

Bamco Thirty Four Limited

# Holmehurst Residential Home

## Inspection report

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Date of inspection visit:  
26 February 2020  
28 February 2020

Date of publication:  
06 April 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Holmehurst is a residential care home providing personal care for up to 21 older people, some of whom may be living with dementia. At the time of this inspection there were 19 people living there.

Holmehurst is a large detached house which has been adapted as a care home.

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

The provider's quality assurance systems were not fully effective and did not always identify gaps in records and checks.

Decisions taken by others in the best interest of people were not recorded, so it was difficult to see how these outcomes had been reached.

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; but the policies and systems in the service did not always support this practice.

People and relatives had many positive comments about the service at this home. They praised the care and kindness shown by staff. The home had a welcoming and friendly atmosphere. Staff were engaging with people and supported their dignity.

People said they felt safe at the home. There were enough staff to support them whenever they needed it.

The home was clean, warm and comfortable. Staff knew how to protect people from avoidable harm. People at risk of falls or poor health were provided with the assistance and equipment they needed.

Staff said they had training and support to care for people in the right way. Staff worked well with other health agencies and people were supported to access health services.

People said the meals were good. Staff encouraged people to eat and drink enough. There was a range of activities and engagement with visitors to support people's social inclusion.

People's needs were assessed to make sure their care could be provided by this service. Staff were familiar with each person's preferences and how they wanted to be supported.

The provider and management team were open and approachable. They encouraged a friendly culture amongst the staff team.

The provider was committed to improvement and continuously looked at ways to upgrade the building and

service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published on 27 June 2017). At this inspection we found shortfalls and the service is now rated as requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

# Holmehurst Residential 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

Holmehurst 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. We sought feedback from the local authority and Healthwatch. 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 five people who used the service and three relatives. We also spoke to a care professional who regularly visited the service about their experience of the care provided. We spoke with five members of staff including the registered manager, consultant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help reduce the risk of abuse to people. People told us they felt safe living at the home. They commented, "I have no qualms or concerns (about the home)" and "I feel very safe living here."
- Staff continued to receive regular training around identifying abuse and knew what action to take if they had any concerns.
- Safeguarding concerns had been raised with the relevant authorities and actions taken to protect people. The registered manager acknowledged these reports were not well recorded and immediately addressed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems to prevent avoidable harm.
- People said their safety was protected by staff and equipment, including portable alarms. One person said, "I feel safe - I've got an alarm that I can take with me wherever I go."
- Risk assessments were in place for each person. Action was taken to minimise any risks to their well-being. For example, equipment was provided to help to prevent falls.
- The provider used reviews of accidents and incidents to support any lessons learnt if anything went wrong. Reflective discussions were held with staff to share learning and to minimise the risk of reoccurrence.

Staffing and recruitment

- The provider employed enough staff to support the people who lived there. Staff responded quickly whenever anybody requested assistance or used their call alarm.
- The provider used safe recruitment practices and checks to make sure new staff were suitable. The administration of these records was not always well organised, making some information difficult to retrieve. The provider stated all personnel files would be reviewed and made complete.

Using medicines safely

- Medicines continued to be managed safely. People received their medicines as prescribed.
- Staff had received training in safe medicine administration and had their competencies assessed.
- Records about people's 'when required' medicines were being reviewed to make them more detailed.

Preventing and controlling infection

- The home was clean.
- Overall, staff followed safe infection control procedures. Staff had access to protective clothing to help

prevent the spread of infection.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's support was inconsistent.

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.

- The provider's systems did not clearly show whether the service was working within the MCA principles. The DoLS for two people had lapsed between 8 – 12 months earlier and the management team said these had been reapplied for. However, there was no record of this nor of any contact with the local authority to chase up the applications. The provider acted on this immediately.
- Some people were supported to remain safe by the use of restrictive or monitoring equipment including bedrails and sensor mats. The management team stated if people did not have capacity to agree to these, there had been best interest decisions made with other care professionals. However, there was no records of best interest decisions, who had been involved or how the outcome was considered the least restrictive option.
- Where relatives had Lasting Power of Attorneys (LPA), the service had not always acquired copies of the relevant documentation to show their legal status. This could lead to decisions being made against people's best interests. The provider stated they would request this information from relatives.

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

- People's needs were assessed before they started to use the service. The assessment decided whether their care could be met.
- Care was delivered in line with standards and guidance.

Staff support: induction, training, skills and experience

- Staff received essential training to undertake their role. The provider encouraged face to face training events and these were advertised for staff in the office.
- New staff received induction training and were enrolled onto the Care Certificate if they were new to care

services. (The Care Certificate is a set of standards for health and care workers.)

- Staff received supervision and appraisals to help develop their performance. Staff told us they felt the management team were "supportive" and "understanding".

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

- People's nutritional health was supported by staff. The catering staff were very knowledgeable about people's special dietary requirements. Catering and care staff communicated well to make sure people got enough to eat and drink.
- People were complimentary about the quality of the meals. Their comments included, "The food is very good – I've started to put weight back on again (after hospital)" and "The food is all nice and tasty."

