

Ashberry Healthcare Limited

Holmer Court Residential Home

Inspection report

Attwood Lane
Hereford
Herefordshire
HR1 1LJ

Tel: 01432351335
Website: www.ashberry.net

Date of inspection visit:
11 January 2017

Date of publication:
07 February 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 11 January 2017 and was unannounced.

Holmer Court provides accommodation and personal care for up to 33 people. At the time of our inspection there were 32 people living at the home.

There was a registered manager in post. 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 meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

The service provided person centred care that maintained people's health and wellbeing. People were supported to maintain hobbies and interests and people's skills and abilities were promoted by staff.

People were treated with dignity and respect. People had positive relationships with staff.

Staff were motivated and well supported with on-going training to enable them to meet the individual needs of people living at the home. There were sufficient numbers of experienced staff to ensure people were supported safely and people's health needs responded to quickly. Medicines were managed safely and people received their medicines in line with their prescription.

People and relatives knew the registered manager and the provider. People were encouraged to be actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the registered manager or provider. The provider welcomed people's views and opinions and acted upon them.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe. Risk assessments were in place and action taken to reduce any risks. Staff supported people to take positive risks. Where risks had been identified risk assessments were in place and action had been taken to reduce the risk of harm.

People enjoyed the food and had the support they needed to enjoy their food and drinks safely. People were able to make choices about the food and drink they wanted. There was a choice of freshly prepared nutritious food and where additional monitoring and support was needed this was provided.

People's health needs were monitored and changes were made to people's care in response to any changes in their needs. People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

There were a range of audits and checks to make sure that good standards of care and support were

maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because staff knew people's needs and how to meet them.

There were sufficient staff to meet people's assessed needs and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People received their medicines safely and medicines were stored securely.

Is the service effective?

Good ●

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time to the staff, the registered manager or the provider.

Is the service responsive?

Good ●

The service was responsive.

People had care and support that responded to their individual needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

Is the service well-led?

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements

Good ●

Holmer Court 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 was planned to check 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 unannounced inspection took place 11 January 2016 and was conducted by two inspectors.

We reviewed the information we had relating to the service including any notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Holmer Court. We did not receive any information of concern.

During the visit we spoke with ten people who lived at the home, three relatives, five members of staff who consisted of one activities co-ordinator, two care assistants and two senior care assistants. We also spoke with the registered manager, a quality consultant, a visiting district nurse and a visiting professional from the community stroke team. We observed staff supporting people throughout the home. We looked at three care plans relating to anxiety management, moving and handling and medicines.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "They [staff] keep me nice and safe." A relative said, "The staff concentrate on how people feel, so I know if [relative] was ever feeling uncomfortable or scared for any reason staff are on hand to reassure and maintain safety." People felt that they could raise any concerns about their own or other people's safety with staff or the registered manager and they would be listened to and action taken. Staff told us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home.

People had individual risk assessments which included falls risk assessments, nutrition, moving and handling and pressure area management. Where risks were identified plans were in place to identify how risks would be managed. For example, two people were at high risk of pressure area damage due to their health conditions. Their risk assessment had identified the actions to be taken by staff to reduce the risk which included repositioning guidance and the use of pressure relieving equipment. The staff we spoke with demonstrated knowledge of these risks and what action they took as a result. We spoke with one person about the support they had to reduce the risk of developing pressure sores, as well as asking them about the pressure relieving equipment they used. They felt this had a positive impact on their comfort and they currently did not have any pressure area concerns.

People told that there were enough staff to keep them safe and provide them with the support they needed. One person said, "There are enough staff to see to everyone." We saw examples where people asked for support and were given the support they needed straight away. Staff told us that there was enough staff in the home to provide them with the opportunity to focus on individuals' needs and to be able to respond promptly to people. People had individual dependency assessments which were regularly reviewed. These assessments identified the amount of staff support they needed to keep people safe and respond to their needs. This meant that staffing levels were kept under review to make sure people's needs continued to be met.

We found that staff were quick to respond and offer support when needed. People in their rooms were able to ask for support when they wanted as they all had easy access to call bells in their rooms. The registered manager told us that staff, "Pulled together as a team to cover absences and holidays." This meant that they no longer used agency staff to cover shifts. The registered manager felt this was important to ensure consistent support for people.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able.

