

Mr Anthony John Steeper and Mrs Janet Steeper
**Holme Farm Residential
Home**

Inspection report

9 Church Street
Elsham
Brigg
Lincolnshire
DN20 0RG

Tel: 01652688755
Website: www.holmefarmatelsham.co.uk

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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

Holme Farm is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

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

People living at Holme Farm were happy and well cared for. Staff promoted a service that ensured people had opportunities to develop and maintain friendships and relationships.

Activities for people were exemplary. Staff supported the activities co-ordinator to find out people's individual interests and hobbies to create person centred activities. Activities were designed to promote people's well-being, prevent people becoming socially isolated and to keep people active.

Staff were committed to ensuring people's wishes at the end of their lives were respected and that people were able to die with dignity and amongst people who they knew and who knew them well.

People felt safe and were encouraged to be independent with all areas of daily living. Staff provided support in line with people's diverse needs. Risks to people were consistently assessed and the environment was clean and well maintained.

People were treated with respect and dignity and were also supported to maintain their safety and wellbeing. Staff were kind and caring and promoted positive relationships with people in the home. Staff understood their roles clearly and knew what was expected of them.

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.

The registered manager was supported by a passionate staff team who knew people well. Quality assurance systems in place monitored the service effectively and drove improvements when they were needed.

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

Rating at last inspection

At the last inspection this service was rated Good , (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the 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?

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 ●

Holme Farm 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

One inspector visited the service.

Service and service type

Holme Farm residential 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 spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including , the registered manager, deputy manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We spoke with two relatives and reviewed further information the provider sent to us in relation to quality assurance.

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 service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- People and their relatives told us the service was safe. Comments included, "I feel very safe here", "I am happy, safe and well cared for" and "We are all kept safe."
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Risks to people were managed appropriately and reviewed on a regular basis.
- Records related to managing risks were present and completed within care plans. There was information available for staff where people had specific health conditions and how to manage risks associated with them.
- Staff understood risks to people and provided support in a pro-active way to reduce them.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff took part in fire drills and knew how to safely evacuate people from the premises.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely

- Medicines were managed safely.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.
- Safe systems were in place for the ordering, checking, storing and disposing of medicines. Records were fully completed and showed people received their medicines as prescribed.

Preventing and controlling infection

- The provider had systems in place to prevent and control the spread of infections. Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help

prevent the spread of infection.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

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.

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

- Staff worked with guidance and information from health professionals such as speech and language therapists, community dietitians, district nurses, physiotherapists and GPs. This promoted people's well-being and helped staff deliver effective care and support

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- The provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

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

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking. Adapted utensils were used correctly and staff encouraged people where needed.
- Choices were offered to people and the daily menu was displayed in an accessible format.

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

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. A visiting health professional told us, "All staff are approachable and stay with us when we are with people. Staff ask advice and respond appropriately to any advice given."
- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care plans.
- Staff understood people's health needs and knew how to access additional support if this was needed.
- People's changing needs were communicated with their relatives.

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

- The service was very homely, with photographs portraits of the people living at the service proudly displayed on the walls. People's rooms were individual and demonstrated their personalities, likes and interests.
- People had free access to secure outside spaces and enjoyed spending time in the garden. Dementia-friendly signage aided people's orientation around the home.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- We saw people were offered choices as about their daily routine such as what time they got up or where they sat in the home.
- Staff asked for people's consent before supporting their needs.

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 and relatives were happy with the care provided and praised the staff. Comments included, "I am really happy here, the staff look after me really well", "I love it here, the staff are brilliant" and "It's a lovely place."
- People were cared for and supported by staff that were kind, patient and respectful. ; Interactions between staff and people were natural and showed positive relationships had been developed.
- People were valued as individuals. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.

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

- People were involved in planning their care delivery. Contact with people's relatives was maintained to inform them of their relative's wellbeing. One relative told us, "We are always involved in meetings and the staff are good at letting us know how our relative is."
- People were empowered to make their own decisions. These included decisions about when to get up or go to bed and what they would like to do on a day to day basis.
- We saw a thank you card for a person which said, "I would like to thank all the staff for supporting me to get everything in order coming here. They all give me so much help and support and they keep me going."
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in considerate, sensitive way to offer assistance.
- People's families and friends could visit without restriction. One relative told us, "There's no set time to visit."

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 remains good.

This meant people's needs were met through good organisation and delivery.

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

- Staff had an exemplary approach to finding activities that were not just fun, but also helped people to develop confidence and friendships. They had a clear understanding of the importance of providing people with the opportunity to develop and maintain friendships and relationships.
- Activities were tailored to meet people's individual needs, preferences and interests. The activity coordinator and staff were proactive in finding out what interested people and what would encourage them to take part in activities .
- There was a wide range of activities on offer, both in the service and in the community, to help prevent people becoming socially isolated and to keep people active.
 - The provider, management team and all staff shared a passionate commitment to developing a sense of belonging and community. People were supported to make links in the wider community and there was a great focus on community-based activities.

End of life care and support

- We saw thank you cards received from relatives which referred to the exceptional care their loved ones had received at the end of their lives. We also saw comments which included, "The staff were absolutely fantastic and skilfully managed all aspects of our relatives care until the end of their life and thanks to them the passing was peaceful.
- The service displayed information for people about end of life care. This included the details of the in-house champion for end of life care and other agencies people could access if they wished to discuss their wishes and preferences.

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

- Care plans were person-centred and were reviewed on a regular basis. They included personalised information that assisted staff to provide care and treatment in a way that people preferred.
- People were supported by staff who provided individualised care and support to them. They spent time with people and their relatives to find out what was important to them. This was communicated to the whole staff team to ensure people received the correct support.
- People were supported to maintain relationships with their family and friends. There were no restrictions on visiting at the service and friends and relatives were able to join in activities.

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.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.
- There had been no complaints made at the service since our last inspection.

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 remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider/registered manager worked collectively with the management team and all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The registered manager was clear about their vision for the home. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- People and their relatives spoke positively about the management of the service. Comments included, "They are all very good" and "The management do a fantastic job, I love it here."
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- The registered manager had submitted notifications as required by duty of candour legislation.

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

- The registered manager was clear about their roles and responsibilities.
- Systems to manage quality within the service were completed on a regular basis. This enabled the service to collate information to show how the service was performing.
- Governance systems drove improvements in the quality of the service. Detailed action plans were completed from these to ensure the quality of the service was maintained.

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

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in the running of the service.
- Everyone we spoke with told us the management was approachable and staff enjoyed working at the home.

Continuous learning and improving care; Working in partnership with others

- Lessons learnt were communicated to the staff and used as learning opportunities to drive improvements in the service.
- The service worked closely with other agencies to ensure good outcomes for people.