

City of Bradford Metropolitan District Council

Holmewood

Inspection report

Holmewood Resource Centre
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West Yorkshire
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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:

Holmewood is a residential care home that was providing personal care to people aged 65 and over. At the time of the inspection there were 23 people living or staying in the home.

People's experience of using this service:

- People told us they felt safe and happy. There were positive and caring relationships between staff and people, and this extended to relatives and other visitors. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence.
- Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse.
- 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.
- Care plans included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks without placing undue restrictions on people.
- People's medicines were managed safely.
- The provider ensured incidents and accidents were fully investigated.
- Staff were recruited safely and only suitable staff were employed to work in the service.
- There were enough staff to keep people safe and to meet people's individual needs, and the staff told us they received good training and support. Staff knew people well and had built good relationships. There was also a good mix of staff.
- People were encouraged to make decisions about meals, and were supported by staff if they needed any assistance with eating and drinking.
- People were involved and consulted about all aspects of their care and support.
- Staff spoke to people in a caring and positive way, treated people with respect and were mindful of their rights and dignity.
- There was a nice, relaxed atmosphere and people were relaxed and smiling in the staff's presence.
- The environment was clean and fresh and good signage made it easy for people to find their way around the building.
- People and their relatives were encouraged to give the views about the service. People could join in activities if they wished and comments received were positive.
- The registered manager showed effective leadership and the home was well run.
- Staff knew their roles and understood what was expected of them.
- Staff felt supported by management and each other.
- People, their relatives and staff told us management were approachable and that they listened to them when they had any concerns or ideas.
- Feedback was used to make continuous improvements in the service. The provider had good oversight of

the service and used effective systems to monitor quality and safety. Where improvements were needed or lessons learnt, action was taken.

Rating at last inspection:

Requires Improvement (report published 27 December 2017). The overall rating has improved following this inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

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 ●

Holmewood

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:

This inspection was completed by one 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 expert by experience had experience in caring for older people and people living with dementia.

Service and service type:

Holmewood is a 'care home'. 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.

Notice of inspection:

This inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection in ???. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted social care commissioners who help arrange and monitor the care of people living at

Holmewood. We observed the lunchtime meal and conducted a SOFI on one of the units. A SOFI is a tool for observing interactions between care staff and people who may not be able to communicate with us verbally. This gives us an idea of what their care experience might be like for the time that we are there.

People using the service at Holmewood were not all able to fully share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas.

We reviewed three people's care records including risk assessments, care plans, consent documents and daily and nightly notes. We also looked at policies and procedures and records relating to fire, health and safety, complaints, incidents, and lessons learned. We examined Medicine Administration Records (MAR) for three people and reviewed three staff recruitment files. We observed handover of staff between the day staff and the afternoon staff.

During the inspection we spoke with eight people who lived or were staying at the home, three relatives/visitors, three care workers, the activities co-ordinator, two cooks, an assistant unit manager, registered manager and deputy manager. We also spoke with three health professionals who worked with the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy in the home. One person said, "Yes I feel safe here, staff have looked after me properly in the short time I've been here. I am happy to stay here until (family member) is back from holiday." A relative said, "My (family member) seems very settled and we know they are in good hands, the staff are polite and very friendly. They know how to care for (family member)."
- People enjoyed the company of others and staff interacted in a positive caring way. The service was divided into four small units and we saw people moving about their unit without restrictions whilst remaining safe. Staff observed people that were unsteady and helped where necessary.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I would definitely report anything to the manager and I know it would be dealt with straight away."

Assessing risk, safety monitoring and management

- Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's care plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise those risks.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. For example, we saw moving and handling risk assessments which gave staff clear instruction how to move people safely using a hoist. Other assessments including people's nutritional needs and how to maintain their weight by using supplements and high calorific foods.
- There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan (PEEPS) in place in their records and in the fire safety file.

Staffing and recruitment

- Recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met. Staff said if they needed additional help then this was available. One staff member said, "It is a good team and we support each other. We have some challenging residents that we know well, we rely on each other as a team to make sure people's needs are met."
- Relatives told us they were always able to speak to staff about any concerns when they visited. One relative said, "The staff welcome us and there always seems to be enough staff. My (family member) would

tell us if they were having to wait for staff to assist with their personal needs."

