implementing the Accessible Information Standards which all organisations that provide adult social care are now legally required to follow.

There was a friendly, welcoming atmosphere for people using the service and they gave positive comments about the staff and care provided. People were cared for by staff who were kind and compassionate and who respected their privacy and dignity. Staff were considerate to the people they cared for. People overall said they felt involved in their care and supported in decision making.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us staff responded promptly when they called them. People received their medicines regularly, systems were in place for safe administration management. Incidents and accidents were investigated, and actions taken to prevent re-occurrence. The premises were clean, and staff followed infection control and cleaning procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with a choice of varied diet and were complimentary about the food.

Systems were in place to monitor the quality of care and to drive and improve the level of service. At the time of inspection, a new registered manager was being recruited, the service had clear procedures for management cover during this period. Staff had developed good positive working relationships with other services.

More information is in the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (report published 06 January 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection which was good.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Holmewood Manor Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Two inspectors and an expert by experience conducted the inspection over one day. 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: Holmewood Manor is a care home (without nursing). People in care homes receive accommodation and nursing or personal care. 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. However, the provider told us that the manager had recently left the service and the provider had made interim arrangements to ensure there was appropriate management support for the home, whilst a recruitment process was completed.

Notice of inspection:

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit took place on the 9th April 2019.

What we did:

We reviewed information we had received about the service since the last inspection, this included details about incidents the provider must tell us about, such as abuse. We assessed the information we require providers to send us at least once annually, to provide some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We contacted the local authority and the clinical commissioning group who commission services from the provider and they provided us with feedback. We used all this information to plan our inspection.

During the inspection we checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and senior managers.

We spoke with ten people using the service, one person's visitor, six staff members and the management team. We also spoke to five professionals who also visited the home during our inspection.

We observed care taking place in the home, and staff undertaking various activities, including supporting people to make decisions, dealing with medication and using specific pieces of equipment to support people's mobility.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from abuse, avoidable harm, bullying or harassment. One person told us, "If I had any problems I'd speak to [name], they help me, I know they would".
- Staff told us how they would recognise signs of abuse and demonstrated they had a good understanding of actions needed, to report concerns promptly using local safeguarding procedures and what they needed to do to protect people.
- The provider had effective safeguarding systems, policies and procedures in place. When required investigations had been completed and shared with the staff. One staff member told us of a recent incident which had resulted in changes in policy and practice around the support provided.

Assessing risk, safety monitoring and management

- Risks associated with people's care, were assessed prior to their admission and had been appropriately reviewed during their stay. For example, one person was at risk of choking. Staff were aware of the importance in ensuring the person was provided with a soft diet at meal times and modified texture fluids. When asked, the staff were able to reference the person's care plan which reflected these dietary details. We saw the care plan was reviewed and updated regularly, this meant any risks were reduced.
- We observed people being assisted to move from wheelchairs to armchairs safely and people being reminded to use their walking aids where appropriate. This showed that staff managed risks in a proportionate way, supporting people to have as much independence and control as possible.
- When people had pressure relieving equipment in place, this was checked regularly. Checks completed during the inspection indicated the equipment was at the correct setting and functioning correctly.
- Staff had a consistent and reliable handover for every change of shift, this included the monitoring of risks to people's well-being. This meant that staff were fully aware of any changes in people's care needs.
- We saw that actions from a recent fire safety inspection had been addressed, this demonstrated the service had considered the potential risks in people's living environment and worked to reduce the identified risks.
- Emergency plans were in place to ensure people were individually supported in case of a fire, or any other event which may require staff to support people to evacuate from the home.

Staffing and recruitment

- There was sufficient staff with the right mix of skills, to ensure people's care needs were met.

- People we spoke with told us they did not have any delays in a response when ringing their call bells or asking for support. The provider shared with us a staffing and dependency tool which reflected on the number of staff needed. The staff rota showed that these staffing levels were being met.
- To ensure the consistency of staff when there were absences, the permanent staff would cover, or staff would be sourced from their sister home next door.
- Staff were recruited safely, and checks had been completed to ensure they were suitable to work with people. For example, two references were obtained, and suitable checks were made to ensure safe recruitment decisions were made prior to employment.

Using medicines safely

- Medicines were managed safely with good standards which followed national guidelines. People confirmed they were receiving their medicines when they should.
- The service followed safe protocols for the receipt, storage, administration and disposal of medicines, we saw this was evidenced through daily recording of high-risk medication stocks and their audit processes.
- Staff completed training to administer medication and their competency was checked regularly. Staff we spoke with had a good understanding of the medicines and how to recognise and report any associated health concerns.