People received the correct support to take their medicines as prescribed. One person told us, "I get my

tablets three times a day, without fail." People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicines. We observed how medicines were administered and found staff to be organised and focussed on giving the right medicines at the right time to the right person. We found this to be carried out safely and effectively. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

Is the service effective?

Our findings

People told us that they felt confident that staff had the knowledge to meet their needs. One person relative told us, "I take it that staff have good training, because I have complete confidence in their skills." Staff we spoke with were knowledgeable about health conditions that they encountered in the home. For example staff explained to us about some people's dementia needs. A visiting professional from the stroke team said that they were confident in the abilities of staff. They said, "Staff understand instruction and are always prepared with the information we need to know about people's health."

Staff told us that they had plenty of training. One staff member said, "The training we get is better than where I have been before. You can't fault it." They felt that the on-going training they had was relevant to their roles. For example staff told us that they had training around medicines, the Mental Capacity Act and safeguarding people.

Staff told us that they felt supported in their roles. They said they had regular supervision and felt the registered manager was very approachable and supportive. One staff member told us, "This is a style of management we didn't get before. [Registered manager] has turned things around. We are supported and listened to."

People told us that the food and drink they were offered was good and they were given choice over what they wanted to eat and drink. There was a choice of hot and cold food and a varied nutritious menu. One person said, "There is lots of choice with the food and if you don't fancy what is on the menu, they will make you something else." People said that if they did not like what was on offer on the menu staff were quick to provide an alternative of their choice. Where people needed extra support with their meals this was offered. We saw that mealtimes were relaxed and there were conversations and laughter between people and staff. Where people had specific food requirements this was freshly prepared by the chef. One person told us, "(The cook) knows I like warm milk on my cereal, and he does it just right for me every morning."

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. We found that one person had an Independent Mental Capacity Advocate (IMCA) supporting them. The IMCA represents and supports a person who is facing a major decision about where to live or serious medical treatment, lacks capacity to make that decision at the time it needs to be made, and has no one apart from paid staff to be consulted as part of a best interests decision-making process.

People told us that they were always supported to make choices and that their wishes were always respected by staff. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people chose what they wanted to eat and drink and when they wanted it. People were able to express what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to join in with

dancing that had been arranged for the afternoon. People who chose not to join the activity were supported to do what they wanted. One example was a person who was sharing their photograph album with a member of staff, discussing their memories.

We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings. These had been documented and confirmed that the person themselves had been involved in this process. Staff demonstrated knowledge of what the DoLS meant for individuals. At the time of inspection 24 DoL applications had been made and four DoL applications had been authorised by the governing body.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, one person told us how after being unwell, they were being supported to hospital appointments to undergo further tests. Relatives told us that the staff and registered manager were very good at identifying when people needed a doctor or to see other health professionals. One relative said, "They [staff] are very proactive in managing people's health. I have every confidence that they quickly get the right people involved." A visiting district nurse as well as a visiting professional from a community stroke team both told us that they felt that health needs were quickly identified, with guidance followed by staff.

Is the service caring?

Our findings

Every person we spoke with including relatives were happy with the kind and caring approach of staff. One person when talking about staff said, "Lovely, all of them are so kind." One relative told us about a particularly difficult family time and said, "The staff at Holmer Court were more helpful than we could ever have expected in dealing with it. They were especially caring in coping with [person's] needs at this time. " There was a relaxed environment with conversations between staff and the people, we saw and heard lots of laughter and friendly banter. We saw that people had good relationships with staff. Staff told us the people they supported felt like family.

People said they were treated with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and they addressed people by their preferred name. We saw that people had dignity boxes in their rooms. These boxes contained items essential to their care such as continence products, gloves and aprons. The boxes were designed to store these items in a dignified way that did not make it obvious that these items were in the box. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. Staff told us that there was a strong emphasis on dignity and respect with regular training and workshops about dignity and respect. The registered manager was the dignity champion in the home, a role which they told us they planned to rollout to other staff. They told us that this role meant that they placed emphasis on dignity and respect in everything that was done. They were also going to train and support people that lived there to become dignity champions. They told us that this aimed to empower people that lived there to have input into this role.

Staff told us how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. They also said that dignity and respect was a regular agenda item for discussion at team meetings and also in the meetings for the people that lived there.