Using medicines safely.

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Medication was stored and administered from people's bedrooms which demonstrated a person-centred approach to medication administration.
- Staff completed training in medicines administration and their competency was checked.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection. Staff used appropriate protective clothing and used good hand hygiene throughout the inspection.
- The home was clean, tidy and odour free.

Learning lessons when things go wrong

- The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

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

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

Staff support: induction, training, skills and experience

- At our last inspection in December 2017 we found staff were not always being provided with regular training and supervision.
- At this inspection we found improvements had been made.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. The training on offer was appropriate to people's needs and the requirement of the role.
- Staff told us they had completed training in dementia care which had helped them to support people living with dementia type conditions.
- Staff confirmed they received regular supervision on an individual and group basis, which they felt supported them in their roles.
- Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. Staff meetings were also used to support staff. staff Said they felt able to discuss any problems they may be experiencing.

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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us some of people had an authorised DoLS in place and others were awaiting decisions made by the supervisory body. Where conditions were applied to the DoLS, they were being effectively monitored.
- The registered manager told us advocacy services were involved when needed for people that had no family members to support when making best interest decisions.
- The staff understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that staff had received training in the principles associated with the MCA and DoLS.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from social care professionals and used to help plan effective care for people.
- People's communication, emotional support and mental health, spiritual and cultural needs were considered when completing assessments. For example, translators had been used to help communicate with a person whose first language was not English. Staff could communicate using some words in the persons first language during their stay.
- People's religious beliefs had been considered and was their wishes were recorded in the care plans. Currently the service did not have visits from any faiths. However, when the service moves to a new location they hope to build links with religious groups in the area.

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

- People told us they liked the food and there was plenty of choice. One person said about their lunch, "It's been good, I've not starved. There's far too much snacks. I don't look under fed do I." Another person said, "It's good, I can't grumble, we get enough to eat, we have tea and a snack if you want, a lot like coffee, I like tea. I have an apple. There is always something on the trolley that I like.
- Care plans included nutritional risk assessments and people had appropriate records to ensure staff understood their nutritional needs. Speech and language therapist (SALT) were involved where people had been identified as a risk from choking.
- People were weighed regularly and had their food and fluid intake monitored, when necessary. These records were consistently completed and enabled staff to assess if the person was eating sufficient food to meet their nutritional needs.

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

- Feedback from a community matron, district nurse and a physiotherapist was very positive. They told us that staff worked extremely hard to ensure the care provided was person centred. They all said that referrals to them were appropriate and staff followed instructions so that people's health and wellbeing was as good as it could be.
- Support was obtained to maintain people's mental health with regular contact with specialists in this area.

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

- People told us the general environment of the home was pleasing, well maintained and comfortable.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. For example, high toilet seats to help enable people to use the facility independently.
- The environment was tastefully decorated to enable people living with dementia to orientate themselves around the building. We saw some communal rooms had been painted to represent different periods in time. For example, paintings of famous entertainers and painting representing historic events like an astronaut walking in space. One wall was decorated to represent the town of Keighley with historical buildings.

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

- Relatives of the people who used the service praised the standards of care provided by the staff. They also confirmed that their loved ones were supported by a range of health care professionals, such as GP's, speech and language therapists, opticians, chiropodists and dentists.
- We spoke with three health care professionals who worked closely with the service. They confirmed staff worked in partnership with them to help people staying at the service for rehabilitation to enable them to

return home. This included regular contact with physiotherapist and occupational therapist. A relative told us that their (family member) had improved since receiving intensive intervention from healthcare professionals. They said, "My (family member) could not walk when they came in and they now walk using only a walking frame for balance."

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

Good: 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 they were very satisfied with the support they received. Comments included, "Oh yes they're good, I'm happy living here. I do as much for myself as I can but staff know exactly how I want my care, they are very good." "Staff are very respectful, they use my first name and I am happy with that." "It's brilliant care, I've no complaints, all the staff are lovely."
- Staff knew people very well and understood what was important to them. For example, one person had mislaid their glasses and they asked staff when they passed if they could find them. All staff acknowledged the person to say they were looking for them until one staff member returned to the lounge with the person's glasses. This showed staff listened to the person and understood the importance of the glasses to the person.