Preventing and controlling infection

- People were protected from the control or prevent the spread of any infection. Staff had access to personal protective clothing, for example gloves and aprons.
- Measures were in place to control and prevent infection, the home environment was visibly clean and maintained. Housekeeping staff followed cleaning schedules to ensure all areas were regularly cleaned. We saw these schedules and regular maintenance around the home was audited monthly.
- The Food Standards Agency had rated the home as five. The agency has a sliding scale of ratings from 1 to 5, the rating of five is very good. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback using 'flash' meetings, which we saw were held regularly. A flash meeting is a spontaneous, unscheduled meeting. This helped staff to understand and fulfil their responsibilities, as well as being discussed in individual supervisions.
- We saw when incidents had gone wrong, these were investigated fully to allow for learning. For example; we saw evidence of an incident which had occurred at another of the providers locations. This information was cascaded to all the providers locations with a detailed briefing to staff of actions to take to reduce the risks of this incident reoccurring.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to have a varied and nutritious diet based on their individual preferences; most people told us they enjoyed the meals. We saw that people were offered a choice to order and prior to being served their meal confirmation of their choice was made. This meant that they could select what they wanted to eat at that time.
- We saw that people were able to access a choice of drinks and alcoholic drinks were also available with or after people's meal if they wished.
- People were able to access sufficient food and drink throughout the day, and we observed snacks and home-made cakes being offered between meals. We saw people who could, were able to help themselves to the snacks and drinks, this was monitored by staff.
- We observed the midday meal and noted when a staff member was supporting one person with their meal they did not engage with them fully to ensure a positive dining experience. We raised this the provider, who advised us they would investigate this, to ensure all people would be supported to have a sociable dining experience.

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

- The premises and environment were designed to meet people's needs. Corridors were wide and there was some signage, including pictorial signs to direct people to toilets and bathrooms. However, on some walls this directional signage was lost amongst other decoration, this could mean some people may not be able to use them to access the facilities in time.

Staff support: induction, training, skills and experience

- Staff received regular supervision and new staff received a comprehensive induction and shadowing period to support them in their role. All the staff we spoke to felt that they were well supported by management to develop knowledge and skills and supported with role development.
- Staff received support with ongoing training and development appropriate to their role in the home. Staff told us there was available training to manage specific needs to achieve good outcomes for people.
- The provider had introduced a new computer system to support the training and development. Staff who need support to access this were supported to do so. Some staff were enthusiastic about the new e-learning provision, however, one staff told us, "I prefer face to face – you can ask more questions".

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

- People told us they could access healthcare services when they needed to. Staff knew how to refer people to external services and had good relationships with professionals who visited. Records showed that there were plans in place to promote and support people's health and well-being and there were identified staff champions in the service who actively supported specific areas such as pressure care. Records also demonstrated access to healthcare appointments, chiropodists, dentist and opticians when required.
- Staff told us they felt confident to ring for health care support from the GP or district nurse. One staff member told us that as soon as they observed any changes about skin care concerns, they would ask for advice. We saw that any professionals' guidance had been documented and followed.
- A health professional visited the home weekly to carry out a review of people's health needs. On the day of our inspection a District Nurse attended to support people's needs as well as professionals from the Dementia Rapid Response Service. They told us that the home was welcoming, staff were approachable and worked with them to achieve the best outcomes for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). People's legal rights were protected because staff followed the principles of the MCA. Staff ensured people were involved in decisions about their care and knew what to do if the decision needed to be in the persons best interest.

- People we spoke with told us they could choose when to get up and when to go to bed. One person told us, 'The carers don't rush me to get up, so I can have a lie in if I like'. This demonstrated that staff supported people to have choice and control over how they spent their time.
- Staff obtained consent for people's care and support and judged whether people had the capacity to make decisions whenever necessary. Staff told us that they needed to complete assessments for different decisions people made, this demonstrated good knowledge that they reflected the capacity of the person, at the time of the assessment.
- Staff received training in MCA and DoLS and had a good understanding of consent, the principles of decision making, mental capacity and deprivation of people's liberty. DoLS applications had been made when required.
- The care plans we looked at had mental capacity assessments and best interest decisions in place when required, relating to personal care, or support for medical appointments or interventions.

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

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 were treated with kindness and when asked they were positive about the staff's caring attitude towards them. One person said, "The carers are lovely. You just have to ask, and you get what you want". Another person told us, "I like the carers here, they are friendly, and we can have a laugh together". This was a consistent response from people, about the caring attitude of the staff.
- People's religious and spiritual needs were considered and people who wished to be were supported weekly, to attend a local luncheon club at a local church which helped those people maintain their community and social links.
- We observed many warm interactions from staff which showed comfort and reassurance when people became upset or anxious. We noted one staff member did not show the skills required to give compassionate support. This was fed back to the provider who advised they would address the training to match the consistency of care.
- There was generally a very caring and friendly atmosphere in the home between staff and people using the service. Staff clearly knew people well and were able to tell us about their lives and families. This enabled them to engage with one another, we observed chatting which increased people's sense of well-being.