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

- The home's adaptations met the needs of the people who lived there. There was level access around the home and assisted bathing facilities for people with mobility needs.
- The provider had adapted the top floor to provide three bedrooms with sitting areas and en-suite facilities for people who had good mobility. Some bedrooms on the ground had patio doors with access to the outside decked area.

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

- The staff worked in partnership with other health care professionals, for example community nurses or the behavioural team, to make sure people had the right support with their health and well-being.
- Staff talked positively about their relationship with other health care professionals to provide good health outcomes for people. A visiting care professional commented that staff followed their guidance. They told us, "They must follow our advice because there is no decline in people's tissue viability and diabetic patients are stable."

# 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. 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 were treated well and their diversity was embraced by staff. People and relatives spoke positively about the care and kindness of staff. Their comments included, "Staff are amazing - I've got nothing but high praise for this home", "Staff are very nice" and "I can have a good banter with the staff. They're nice lasses and a good laugh."
- There were lovely interactions between staff and people. People sought staff out for a chat and a giggle. There were clearly long-standing, shared jokes between people and staff which were enjoyed over and over again in a humorous and friendly way.
- A care professional described how staff treated everyone with patience. They told us, "Even when a resident was being (challenging) towards staff, they handled it really well and gave the person time to calm down, then were lovely with the person when they went back to help them."

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

- People were offered choices in ways they could understand. For some people this was visually or by pictures.
- People told us staff supported them with their preferred routines and choices. They commented, "I prefer to dine in my own room and that's fine with them, whatever I want to do" and "Staff are very helpful, they do what I ask."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff.
- A relative described how staff supported their family member to retain their dignity. They told us, "(Family member) can be resistant to shower, but staff gently encourage them and will keep going back until they can persuade them for their own dignity."
- People's privacy and independence was respected. They were offered a key to their room. Some people liked to spend time and have their meals in their own room.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good care delivery.

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

- People received a personalised service that met their needs and preferences. People said staff acted on their individual wishes. Their comments included, "They get to know everyone's own ways."
- Staff were knowledgeable about individual people's daily lifestyles. One person told us, "They helpfully remind me about things like when I've got visitors coming, because they know me and know when my visitors are due."
- People's support needs were recorded in care plans. One person's care plan would benefit from more details to ensure a consistent approach by staff. The provider was receptive to this and planned to revise the care plan.

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 service supported people with their individual ways of communicating.
- Staff had used flash cards for people with hearing or dementia care needs. Information could also be made available in large print for people with a visual impairment.

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's social care needs were supported. Activity co-ordinators were employed to provide a range of activities and these were advertised in the hallway.
- People said there were social events to occupy them in the home if they chose to join in. They commented, "There's activities on if you want" and "Some of the activities are very interesting, like the zoolab (visiting reptiles) today."
- People were supported to maintain contact with family and friends.

Improving care quality in response to complaints or concerns

- The provider had arrangements for managing complaints. People were given information about what to do if they were unhappy with the service.
- People and relatives said they would feel comfortable about raising any comments. Their comments included, "I speak to management all the time - any issues get sorted out. They are very approachable" and "I've never had any complaints or worries since I moved here."

- The consultant manager stated there had been no complaints about the service.

#### End of life care and support

- The service provided care for people when they reached their last stages of life, if this was an appropriate place for them to remain.
- People were encouraged to outline their preferred last wishes. Where they had chosen to do this was recorded in their social care assessments.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the management was not always consistent and did not always support good governance of the service.

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

- The provider's governance systems of the service were not fully effective. There were gaps in some quality audits and in the administration of records. These included records about how decisions were made in people's best interests. Where issues were identified it was not always clear what action had been taken.
- The provider's policies and procedures were out of date. They referred to historic legislation and standards that no longer applied, so did not direct staff to carry out current best practice. The provider wrote to us after the inspection to assure us that all shortfalls were being addressed.
- The registered manager, who was also the owner, visited the home one or two days a week. A consultant manager was also at the home for a couple of days a week. A duty manager had recently left the home and the provider intended to appoint a new manager who would be based at the service full time.

We found no evidence that people had been harmed however, systems that the provider had in place to monitor quality of the service were not always robust enough make sure the service was effectively managed. This could place people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider worked with staff to provide a positive experience of care for the people who lived at the home.
- People compared the service favourably with other services they had used. They commented, "I feel lucky to have found this place" and "I've just come back from hospital and I'm very pleased to be back home".
- The management team promoted an open, supportive culture within the staff team. Staff described the care service as "friendly" and "homely".

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 understood their responsibilities under duty of candour. They were open and candid and used feedback about incidents as learning points for the service.

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

- People were asked for their views about the service via surveys which were randomly given out. The results were currently not shared with people.
- Staff told us there were meetings to share information. They said they could approach the management team at any time and said they were "supportive" and "fair".

#### Continuous learning and improving care

- The provider was committed to continuous improvement of the home and service. They had made a number of upgrades to the accommodation and had further plans to further improve the environment.

#### Working in partnership with others

- The service had good working relationships with local health care agencies.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems were not sufficiently robust to ensure effective and accurate checks and records were used to govern the service. Regulation 17(1)(2)(a)(c)(d)(f).