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

- Staff understood and supported people's communication needs and choices. Care records specified how people communicate their wishes; one person who was living with dementia liked to sing when they were happy and staff encourage them with their favourite songs and knew that they always sung in English.
- Care records included information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.
- People using the rehabilitation service, when appropriate, were encouraged to attend multi-disciplinary meetings which were held weekly. This enabled the person and the healthcare professionals to discuss their progress and assess if they were ready to return home.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. We observed staff speaking discreetly with people who used the service to prevent others from hearing about their personal care needs. Staff ensured doors were closed before assisting people in their bedrooms.
- People chose what they wanted to do to keep themselves active, what to eat, drink and wear. We observed this in practice.
- People were supported to be as independent as possible. We saw people moving about the service independently although staff were always near-by where people were a little unsteady on their feet.
- People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care
- Staff supported people in a positive, encouraging way. People were asked what they wanted to do and where they wanted to sit and rest.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, translated to their own language or written in large print for people who had impaired vision. Staff told us how they had used an interpreter for one person who spoke Italian.

- We asked people and their relatives about their experience during admission to the service they said, "The staff have got to know [family member] so quickly. I cannot praise this staff team enough; the care offered here is very good." Another relative said, "As a family we are warmly welcomed by the staff every time we come. Staff can't do enough for us. The support me as well as my [family member]."

- People's care files included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. They gave specific, clear information about how the person needed to be supported. They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed.

- The plans were person centred and set out people's individual preferences. Their plans included descriptions of the ways they expressed their feelings and opinions. The staff knew people well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds.

- The activity co-ordinator was also the dementia champion for the service and involved people in activities of their choice. For example, people had been involved in making greeting cards and a wild life scrap book which was of interest to one person.

- People could access trips but some people said they would like more now that the weather is improving. The co-ordinator had access to 'Daily chat' which gave ideas for two-minute activities as some people living with dementia could only concentrate on activities for short periods of time.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and had no concerns in approaching staff if they felt there was an issue.

- Records showed complaints received had been investigated and the complainants informed of the outcome.

End of life care and support

- The service worked closely with local GPs and district nurses when people's lives were ending and provided a good standard of care and support. This was extended to people's families too. We saw cards from relatives thanking the staff for the care they provided and ensuring that their loved ones were pain free

in the final stages of their lives.

- Care plans included a section on people's preferred wishes when approaching the end of their life. However, they lacked detail or were not completed. The registered manager told us as people approached this period they would manage the situation with the upmost dignity and respect.

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

Good: 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

- We asked people who used the service and their relatives about the management and running of the service. They all confirmed that they were very happy with how the service was operated. Relatives said, "You can go to the manager about anything, she will sort it out."
- We observed that the atmosphere was calm and relaxed and we found the staff were well organised. They spoke positively about providing a high standard of service for people.
- The registered manager interacted well with people who used the service and spoke to staff in a positive way. All the staff we met said there were good relationships in the team.
- Staff told us they felt well supported by the seniors and the managers on a day to day basis, and through regular supervision meetings and annual appraisals. They told us they were happy to be working in the service.

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

- The service was led by a registered manager who delivered a service which met the needs of people who used the service. The staff were motivated and professional and were good communicators. The registered manager and deputy manager were person centred in their approach. They were keen to look at ways to ensure people had the opportunity to meet their full potential.
- Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, staff said they liked their work very much. We observed a daily handover between day and afternoon staff. Information was given concisely and covered all aspects of people's care. Staff asked questions about people that they had been concerned about from the previous day.
- Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

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

- The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service wherever possible and their opinions counted.

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Continuous learning and improving care

- We looked at outcomes from surveys which were used to gather information and views from people who used the service and their relatives. Comments were positive and the registered manager told us when people had highlighted any issues they were addressed in a timely way.
- Clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and a home manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records evidenced that there was an effective quality monitoring system to analyse, identify and reduce risk.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
- Health and social care professionals that we spoke with were very positive and complimentary about how the service was organised and run. It was clear that the home offered a valuable service to people in and around the area.