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

- One relative who was visiting told us, they felt the staff were very responsive to providing personalised care to their relative; they had been involved in the care planning, were able to visit anytime and were always made to feel welcome.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by the staff who supported them with their care. We saw polite, friendly interactions with people from staff demonstrating they knew their interests well, including paying attention to recent family events.
- People's privacy was maintained, and they were encouraged to maintain their independence. For example, we saw a person who had balance problems stand from their chair. The staff offered encouragement and remained close but did not intervene to enable the person to maintain their independence.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may, or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were able to contribute to their assessment and care plans, but were not offered the opportunity, or choice to have their own care plan. Some people we spoke with were familiar with a care plan and said they had been involved however, one person said they would have enjoyed being able to have their own copy. The provider said they will consider this as a way of supporting people to become more involved in their own care plans, this will help them to more fully implement the Accessible Information Standard.
- People were not given enough opportunities to engage in activities or pursue their own interests. During the inspection we observed that there was little interaction offered. When an activity was offered, there was no involvement or discussion. One person told us, "There is not a lot to do to pass the time". Another person told us, "There's not much going on here, it's boring most of the time". Another person told us, "I stay in my room every day, because I prefer that to being in the lounge".
- During the inspection we saw one person become upset and the response from the staff was not tailored to the individual. They repeatedly gave a soft toy for comfort, when the person said they did not want the toy, instead of considering the individual needs to offer alternatives to support and reassure the person.
- Some staff said that they did not have time to undertake individual activities and this meant limited opportunities were offered to people who could not participate without staff support. The provider was in the process of recruiting an activity co-ordinator.
- On the day of the inspection, the hairdresser attended, and people were excited and looked forward to this part of that day's routine. In another area of the home, staff were supporting people with nail care.
- Most staff were knowledgeable about people and their likes and dislikes, this meant most of them were able to use this when communicating or making choices with people.
- At the time of our inspection no one was using any dementia friendly resources, however when we asked, items were said to be available for staff, or family to use with people.

Improving care quality in response to complaints or concerns

- There was a copy of the complaints process displayed in the reception of the home. We saw that complaints had been investigated and responded to formally. It had been identified by the provider from a recent complaint, the staff would benefit from further training to provide a more consistent response when dealing with complaints.
- People we spoke to had not raised any major concerns but told us they would speak to a specific care worker they trusted if they had any problems.
- One of the visiting healthcare professionals told us that the staff were very good at reporting changes or concerns, another told us that the staff had been very receptive to their involvement and were now

managing people's care very well. This demonstrates improvements in the provision of service when suggestions had been made.

End of life care and support

- People were supported to make decisions about their end of life care. Within the care plans, there was some information in relation to people's views and wishes regarding their end of life care. There were plans which identified medicines and when to contact appropriate health professionals should these be required.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff demonstrated a commitment to provide good quality care and spoke about the satisfaction they gained from people being happy. One staff member told us, "It's so rewarding, at times I don't even feel like it is a job".
- The service had submitted notifications about important events to us, so that we could check that appropriate action had been taken. The provider recognised that for some staff, additional training was required in relation to reporting.
- We saw the previous rating was displayed in the home and on the providers website in line with our requirements.

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

- Although there was a current registered manager, the provider advised they had given notice of their post. The service was led by the deputy manager who was supported by appropriate senior management support, whilst the recruitment process was completed. Staff were clear about their responsibilities and had been informed of the interim management arrangements which helped them to feel valued and supported, this fostered open and co-operative relationships in the service.
- The provider completed a full range of audits on a monthly basis to identify and manage risks to the quality of the service; these included monitoring care plans, infection control, maintenance and medication audits. We saw that when required actions were identified and addressed to bring about improvements. The provider continued to undertake their own quality monitoring to drive improvement within the service.

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

- People and staff were encouraged to contribute their views on an ongoing basis through surveys or informally. This meant that people's voices could be heard, and any feedback could be considered and responded to such as a request made in January 2019 to consider a wider variety of choices for meals and to ensure the salt and pepper pots were refilled.
- Meetings for people who used the service and staff were held regularly and a wide range of topics were

discussed allowing people to share their opinions.

- We saw staff meeting minutes were shared and staff we spoke with told us they felt listened to and were comfortable to speak up freely in those meetings which supports a strong staff culture.

Continuous learning and improving care

- All staff we spoke to, were committed to improving the quality of the service for the benefit of people using it. There is a strong focus on continuous learning at all levels of the organisation and the provider told us that those staff who needed additional support with their learning, would receive it.

Working in partnership with others

- Partnerships had been established. We spoke with four visiting professionals who visited the home and they told us that staff worked in partnership with them. Staff were very good at communicating with them about any issues or concerns and showed an interest in monitoring and supporting people's health.
- Staff had received support from the rapid response service. This service supports people living with dementia and provides guidance to staff. Staff told us, the team had provided different techniques. We saw these techniques had a positive approach to people living with dementia and had made the difference to their lives and the support staff provided.