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Holmside Residential 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holmside Residential Care Home provides accommodation and nursing or personal care for older people, some of who are living with dementia. The home has been significantly extended and provides ensuite rooms over two floors and a large, multifunctional communal space. The service is registered to support up to 39 people. At the time of the inspection 39 people were living at the home.

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

Systems around assessing, monitoring and minimising risk had been improved. People's care records contained risk assessments and care plans reflected these risks. Staff were aware of safeguarding issues and how to report concerns. People were supported by staff who had been safely recruited and subject to checks. Medicines were managed in line with national guidance. The home was maintained in a clean and tidy manner. The registered manager and staff had worked hard to learn lessons from the previous inspection and improve outcomes for people living at the service.

People's needs had been assessed and care was being delivered in a safe manner and with regard equality and diversity. Staff had access to a range of training and received regular supervisions and appraisals. People were supported to maintain a balanced diet and had ready access to drinks. They were supported to access health services to help maintain their wellbeing. The service was acting within the guidance of the Mental Capacity Act and people's consent was obtained in an appropriate manner.

People and relatives told us staff were caring and supportive and we observed good relations between staff and people. People were supported to express their views and make choices. Staff had a good awareness of personal preferences and people as individuals.

People told us staff respected their privacy and dignity and helped promote their independence. The service had appointed a dignity champion to assist people and staff in this area.

Detail in people's care records had improved since the previous inspection. Records now contained sufficient information to allow staff to deliver good quality care. There was some evidence that people's communication needs had been considered, although we spoke with the registered manager about ways to further develop this. A range of activities were available and people were supported to maintain social contacts. Complaints had been dealt with appropriately. People's end of life wishes had been considered and recorded.

Improvements in the quality monitoring and auditing process had been instigated to help improve and maintain the standard of care people received. Staff were clear about their roles. The service had a number of champions to ensure care delivery was up to date and person centred. Staff told us they were well supported by the registered manager and senior staff. The service worked co-operatively with outside agencies.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 20 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 ●

Holmside Residential 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. 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.

Service and service type

Holmside Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, two care workers and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 professionals who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to; good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The registered manager reviewed accidents and incidents monthly and considered any additional action that needed to be taken to reduce or minimise risk in this area.
- New assessments had been undertaken of the support people may require in the event of a fire or other emergency. More detailed support guidance had been produced to ensure staff assisted people appropriately. The effectiveness of fire drills was not always well recorded, and we spoke with the registered manager about improving this.
- Risks related to people's care and health were now completed as part of a move to new electronic care documents. Risk levels related directly to care delivery and guidance on how to support people was provided within the care plans.
- Certificates with regard the safety of the service, building and equipment were available and up to date.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a safeguarding policy and staff had received training regarding to the safeguarding of vulnerable adults. There had been no recent safeguarding concerns at the service, but staff understood their duties in this area and described the action they would take if they had any concerns.

Staffing and recruitment

- The provider continued to follow safe recruitment practices, including carrying out Disclosure and Barring Service checks and taking up references. People, relatives and staff felt there were enough staff to support people living at the home. One person told us, "Yes, there are plenty of staff to look after us."

Using medicines safely

- Medicines at the home were managed safely and effectively. We observed staff following safe practices when supporting people with their medicines and found records to be well kept and up to date.

Preventing and controlling infection

- All areas of the service were well maintained, clean and tidy. People told us they felt the home was well kept and they had no concerns about the cleanliness of the home. Staff used protective equipment, such as aprons and gloves. The home had a member of staff designated as infection control champion.

Learning lessons when things go wrong

- The registered manager spoke about the lessons the service had learned following the last inspection and the extensive work carried out to bring about improvements. This had included the provision of an independent assessor to carry out reviews of the service to help improve quality. She also spoke about improvements to direct care, taking on board people's requests for changes in activities and additional furniture.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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

- The service had introduced a new electronic records system which included an in-depth assessments process covering a wide range of area.
- Care records contained information on people's personal choices, likes and dislikes. People and relatives told us these were well supported.
- Equality and diversity was an intrinsic theme within the assessment process. Staff had received training regarding equality and diversity and were aware of the issues around this area. Training had been arranged for staff on sexuality and relationships.

