

Review of compliance

Ashberry Health Care Limited Holmer Court Residential Home

Region:	West Midlands
Location address:	Attwood Lane Hereford Herefordshire HR1 1LJ
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	Holmer Court provides personal care to up to 33 people. It is on the outskirts of Hereford city. The service specialises in providing care for people who have dementia.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Holmer Court Residential Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We did this inspection because we needed to check the action taken since our last inspection to improve the management of medicines and the consistency of record keeping. We also checked whether people living at Holmer Court were respected and provided with care that met their needs, whether staff were carefully checked before they worked at the home and how the service monitors the quality of the service it provides.

During our visit to the home we watched to see what life was like for people who were living at the home. We looked at how staff provided care and listened to how they spoke to people. We spent time talking to people who live at Holmer Court, to a relative and to members of staff. We looked at some of the records kept to support staff in providing the correct care and also at recruitment, medicines and management records.

We saw that staff knew people at the home well and spoke with them in a friendly, respectful way. Throughout the day we noticed that staff were prompt to come to people who were upset or restless and spoke with them using a calm, reassuring and warm tone of voice.

We saw that people were rarely left for more than a few moments without a member of staff being in the room with them. Staff were watchful, for example they noticed when a person was looking anxious and when another felt cold because of the patio doors being open. The day of our visit was warm and sunny and at various times during the day people were helped to either go for a walk around the garden or to sit outside on the patio.

The relative we met told us they were very happy with the quality of the care their family

member received. They spoke highly of the staff and described them as kind and caring. The staff we met and spoke with were positive about their work and talked about people who lived at Holmer Court in an understanding and caring way. One of them described making life at the home fun for people and giving them reasons to laugh as 'joyous'.

We found that the arrangements for the management of medicines had been improved and we did not find any significant gaps in the records that we looked at. The service had recruitment processes that met legal requirements. There were various processes in place for checking and improving the quality of the service.

What we found about the standards we reviewed and how well Holmer Court Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because the service kept relevant records.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We saw that staff were attentive and prompt to help people. For example we saw them come quickly when two people were upsetting one another. They calmly stepped in and took the people in different directions speaking to them both calmly. A member of staff we spoke with told us that in this type of situation they try to leave both people feeling positive. Throughout the day we were aware of staff speaking to people with a friendly and warm tone to their voice. They always called people by their name and were respectful.

We had longer conversations with two of the staff; they both described a positive approach to care which showed that they valued the people living at the home. One said they liked it when they were able to make someone laugh and that when this happened it was 'joyous'. They were confident that all of the staff working at the home had high standards and wanted to provide good care for people.

Most people at the home were not always able to say what they wanted because of their illness. We saw that staff gave them opportunities to make choices when possible. For example, a member of staff asked a person if they would like to have some hand cream on and have their hands massaged. The person said no to this. The member of staff gently checked that the person understood but when the person still

said no they spoke with them a little longer before going to ask another person.

We saw some people walking in the garden on their own and others with a member of staff. When one person had reached the furthest point of the garden a member of staff went to join them to walk with them before heading back towards the house. This showed that the person had been given the space to be on their own but had been watched from a distance to make sure they were alright.

Other evidence

There was written information for staff to use to help them support people and offer choices at a level the person could cope with. The manager was introducing brief extracts from the more detailed care plans for staff to refer to 'at a glance' in people's bedrooms. We discussed the content of these and where they would be placed in people's rooms to protect their privacy when they had visitors.

We discussed the Mental Capacity Act with the manager and deputy and they showed they understood their responsibility to support people in making choices that were within their capacity to do. Most of the staff at the home had done training about the Mental Capacity Act.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During the day we observed that staff were attentive to people's care needs and prompt to assist people when needed. We heard one person who was becoming upset and a member of staff said to a colleague "oh, I know what it is they want". The member of staff then discreetly approached the person to take them to use the toilet.

In another example a member of staff came into a sitting room and looked around at each person; they stopped when they looked at one lady and asked them kindly "are you alright? Are you warm enough?". The person said they felt chilly and the member of staff wrapped a blanket over their legs and said they would close the patio doors.

One person was being looked after in bed because they had been unwell. They were comfortable and had been regularly re-positioned throughout the day. The records showed that they had been given a variety of drinks during the day and eaten a small amount. The person was on a pressure relieving mattress and staff had applied cream to their skin to keep it supple. We said hello to the person and they smiled to confirm that they felt comfortable. We saw that their bedding looked fresh and their hair had been brushed tidily. We could see that staff had applied cream to the person's face and lips which looked well moisturised.

We saw records that showed that staff regularly checked people who could be at risk of developing skin damage because they were not very mobile. The records showed that people had been encouraged to change position, to stand up, and to go for occasional walks.

We saw a survey form that had been filled in by a social worker which said the home "provides person centred care to an excellent standard. Staff are very approachable and happy to discuss clients with me. Staff are knowledgeable about the residents and promote person centred care." One of the staff we spoke with told us "I look at some of them and am humbled by watching them". We asked them what they meant by this and they said they felt that staff were very good at what they did.