People told us they felt involved in their care and support. They said they were supported to express their views by the staff and the managers. One person told us how they had been involved in meeting with staff as part of a review of their care. People's preferences were captured and plans devised with relatives so that people were involved in decisions about how they would be cared for. For example, one person's care plan stated the importance of them seeing the hairdresser weekly for a shampoo and set. Staff and the registered manager told us that the home operated with as much participation from people as possible. Staff told us that they were motivated to do the best that they could for people. Throughout the inspection we saw that staff took the time to listen and involve people in their care.

People were encouraged to maintain relationships that were important to them. Relatives told us how they were made to feel welcome, and how if they wanted they were given privacy and space to spend time with their loved ones. One person told us how it was important to them to see their family and that they were able to see them freely.

People were supported by staff that understood people's communication requirements. For example staff had taken the time to learn key phrases for a person whose first language was not English. When we spoke with staff they were able to explain to us what people's communication needs were. We saw that communication care plans were in place for people, which looked at areas such as level of assistance needed; communication style and preference and whether any aids were required.

Is the service responsive?

Our findings

Staff were knowledgeable about people's needs, both from a health and social perspective. Staff understood what care and support people needed. For example a person had recently moved to the home from another service. Part of the management of their anxiety and behaviour had involved the use of medication being taken at times of anxiety. The staff and registered manager had quickly established what support this person needed at times of anxiety. This had resulted in a reduction in the medicines this person took. The relative of this person told us, " We feel that the care provided at Holmer Court has contributed in a very positive way to how [person] appears now."

People were also supported to have their own hobbies and interests. People told us there was plenty for them to do. On the morning of the inspection, two people had gone shopping with the activities coordinator. There was an afternoon music-based activity, which people enjoyed. One person told us they preferred quiet time to themselves in her room away from the noise, which staff understood. One person told us, "You feel free to do what you want to do."

Staff were able to tell us about people's individual preferences and what they did and did not like to do. For example one person was knitting and showed us the jumpers and cardigans that they had completed. Another person had worked with animals in the past. The registered manager told us how they planned to involve them in raising some chickens in the grounds of the home. This was at an early stage but demonstrated a recognition by staff and the registered manager of people's histories and interests. Staff and the registered manager told us that care reflected and responded to people's own individual needs.

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. People told us that they found they could talk to the staff, registered manager and provider and felt confident that any concerns or complaints would be immediately dealt with. We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised. The system enabled the registered manager and provider to review any complaints and identify actions and lessons learnt.

There were regular meetings for the people that lived there. We could see where actions had been taken and a result of these meetings. For example people had raised that they did not like the décor and had said that it lacked colour. Changes had now been made to the décor throughout the home making it more colourful in its appearance. Another person had asked for access to library books. This was arranged and now a number of people in the home were benefitting from this.

Is the service well-led?

Our findings

All of the staff we spoke with told us the registered manager was approachable and the home was well run. This was a view shared by the people that lived there, relatives and the professionals we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to.

The registered manager told us that the vision of the home was, "Love, laughter and happy ever after." The staff we spoke with shared this view. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The registered manager told us how they had established links with the local community. These included a local community arts based project which they had now been awarded the status of ambassadors in recognition of the work that the people who lived at Holmer Court had in designing and completing a giant taperstry. They also had connections with a local college who provided support and courses on gardening for people, and there were also links with a local church, which some people attended regularly. Staff told us that these links enhanced the opportunities for people. One person told us how they had contributed to the quilt and found it very rewarding. The registered manager told us how important community involvement was for people. They told us, "We are an active home and people are very much part of their local community. We want to inspire people to have interests."

Staff told us that they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. There were also regular staff meetings. Staff told us that these meetings were useful as they gave the opportunity to talk openly with the registered manager, and where any actions were identified or suggestions made these were listened to. They told us that there was an open door culture where they were able to speak with the registered manager straight away if they had any concerns.

There were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff and action taken as a result. For example, the registered manager had introduced comfortable chairs in the hallway as they had seen that people enjoyed spending time there, socialising. We saw throughout the day that people spent time on the chairs in the hallway with each other, and that this was a relaxed environment. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the registered manager was visible in the home spending time throughout the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on. A relative told us, "On visiting Holmer Court we have noticed

that the manager is very available and have noticed her walking around speaking to residents and staff in a very cheerful positive manner. I am sure this contributes to the smooth running of the care home so I think I should specifically mention it."

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "Nobody here will tolerate poor care or abuse. It would be reported straight away."

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means that we are able to monitor any trends or concerns.