

Bamco Thirty Four Limited

Holmehurst Residential Home

Inspection report

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Date of inspection visit:
19 August 2020
28 August 2020

Date of publication:
30 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

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

Holmehurst Residential Home is a large detached house in a quiet residential area which has been adapted as a care home.

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

At the last inspection of the service the provider had not made sure that governance systems were sufficiently effective to monitor and improve the quality and safety of the service. Since then improvements had been made, but the provider still needed to make sure that any actions were completed. We have made a recommendation about this.

At the last inspection there were no records to show how decisions had been taken by others in the best interest of people who lacked capacity. Records were now in place and these were improving as staff became more familiar with the reasons for supporting people in this way.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

Relatives made many positive comments about the friendliness of staff and the support that people received. They felt involved and included in discussions about people's care. They said people enjoyed the meals at the home.

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

The provider and management team were open and approachable. There was a friendly atmosphere in the home and relatives said the service was homely, personalised and family-orientated.

Relatives and staff were uncertain about future management arrangements. The provider was committed to strengthening on-site management support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2020) and there was a breach of regulation 17 (good governance). The provider completed an action plan after the last inspection to show

what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 February 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key domains of Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holmehurst Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Holmehurst Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Holmehurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 announced. We gave less than 24 hours' notice of this inspection. This meant we were able to work alongside the management team to identify any potential risks associated with the coronavirus pandemic and put measures in place to manage them.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider information return prior to our inspection. 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 or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report.

During the inspection

We did not speak with people directly to seek their views on the service, due to the coronavirus pandemic, but observed interactions between staff and people. We contacted four relatives by telephone. During the visit we spoke with the consultant manager, two senior staff, a housekeeping staff member and a cook. We contacted five staff by telephone for their views.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at two staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

As part of CQC's response to the coronavirus pandemic we are also conducting a thematic review of infection control and prevention measures in care homes. The Safe domain also therefore contains information around assurances we gained from the management team regarding infection control and prevention.

How well are people protected by the prevention and control of infection?

- We were assured the provider had systems to prevent staff, people and visitors from catching and spreading infections. The staff made sure they followed shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured staff had sufficient supplies of PPE and were using these effectively.
- The provider was accessing regular testing for people and staff.

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 requires improvement. At this inspection this key question has now improved to good. 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

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

Staff support: induction, training, skills and experience

- Staff received essential training to undertake their role.
- Relatives felt staff were capable and competent. Their comments included, "Staff seem to know what they are doing and are so friendly while doing it."
- Staff stated they got good support to deal with coronavirus. Their comments included, "During Covid I feel that the training and support has been second to none."

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

- People's nutritional health was supported by staff. The catering staff were very knowledgeable about people's special dietary requirements and made sure people got enough to eat and drink.
- Since the last inspection the catering staff had improved the records to include all the options that people were offered.
- Relatives commented people "enjoyed" the meals at the home.

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

- The service had worked well with health services to support people's health care. This had taken different forms during lockdown, including video calls with GPs and other professionals.
- Relatives said they felt fully informed about in discussions about people's health. They commented, "(Staff) involve me in any decision-making about her health or treatment."
- The home carried out regular coronavirus testing of people and kept relatives informed about this. A relative said, "Staff have kept in touch and let us know about any Covid issues, and kept me informed about the regular testing results." Another relative commented, "It seems to be a very positive situation at Holmehurst despite Covid-19."

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

- The home's adaptations met the needs of the people who lived there. There was level access around the

building and assisted bathing facilities for people with mobility needs.

- The provider had made good use of a small single storey extension with separate access to accommodate newly-admitted people so they could self-isolate without impacting the rest of 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.

- Staff understood people's rights to make their own decisions where they had capacity to do so. There had been improvements in records about decisions that had been made on behalf of people who may lack capacity in specific areas of care.
- Relatives stated they felt included in discussing any necessary restrictions to protect people's well-being. A relative commented, "Staff had to consider covert medicines for [person] as they were refusing it and I was involved in those discussions."
- Since the last inspection the management team now monitored DoLS applications to check their current status and whether they had been authorised.

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 requires improvement. At this inspection this key question has remained the same. This meant the service was not always consistently well-led.

At our last inspection the provider had not always made sure that recording systems were sufficiently robust to make sure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 17. However, further improvements were needed.

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

- Since the last inspection some management records and audit systems had improved. However, some still needed strengthening and there had not been sufficient oversight by the provider to make sure that any identified actions were addressed.
- A system of medicine audits was carried out and gaps were noted. However, there was no demonstrable record of how identified errors or trends were addressed to improve practices.
- The registered manager lived some considerable distance from the home and had not been available during the pandemic. The on-site management team consisted of a part-time consultant manager and a duty manager. Staff praised the support they had received during the pandemic but were concerned that there was not a registered manager on site to provide consistent senior leadership and direction. The provider was proactively recruiting to this role.

We recommend that the provider oversees the quality audit outcomes to ensure that actions are addressed and to ensure the governance system drives continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People received support that was personalised and flexible to meet each person's needs. Relatives commented, "Because of [person's] condition staff have to do everything for them. They are lovely with [person] and look after them very well."
- Relatives and most staff felt there was a "homely" and "family-orientated" atmosphere in the home.
- The service had good working relationships with external health and social care professionals.

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

- People were asked for their views from time to time, either verbally or by survey. A relative told us staff were open and approachable and they would be able to "voice any issues and speak up."
- Relatives said the staff were good at communicating with them and kept them up to date. One relative

commented, "[Duty manager] always has time to talk, I never feel rushed, and she lets me know what's happening."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest if things went wrong. For example, if incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.