

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Holmer Court Residential Home

Attwood Lane, Hereford, HR1 1LJ

Tel: 01432351335

Date of Inspections: 03 May 2013
30 April 2013

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2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✗	Action needed
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Ashberry Health Care Limited
Registered Manager	Ms. Ann Comer
Overview of the service	Holmer Court provides personal care for older people many of whom are living with dementia.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Holmer Court Residential Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 April 2013 and 3 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, were accompanied by a pharmacist and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At our last inspection we were concerned about how the home managed people's medicines and about how people with mobility difficulties were supported by staff when they needed to move. We wanted to check both of these things during this inspection. We also needed to look at how staff were recruited. A safeguarding investigation had identified that a care worker had been employed without suitable checks being made about them.

People were in general pleased with the home. One person told us, "I'm quite happy here, they are very good to me". We saw that people had been supported to look their best. Staff were generally attentive and kind to people and gave them the time they needed.

Staff had been given additional training in how to support people safely if they needed help to move. The home's moving and handling policy had been updated. The required improvements to the arrangements for dealing with people's medicines had been made.

The systems for recruiting new staff were not always effective. The home did not always carry out adequate checks on people's suitability to work with vulnerable people.

The provider had systems for monitoring the quality of the service. Survey forms were used to give people the opportunity to give their views and opinions about the home. The provider told us that they had not received any complaints about the home.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 18 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People able to speak with us told us that the staff were generally thoughtful and kind. One person said, "I'm quite happy here, they are very good to me".

People's clothing was clean and most were wearing outfits that matched. This suggested that people were being helped by staff to maintain their dignity and pride in their appearance.

Staff were aware of the importance of protecting people with limited mobility from the risk of pressure damage to the skin. Staff encouraged people to move regularly during the day. Some people needed special pressure relieving cushions to help prevent pressure damage to their skin. We saw that staff took these with people if they moved to a different chair.

A small number of people at the home had limited mobility and were also living with dementia. This gave staff challenges when helping those people to move. This was because the people were unable to fully understand what they needed to do. We saw that staff did their best to communicate carefully with these people. We saw that although they took care and were gentle, some staff were uncertain about how best to help one of these people up from their chair. This was because the person became distressed and hit out at the staff. We commented that the care plan did not contain enough guidance for staff about this. On the second day of our inspection one of the senior staff had started work on improving this care plan. This provided a more complete picture of how to support the person and was written in a person centred way.

Each person had a care record with an assessment of their care needs and care plans describing how staff should support them. The provider may wish to note that, as in the example described above, some care plans did not contain as much guidance as staff might need to be sure they were consistent in their approach.

A leisurely approach was taken to mealtimes and we saw that people were not rushed to

finish their meal. Staff kept a watchful eye on the people that had not finished their food and prompted them to continue to eat. We noted that during the morning some people had a small bowl of chopped apple each to eat and that they were offered something to drink regularly.

We saw a person being helped to have a drink by one of the care staff. They did this with care and gave the person their full attention although this was a slow process. We observed that the drink contained the thickening agent prescribed to help the person swallow more easily and safely. Staff we spoke to about this were able to correctly explain the information in the person's care plan. We observed another care worker spend 20 minutes kneeling on the floor by a person who was anxious about something. They spoke with the person in a very caring way. At no time did they comment on the fact that the person was asking the same question repeatedly. This showed sensitivity to the needs of this person.

Staff at the home had done dementia training and most showed understanding and consideration for people. A number of staff were booked to do a further two day dementia course in the summer. The provider may find it useful to note that we saw one care worker put a drink in front of a person without saying anything to them. We saw another care worker move someone in their chair without explaining what they were about to do. This lack of interaction suggested that some of the care workers may lack understanding and skill in communicating with people living with dementia.

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

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

Reasons for our judgement

When we inspected on 11 March 2013 we found inadequate arrangements for obtaining, using, storage, handling and recording of medicines. We judged that people were not fully protected against the risks associated with medicines. We told the provider and registered manager that they must make improvements by 15 April 2013. The provider wrote to us and told us that they would address the issues found.

During this inspection we found that the procedures for obtaining medicines had improved and people's medicines were available for administration at the prescribed times. We looked at eight out of 30 people's medicines and their medicines administration records (MAR charts). We found that the service was able to demonstrate that people had received their medicines as prescribed.

We found that improvements had been made in the management of non-prescribed medicines, commonly known as 'homely remedies'. We found that the manager had obtained advice from each person's doctor on whether the use of homely remedies was suitable for them. The manager had bought the homely remedy medicines and the medicines were correctly stored in their original containers. We found that the recording of their administration and the monitoring of their usage had improved. The provider may wish to note that the guidance about how and when to administer the homely remedies was not readily available to the staff. This meant that staff did not have easy access to the information they needed to make sure homely remedies were administered appropriately and safely.

We found that systems were now in place to ensure the safe storage and administration of Controlled Drugs. This meant that people would be protected against the risks associated with the handling and administration of Controlled Drugs.

We found that the storage of medicines had greatly improved. We looked at the medicine storage areas, which included the medicine storage room and the mobile trolleys. These had been organised so that each person's medicines were kept separate from other people's medicines. We also found that all of the medicines being stored had labels attached that could be clearly read. The improved organisation of medicines meant that the risks of people either getting the wrong medicines or the wrong dose had been

reduced.

We found that the care plans still did not have enough information in them about how staff should handle and administer certain medicines. In particular, there was not enough information about medicines that were prescribed to be taken, "when required". This meant that staff did not have clear instructions about when people may need to be given their medicines. The provider may find it useful to note that this may result in people not being given their medicines when they need them.

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

Our judgement

The provider was not meeting this standard.

People were not fully protected by the provider's recruitment procedures.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There had been a recent safeguarding investigation by the local authority. This had established that a care worker had been employed at the home without satisfactory evidence of their conduct in previous care related employment. When this was raised with the service they checked their records and subsequently dismissed the care worker concerned.

The manager clearly explained the importance of making sure that references must be provided by someone authorised to do so officially on behalf of an employer. However, the shortcomings in the recruitment process found during the safeguarding investigation and our inspection had not previously been identified by the manager or the provider.

We looked at the recruitment records for three staff who had been employed in the last few months. One of these was the person who had subsequently been dismissed. We saw that the information gained about one of these people was satisfactory because it had been obtained from a suitable source. The records for the two other people did not provide satisfactory evidence about their conduct in their previous care related employment. This had not been adequately checked during the recruitment process. In each case written references had been obtained but these were not all from people authorised to provide information on behalf of the employer.

Reference requests had been sent to some referees at their private addresses. The referees were not members of the management staff of the care homes the references related to. The references commented on the work of the applicants, including whether they would re-employ the person. This meant that Holmer Court had not obtained information direct from the managers or owners of the care homes concerned about either the conduct of applicants or the reasons why they had left. This presented a risk that the information gained was not the official view of the various employers concerned.

We looked at the provider's recruitment policy. This did not fully reflect the legislation regarding checks about gaining satisfactory information about applicants' conduct in, and reasons for leaving, previous care related employment.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had a system to regularly assess and monitor the quality of service that people received. The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives, staff and outside professionals such as doctors and social workers were asked for their views about the home. The manager told us that this was done by sending surveys to people throughout the year in phases so that each person was only approached once a year. We saw comments from the most recent survey forms. These were all positive. One person had written, "I feel so much better since I came to stay here. The people are very kind and helpful".

The provider's representative informed us that they had a meeting with the manager for discussion and feedback each time they visited the home. Their visits included a tour around the premises and observing and speaking to staff members and any visitors. They told us their visits were at least once a month with telephone calls to the home twice a week for updates and to discuss any issues. They confirmed they were available to contact at all times for any urgent issues.

They sent us a copy of a new monitoring form they had recently devised and introduced. They explained in an email that no such documents had been in use before they joined the company. The new format was comprehensive but because it was introduced shortly before our inspection no completed forms were available for us to look at.

The provider may find it useful to note that the monitoring format did not have a section to monitor staff recruitment was being done in accordance with the legislation.

Records showed that regular checks and tests were done in respect of any risks to people. These included checks to do with the safety of the building and equipment, such as fire safety, wheelchair maintenance and checks and cleaning of pressure relieving equipment. A member of staff told us they had approached the provider's representative to say that the minibus was too old and no longer suitable. We spoke to the manager about this and looked at the home's routine checks of the minibus. These records did not indicate any concerns. The manager informed us that it had passed the MOT test and was serviced regularly.

The manager had a system for monitoring accidents in the home such as people who lived there having a fall. They agreed that the use of this could be developed by looking for patterns such as time of day and location in the home where accidents had happened.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: The provider was not making sure that satisfactory evidence was obtained about the conduct of people who had been in previous employment concerned with the provision of services to children or vulnerable adults, or health and social care. The provider had not obtained satisfactory verification about why people had left previous employment in such roles.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 18 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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