Staff support: induction, training, skills and experience

- Staff told us a range of training was available and the provider maintained a spread sheet to monitor when staff were due additional or refresher training. New staff confirmed they were undertaking an induction process and shadowing more experienced staff.
- The registered manager conducted regular supervision sessions with staff and undertook an annual appraisal.

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

- People's needs in relation to food and fluid intake had been assessed and care plans devised to meet these needs. Kitchen staff had a detailed knowledge of people's dietary requirements and how these should be supported.
- The cook was the home's nutritional champion and monitored people's dietary needs. They met frequently with the registered manager to review plans and update assessments.
- Staff supported people appropriately during meal times, encouraging people or supporting them directly, if required. People were offered alternatives to the main meals on offer. Juice and snacks were readily available in the main lounge area. One person told us, "I like the food; we get plenty of things to eat."

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence from care files that staff worked alongside health professionals to provide effective care. People we spoke with confirmed this. One health professional told us, "They always follow the plan to the letter and are always on the ball."

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

- There was a homely feel to the building. There was a safe garden area that people could access if they wished. Some signage was available throughout the building and the registered manager was in the process of changing personal room signage to help people identify their rooms. We spoke with the registered manager about improving signage and access to information overall at the service, to further assist people.
- Following the last inspection the registered manager had responded to advice about having 'resting areas' along the corridors. A number of seats had been placed at key points, where people could sit and rest, although there were no magazines or books available at the time of the inspection.

Supporting people to live healthier lives, access healthcare services and support

- Records indicated that people were supported to access a range of health care. There was evidence of people attending hospital appointments, being seen and assessed by health professionals and being reviewed by their GP. During the inspection we observed the deputy manager arranging for GP visits to take place, because of concerns about some people's wellbeing.
- People confirmed staff supported them to access GP appointments. One person described the action staff had taken when they had been acutely ill. They told us, "The staff saved my life. The manager came in and saved my life."

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.

- The registered manager maintained a record of people who were subject to authorisations under DoLS. Care records contained information important to this process.
- Where relatives had obtained authority to deal with people's affairs under Enduring Power of attorney or Lasting Power of attorney, this was noted in people's care records and a copy of the relevant documents were available.
- Where people were deemed not to have capacity to make decisions then the service had followed a best interest process to ensure people received appropriate care and their rights were protected.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; 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 and relatives felt the staff supported people well and with kindness and compassion. One person told us, "Yes, I like living here. I'm happy so far. Nothing would make it better." A relative told us, "I am happy with the care. I think (relative) is well looked after."
- Staff understood equality and diversity and had received training on the issue. They told us they had not encountered any concerns when supporting people either in the home or out in the community.
- People had good relationships with staff at the service. People seemed relaxed in staff company and staff had a good understanding of people as individuals.

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

- The provider had in place a 'residents' committee' to ensure people who lived at the home had a voice. A range of matters were discussed at this meeting including trips out, meal options and the environment of the home. A list of recent items discussed was displayed on notice boards.
- The registered manager had also established a 'suggestion tree', in the lounge area, where people could attach ideas for improvements at the home. People had requested additional easy chairs for the lounge area and these had been supplied.
- There was some evidence of people being included in reviews of care, but this was limited. We spoke with the registered manager about ways of improving people's participation in decision making about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and maintained their dignity when supporting them with personal care. The provider had appointed a dignity champion who reviewed care and supported staff to develop intervention that continued to support people's dignity and maintained their independence.
- In a recent questionnaire people had indicated they would like to be more involved in day to day routines at the home. Changes had been made so people could actively help with setting tables, tidying, watering plants and other light activities around the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to; 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

At our last inspection we found care plans were not always detailed and reviews of care were frequently limited and did not reflect current issues. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The service had moved to an electronic care planning and recording system. The documentation gave a holistic view of each person. Care plans contained good detail about people as individuals along with their health and support needs. Regular checks were maintained on people's weight, appetite, skin integrity and other important area.
- People's needs had been assessed prior to them coming to live at the home.
- Reviews of care plans were undertaken regularly and contained detail about any significant events or changes in care needs.
- Care records contained information to support people's choice and control of their care, as far as possible. Records highlighted people's preferences, food likes and dislikes and any spiritual needs.
- Staff had a good understanding of people as individuals, their preferences and personal choices.

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.

- Care plans contained information about people's individual communication requirements, such as problems with eyesight or being hard of hearing. Actions to mitigate these issues were detailed in care plans. Televisions in the home had been set to display subtitles to help people understand programmes.
- Questionnaires used to gather people's views had some pictorial references. We spoke with the registered manager about developing ideas around improved information access, including more pictorial information around the home and pictorial care review documents. She told us she was keen to develop the service and would look further at these suggestions.

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 and relatives told us they were able to maintain contact. Relatives told us they could visit at any time and were always welcomed to the home.
- The home had a designated activities co-ordinator who provided a range of events and projects for people. The registered manager told us she had spent time collating the views of people about the sorts of activities they enjoyed and had tried to incorporate as many as possible in the activity framework. People's care records contained information about things they enjoyed doing.
- During the inspection a number of activities took place, including people participating in events in the home's garden.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy and information on how to raise a concern was displayed around the home.
- There had been one formal complaint within the previous 12 months. This had been dealt with appropriately and resolved to the person's satisfaction.

End of life care and support

- At the time of the inspection there was no one living at the home being supported with end of life care. People's care plans contained information about how they wished to be supported at this important time of their life and any funeral arrangements they had in place. Information was also available if a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) was in place or if an individual had made an advanced decision.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to; good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly monitor and improve quality at the home and audits were ineffective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had contracted with an outside agency to carry out regular, independent audits of the home. A detailed report and action plan had been produced from these visits. There as clear evidence work had been instigated as a result of these action plans.
- The registered manager conducted a range of audits and checks on the home. Reviews of falls, the environment, care records and a range of other areas also resulted in action plans being produced and addressed to improve and maintain quality.
- The provider now carried out regular audits at the home. The detail of these checks had improved and there was evidence of action taken.

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

- Staff were well supported by the registered manager. They said they could approach her if they had any concerns and action would be taken or support given. One staff member told us, "I have everything I need and more. I only have to speak to the office and it is there."
- The registered manager spoke about the significant amount of work that had taken place since the previous inspection. She told us how she and the providers had taken on board the issues raised and put in place a range of systems to address the concern. She said the service continued to learn and develop.
- The registered manager spoke about having staff champions within the service and the positive impact they had on the work of the home and the lives of the people who used it.

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 registered manager and provider understood their responsibilities with regard duty of candour. There

had been no significant events that required the provider to follow such action. The single complaint had been dealt with fully.

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

- Quarterly 'house meetings' took place, when people who used the service met with managers to discuss any issues or plan events. There was evidence of action from these meetings and notes from the meetings were readily available.
- There were regular staff meetings when management matters and care issues were discussed. Staff told us they could raise issues in these meetings, although they could also approach managers outside of these meetings.

Continuous learning and improving care

- The registered manager regularly met with staff champions to discuss any issues or improvements. One champion told us they could implement minor changes immediately, if necessary, and did not have to wait for final approval from the registered manager, although would always discuss the matter later.
- Staff told us they could request additional training if they felt it would be helpful to them in delivering care.

Working in partnership with others

- People's care files showed evidence of joint working between the service and community-based health services.
- Health professionals confirmed the service worked in partnership and told us they had no concerns about the home. One health professional told us, "Any problems and they are straight on the 'phone. They are very good at picking up any deterioration and acting on it."