Other evidence

We looked at the care records for one person who lived at the home. This included detailed information for staff about how to meet the person's individual needs. The records showed that the plan for each aspect of their care had been reviewed every month. The person had arrived at the home a year before in poor health and with concerns about their weight. The records showed that this person's weight and assessment of their nutritional status had improved dramatically since they had been at the home. During our visit we saw that the person looked fit and healthy for their age.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

Other evidence

At our last inspection we found that there were shortfalls in the way the home managed people's medicines. The provider sent us an action plan and told us that they had made the necessary improvements.

During this inspection we confirmed that medicines were kept safely and that the records kept to show that people had received their medicines were filled in fully. The records showed that staff were following the action plan we were sent. This meant that the information about the quantity of medicines where the dose could be varied was now being recorded. Another improvement was that medicines record sheets were being printed by a pharmacy so that there were fewer occasions when staff needed to write prescription information out themselves. When they did need to do this (for antibiotics for example) two members of staff were signing to confirm that the entries were correct. The Medication Administration Record (MAR) charts were clear and easy to follow and documented that people had been given their prescribed medicines according to the prescriber's instructions.

We also checked the records for medicines which require special storage and recording arrangements. We found that these were being checked daily and that the records of

these checks and of the administration of these medicines were being signed by two staff to confirm the details were correct.

People's care plans now included information about ways staff could try to support someone who was distressed or agitated before giving them medicine prescribed for these situations. We spoke with the registered manager about the benefits of making the information more specific about how staff could recognise that other methods, such as distraction with a pleasant activity, were not going to succeed. They told us that they had arranged for people's medicines to be reviewed by a doctor and now only one person was prescribed medicine to be used in this 'as required' way.

The manager was doing monthly medicine audits using a written form with details of the things that had to be checked. She told us that she was also doing informal weekly checks. The audits we looked at showed that the service was checking that people's medicines were available and that people had been given their medicines as prescribed.

Our judgement

The provider was meeting this standard. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard. During our visit we saw that staff were supporting people who lived at the home in a confident, professional and knowledgeable way.

Other evidence

We looked at the recruitment records for four people who had started work at the home in recent months. These records showed that they had not started work until the service had satisfied themselves that they would be suitable to work at the home. The manager obtained information about their conduct in previous employment by means of written references. They also obtained CRB (criminal records bureau) certificates to check whether they had any criminal record or had been listed as a person not suitable to work with vulnerable adults.

We asked two staff whether they had these checks done before they had started work at Holmer Court; they both confirmed that they had, saying that this had caused some delay to their actual start date.

The staff we spoke to told us that they had received extensive training since coming to work at Holmer Court. One person had been at the home for about a year during which time they told us they had done 21 different training courses. We saw certificates displayed in the entrance hall showing the courses that a national training company had provided. The manager had a large pile of new certificates in her office waiting to be passed on to staff and we saw one staff member's individual training folder showing

that they had done a wide range of relevant courses.

The registered manager gave us a copy of the spreadsheet she used to keep track of the refresher dates for each member of the staff team. This showed that there was a comprehensive training programme for all members of staff including catering and domestic staff as well as care staff. The training courses covered essential safety related subjects such as fire safety, moving and handling and medicines as well as practice related subjects such as adult safeguarding, dementia care, and person centred care.

During our visit the cook was spending time with their NVQ assessor and we noted from the training spreadsheet that most of the care staff had completed NVQ training at level 2 or 3.

Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks were undertaken before staff began work.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

Other evidence

The registered manager and the provider, Ashberry Health Care Ltd, had systems in place to monitor the quality of the service.

Records showed that the registered manager was monitoring the quality of the service by doing regular audits. These included audits of medicines, care records and aspects of health and safety such as infection control.

The organisation sought the views of people who lived at the service, their families, members of staff and external professionals such as doctors, social workers and district nurses. This was done by sending survey forms to a sample of four people from each of these groups every month. Unfortunately the response rate was not high and generally only one or two forms were returned on each occasion. The responses that had been received in recent months were positive and generally complimentary. For example one person's relative had supported them to fill in a survey to say that the best thing about the home was "the empathy of the staff; feeling safe; support when needed, both emotional and practical". A member of staff had written "since starting at Holmer Court I have been made very welcome, the home has a homely atmosphere and the residents are well cared for and their needs are met". A comment from a social worker showed that they felt they could approach staff if they had any concerns – "I have no

concerns about the care provided at Holmer Court at all. If I ever have to raise a concern it is treated seriously and with openness and honesty."

There were some suggestions made about things that could be improved such as car parking arrangements, the number of toilets and how tables were laid for meals. There was currently no system for collating the results of surveys or telling people what the results of these were. We discussed with the registered manager the possibility that people may feel they had not been listened to and could be left wondering whether their suggestion would be acted on or ignored. The manager agreed that telling people the results of surveys and any action that could or could not be taken might also encourage more people to respond. She agreed to discuss this with her line manager.

Staff we asked told us that the registered manager was supportive and approachable; one said that she tells the staff to come to her with any concerns and described her as "meticulous and supportive".

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

Other evidence

The records we checked during this inspection, including care records, staff recruitment and training records and quality monitoring information were well clear, up to date and easy to refer to. They were kept securely and could be located promptly when needed. The shortcomings in record keeping that we found during our last inspection had been put right. The manager was in the process of a 'housekeeping exercise' to archive information that was no longer needed for day to day use.

Our judgement

The provider was meeting this standard. People were protected from the risks of unsafe or inappropriate care and treatment because the service kept relevant records.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA