Bamco Thirty Four Limited

Holmehurst Residential Home

Inspection report

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Carlisle
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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

Overall summary

This inspection took place on 17th March 2015 and was unannounced.

Homehurst is two older properties that have been extended and adapted to provide care for up to twenty-three older people. The home is situated in a quiet residential street and is near to the centre of Carlisle and to the local amenities of the area.

Accommodation is in mainly single rooms but there are some rooms which can be shared by two people. Some of the bedrooms have ensuite facilities. There are two large lounges and a dining room on the ground floor.

The provider is also registered as the manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider has delegated some management tasks to a care manager.

Staff in the home were aware of their responsibilities in relation to protecting people from harm or abuse. Staff had received training and there was suitable guidance in place about making safeguarding referrals.

The house was safe and there were good risk management plans in place for the environment.

Staffing levels were suitable for people's needs. The care manager had increased staffing because the needs of people using the service had changed.

Staff recruitment was done correctly so that only suitable staff cared for vulnerable people. There were good disciplinary systems in place.

Medicines were managed correctly. Effective infection control systems were in place.

Staff were given good levels of support. Staff training was in place with any needs being identified and suitable training provided.

The staff understood their responsibilities under the Mental Capacity Act 2005. No one was being deprived of their liberty. Decision making was done correctly when people lacked capacity. Consent was sought for any intervention.

The food provided was of a good standard. Nutritional needs were understood by the staff team.

The house was being upgraded and improved to meet the needs of older adults.

We observed caring and sensitive care delivery. We saw that independence was encouraged. People told us the staff team were kind and caring.

People were given explanations and support and the staff team were able to pre-empt needs where people found it difficult to express themselves.

End of life care was managed appropriately with staff being supported by community nursing teams. Staff had received training in this and further updates were planned.

Assessment and care planning had improved in the service and the senior team were continuing to improve the way they planned care for people in an individual way.

Activities were being developed to meet individual and group needs.

Concerns and complaints were managed appropriately.

Good systems were in place so that people in the service would be supported if they had to go to another service. We saw that admission to hospital was well managed.

We judged that the home was being well managed. There was an open and inclusive culture in the home and people in the home and the staff were confident that their opinions were valued.

The provider had a team development plan and had changed the way that the tasks in the home were developed. A new senior team was being developed by the care manager.

A new quality monitoring system had been developed and staff were following this. We saw that routine matters were covered by this and that changes were made appropriately to allow for improvements.

Summary of findings

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.

Suitable systems were in place to protect people from harm and abuse.

Staffing levels were suitable to meet people's needs.

Medicines were suitably managed.

Good

Is the service effective?
The service was effective.

Staff received suitable training, support and development.

The senior team understood their responsibilities under the Mental Capacity Act.

People told us they liked the food provided and that they had plenty of choice.

Good

Is the service caring?
The service was caring.

People told us they judged the staff team to be caring and respectful.

We observed staff treating people in a dignified way and encouraging people to be as independent as possible.

Staff were confident that they could access support to help people at the end of life.

Good

Is the service responsive?
The service was responsive.

Assessment and planning for care were good.

People told us they were happy with the activities on offer.

Concerns and complaints were managed appropriately.

Good

Is the service well-led?
The service was well led.

A new management structure was being developed with staff receiving induction into senior roles.

The provider and the care manager gave direct guidance on culture and values.

There was a suitable quality monitoring systems in place.

Good

Holmehurst Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17th March 2015 and was unannounced.

The inspection was conducted by one adult social care inspector who was accompanied by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of the care of older people and people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We also had information about the service from the commissioners of social and health care.

During the inspection we spoke with fifteen people who lived in the home. We also met with two relatives who were visiting the home. We observed the interactions in the shared areas and the inspector spent time with people who were frail and being cared for in bed.

The inspector looked at ten care files and read five care files in depth after meeting the people who the care was being delivered to.

We met with the care manager for the home, one of the acting deputy managers and another member of the management team. We spoke with six care staff. We also spent time with the cook and the activities organiser.

Six staff files were looked at by the inspector. These included details of recruitment, induction, training and personal development. We were given copies of the training record for the whole team.

The inspector also looked at records of maintenance and repair, the fire log, food safety records and quality monitoring documents.

Good

Is the service safe?

Our findings

People who lived in the home told us that they felt safe at all times of the day. One person said: "'I feel safe at night – there is always someone there." No one we met had any concerns about the care and treatment they received. Another person said: "Nothing to worry about with the staff. . .they treat people properly."

We looked at records and saw that staff had been trained in understanding safeguarding, human rights, equality and diversity and discrimination. There were suitable arrangements in place for staff to report any harmful or discriminatory practice. All the staff had signed up to these and the staff we met understood the concepts around these practice issues.

Suitable guidance was in place so that people could report any potential safeguarding matters. The staff we spoke to could talk about what was abusive and they understood how to report this to the manager or the provider. Senior staff were aware of how to report any thing of this nature to external bodies. There had been no safeguarding issues in the home reported to ourselves or to the local authority.

We walked around all areas of the home and found that it was orderly, safe and secure. We saw a detailed emergency plan for the home.

Accidents and incident management were up-to-date. There had been no problems with accidents to people in the home or to staff. Good risk management plans were in place and understood by the staff

We looked at the last four weeks of rostered hours. We noted that in the past there had been two care staff rostered to deliver care during the day. We noted that the manager had increased this to one senior care assistant and two care assistants by day. Staff told us that these staffing levels were suitable for the needs of the 17 people in the home. We saw that care staff were supported by housekeeping and catering staff and we judged that these levels allowed the staff team to give people appropriate levels of care.

On the day of our visit there were two care assistants and one of the acting deputy managers working with people. The care manager and another member of the management team were also in the home. The activities organiser was on duty. This meant that there were six people who were able to give support at different levels to people in the home. On the day of our visit there were two domestic staff cleaning all areas of the home and one person cooking. We judged these levels were suitable for the needs of people in the home.

We looked at staff files for team members who had recently been appointed. We saw that references were taken up and all background checks completed before a new member of staff had access to people in the home.

The service had suitable disciplinary processes in place. These had not been used for some time but the provider, the care manager and other members of the management team felt confident that they could use these procedures appropriately. The provider had a legal firm who could advise on any matters of the disciplinary nature.

We checked on the ordering, storage, administration and disposal of medicines in the home. We saw that there were good systems in place. Storage was secure and the room that the medicines were stored in was clean and orderly. We observed people being given their medicines in a timely and appropriate fashion.

On the day of our visit the home was clean and tidy. The home had suitable chemicals and equipment to prevent cross infection. There have been no major outbreaks of any infectious illness. One member of the staff team took charge of infection control matters. Staff had specific work routines to deal with cross infection and general hygiene matters. There was easily accessible guidance for staff about infection control.

Good

Is the service effective?

Our findings

We asked people in the home if they thought that they received effective care. People spoke about health care support and staff expertise. People told us that they were satisfied with the skills the staff had. One person said “They know their job.” Other people told us: “There is always someone there if you don’t feel well.” “They would soon get the doctor if I became badly.” People were happy with the food provided. People told us: “The food is very good, just like I used to eat at home” and “It’s good Cumbrian food not foreign stuff!”

We spoke to the members of the staff team who were on duty during the day. They told us of their annual training updates. New staff told us about their induction and checks on competence in relation to things like moving and handling and delivering personal care. The staff told us that they were "more than happy" with the training provided. Staff told us that they were encouraged and supported to gain qualifications.

We looked at training records for the team. We saw that in October 2013 and October 2014 the team had all attended a number of training sessions. These included all the basic skills and knowledge that staff needed to deliver care to people appropriately. This training was delivered by an external trainer. We saw that in 2013 this training covered all the basic needs of the care team in a home for older adults. We learned that after this training the management team had looked at gaps in staff knowledge and had asked their trainer to include new elements into the training package which was delivered in October 2014. This approach to regular training updates was to be continued in the service and the October 2015 training was being planned.

We saw that there was a system of delegation in the home so that the care manager supervised and appraised people in the management team. The deputies in turn supervised care staff. We spoke with one of the deputies who told us that he had been inducted into this new role by the manager and was given "extremely good support." They told us that they were being coached and developed in supervision skills. We could see that work was ongoing so that team members would be supervised both formally and informally in the service. Appraisals were up to date.

We asked the management team about their understanding of the Mental Capacity Act 2005. Training on this had been included in the last round of training updates. There was no one in the home at the time of our visit who was considered to be deprived of their liberty. We spoke with staff at all levels during the day and they understood their responsibilities under the Act. We also had evidence to show that the staff team liaised with both health and social work practitioners when they were concerned about decision-making for people. We saw that "best interest" meetings had been held with people who lacked capacity to decide on life changing things for themselves.

During the day we asked people in the home about how the staff gained consent from them and we were told that: “‘They ask me how I am every day” and “The girls know all about me and get me what I need.” We heard staff asking people for consent. We noted that care plans had been signed by individuals where possible. One person said: “Of course we can do what we want it’s our home isn’t it?”

We observed the lunchtime meal. We checked on the arrangements in the kitchen and we saw that people were provided with nutritious and well-prepared food. Staff understood nutritional planning. We judged that no one was malnourished on the day and we saw that there were arrangements in place to support people who needed help with eating and drinking.

People told us that they saw community nurses on a regular basis and that the GP and other healthcare professionals were called on if people were unwell. The care manager had liaised with local GP surgeries to ensure that regular reviews of health care needs were being done. People told us that they saw chiropodists, opticians and dentists when necessary. People also told us that they were given support if they needed to attend other healthcare appointments. We noted on the day that one person with a complex health care need was been given suitable levels of support by the staff team.

Holmhurst had originally been two older houses which had been adapted a number of years ago to provide care for older adults. There was a small bedroom extension to the home and all of these rooms had ensuite facilities and doors leading out to an enclosed garden. The walled garden had been improved to give a pleasant area to walk and sit in good weather. We noted that several areas had been improved since our last visit. For example a bathroom

Good

Is the service effective?

had been turned into a wet room with easy clean surfaces. We also noted that double rooms were being used for single occupancy. We learned from the provider that these double rooms would be provided with ensuite facilities as part of his plans for the environment. The home had an up-to-date call bell. Fire and security systems had been updated. We were sent details of refurbishment plans for the building after our visit.

Good

Is the service caring?

Our findings

We asked people in the home about how caring they felt the staff were. People responded in a positive way. People said: "'I am very happy here and the girls look after you well" and "The staff are always on hand to help you." We were told that staff were "kind", "very nice" and "very good staff." "Everyone here is very friendly and has time for you."

During the inspection we observed staff working with people in a patient and sensitive manner. We heard people being asked about preferences and involvement in both small and large things. Staff were intuitive and sometimes managed to pre-empt people's needs and wishes when they found it difficult to explain what they wanted. We heard a lot of affectionate interactions and we noted that humour was used appropriately. Staff in the home showed high levels of emotional intelligence and we saw a number of occasions when individual members of staff could tune in to how a person was feeling. People were given appropriate reassurance and support if they felt anxious or upset.

We heard staff explaining options to people. People were asked politely and appropriately about where they wanted to spend the day, what they would like to do and what they wanted to eat. We heard people being reassured and being given an explanation about medicines, visitors and future plans. We saw staff who could engage very well with people in the home. This approach was led by the senior staff team who told us that they tried to lead by example.

People were given privacy and dignity in each interaction. Staff could talk about the importance of this and about maintaining people's confidentiality. We noted that in care plans there were references to promoting independence. Even with very frail people the care plans guided the staff team to encourage people to maintain as much independence as possible. One person routinely went out of the home for a walk and the team understood this person's need for independence despite any risk.

We saw and heard evidence on file to show that the care staff in this home were good at supporting people at the end of their lives. The care manager had worked with people in the home and the local healthcare professionals to find out if people wanted to be resuscitated. Suitable paperwork was in place. Some staff had completed end of life training and there was a plan in place to continue to develop this important aspect of the work of home. People had been consulted about end of life wishes.

Good

Is the service responsive?

Our findings

People told us that their needs were responded to appropriately. One person spoke about their personal care needs and said: “The staff help me look nice”. One person was being helped to develop a care plan for their future needs and was being supported by staff, social workers and family members. People enjoyed different activities during the day and told us: “I like getting involved…we have a laugh and a joke too.” Another person said: “I am happy being in here...for the company and the good crack.”

We looked at a total of six care files in some depth. We saw that suitable assessment was in place. This started with an assessment before the person came into the home and continued during their time in the service. We noted that a new assessment tool had been introduced which would give staff an idea of how people's needs were being met over a number of months. The senior team were working on this document so that it would meet the needs of the home appropriately. We saw other risk assessments and risk management plans in place that covered things like falls and pain control.

We saw that care planning was progressing in this service at a steady pace. The manager had delegated this task to the deputies. We saw that the plans had become more detailed. The plans we looked at were up-to-date and relevant to the individual's needs and wishes. The senior team had started to develop person centred plans with more detailed life stories, preferences and lifestyle choices.

On the day of our visit we met with an enthusiastic activities coordinator. She had planned the activities for the day around the fact that it was St Patrick's Day. People in the home were keen to engage with her in activities and responded well to her approach. The senior team told us that they also encouraged care staff to undertake activities with people in the home. The manager was accessing training on activities and supporting the activities co-ordinator to gain further qualifications.

There had been no formal complaints about the service for approximately 18 months. The manager told us that any minor complaints were dealt with as soon as possible so that these did not develop into formal problems. We noted that in each bedroom there was a copy of the complaints procedure that was easy to follow and had relevant telephone numbers. There was also an up-to-date policy and procedure in place for staff. People told us that any problems were: “sorted out straight away.”

We had evidence to show that suitable support was called on if people needed to move from one service to another. For example in each care file there was a ‘hospital passport’. This document gave basic details of each person's needs and preferences so that if they had to go to hospital, either on a planned or emergency basis, information would go with them. We checked on six of these and found them to be relevant and up-to-date.

Good

Is the service well-led?

Our findings

People we met on the day of the inspection told us they were happy with the way the home was managed. One person spoke very highly of the care manager's ability. They said: "She is a very able young woman who knows how to organise things!" People spoke positively about the way the home was managed.

The provider of this service had found it difficult to recruit a registered manager. He had made a decision to become the provider manager himself and employed an experienced and trained care manager who no longer wanted to be registered as a home manager. This person had worked as a consultant for the provider for more than a year and had developed a plan for the service which had improved the care, services and systems in the home.

We met with this person on the day and we could see that she was providing the staff team with good leadership. We spoke with people in the home and the staff and we had evidence to show that she had changed the culture of this service. When we had visited the home in the past we had judged that there was a lack of transparency, accountability and openness. We had evidence to show that she had looked at all of these issues and had moved the staff team on to become a team who understood the vision and values of the service.

We spoke with one member of the senior team who had worked in the home for a number of years and had previously felt a lack of confidence during inspections. This person told us that: "I don't feel concerned about inspection anymore… I feel very confident about all of the systems in the home because I now realise the importance of using systems and working together as a team for the benefit of the people who live here."

We spoke with care staff and ancillary staff on the day and they were able to talk about the values and vision of the service. We saw that staff meetings and individual supervision records showed that the manager had led staff discussions about individuals' rights and the duty of care. We saw that all the staff now understood how a good home should operate. We noted that these discussions had helped staff to question their practice. Up-to-date good practice was promoted in the home because the manager and the senior team were looking at what was the best way to care for older vulnerable people.

We learned from the care manager that there was a plan in place to develop the team. The provider had appointed two deputy managers who were being supported and developed in this role. This was balanced out by another more experienced person whose role was to work flexibly to support the management task and to deal with some day to day administration. We also noted that some care staff had been promoted to senior care posts. New staff had also been taken on to play key roles at this level. These arrangements were working well. Rosters had been re-written to give a good skills mix in the home at all times of the day and night.

The home had a relatively new quality assurance system that the care manager had created specifically for the home. This covered all aspects of the operation. We saw that staff had work instructions and were expected to complete some simple checklists to prove that personal care, household tasks and administration were being delivered appropriately. There were good systems in the kitchen and the service had been awarded a five star excellence award by environmental health. Fire and food safety was managed appropriately as was maintenance and replacement. The provider had sent us details of his plans for improving the environment and we saw that some of this work had already started.

We saw regular audits of all aspects of the service. These covered audits of care planning, medicines, training and development, catering, housekeeping and budgetary audits. Money held on behalf of residents was also audited regularly.

There was evidence to show that the registered person met with his care manager on a regular basis. They also met with the senior team to plan and develop a service that had previously not functioned as well as it should have. We judged that the service was now well led. We discussed with the care manager future planning for the leadership of the home. We were satisfied that these plans were being developed appropriately.