Parkside Care Limited

Holmlea Care Home

Inspection report

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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

Summary of findings

Overall summary

Holmlea is residential care home situated in North Shields close to local shops and community facilities. The service provides accommodation for 25 people, most of whom have physical care and support needs and/or, are living with dementia. At the time of our inspection 21 people were living at the service.

This inspection took place on 5 May 2016 by one inspector and was unannounced. An additional visit took place on 6 May 2016 by one inspector. We last inspected the service in October 2014 where we found the registered provider to be meeting all regulations we inspected.

The service has a registered manager in place. 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 2008 and associated Regulations about how the service is run.

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people had.

Individual risk assessments were in place to support people with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments. Regular health and safety checks had been carried out in relation to the premises to support with promoting a safe and clean environment.

There were enough staff to meet people's care and support needs. Staff did not appear to be rushed and responded to people in a timely manner.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

The service had safe systems in place to ensure people medicines were managed appropriately. Medicine administration was well ordered and audits of medicines were carried out to promote safe working practices.

The manager and staff were aware of their responsibilities relating to the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. People were supported with decision making and we saw that capacity assessments had been carried out relating to specific

decisions.

People were positive about the food provided in the service. Menus were available which provided a choice of meals for each day. People living in the service were supported to have healthy and nutritious meals.

People and their relatives told us staff were caring and kind. We observed positive staff interactions during our inspection and the service had a homely atmosphere. Staff encouraged people to be involved with activities but respected their decision if they did not want to participate.

People's care plans were specific and centred around their individualised care and support needs. There were a range of assessments in place to keep people safe. Care plans were up to date and were regularly evaluated. Staff were knowledgeable about people's care and support needs.

The service had a complaints process in place. People living in the service and their relatives were provided with information to support them to raise any concerns or complaints they may have.

People, their relatives and staff spoke highly about the manager of the service. The provider of the service was also actively involved and people found him accessible and approachable.

The service had a robust quality assurance system in place which included a range of internal checks and audits to support with continuous improvement. Actions plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed.

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 told us they felt safe. There were safeguarding policies and procedures in place.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition.

Is the service caring?

Good

The service was caring.

Staff knew people well and supported people showing dignity and respect and made sure people's choices and wishes were promoted.

Relatives were very positive about the care and support people received.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans and were involved in the planning and the review of their care and support.

Activities were provided in accordance with people preferences. People were supported to access community facilities of their choice.

Complaints information was displayed and people were encouraged to raise any concerns they may have about their care and support.

Is the service well-led?

Good

The service was well led

A registered manager was in post.

People and their relatives said the staff and manager were approachable and supportive.

People were regularly consulted about the service.

There was a robust quality assurance system in place to check standards were being maintained.

The service had a culture of continuous improvement.

Holmlea Care Home

Detailed findings

Background to this inspection

This inspection took place on 05 May 2016 by one inspector and was unannounced. This meant the provider did not know we would be visiting. A further announced visit was made on the 06 May2016 by the inspector to complete the 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.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. The provider completed a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received from third parties. We contacted the local authority safeguarding team, the commissioning and contracts team, the infection control team and Health watch. The service provided us with contact numbers of relatives of people living in the service. We contacted five relatives after the inspection took place. We were able to speak with three of the five relatives we contacted. Their views have been used to support this inspection.

During the inspection we met with three directors of the service who updated us about the service. We also spoke with the registered manager, a senior care worker and five care workers, the maintenance person and the cook. We also spoke with two relatives visiting the service on the day of our inspection.

We looked at five people's care records and viewed recruitment records of four care workers, training and supervision records, maintenance records and certificates, quality audit records. We also reviewed records which related to the registration and management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Holmlea. One person said, "I have no worries here, I feel very safe". A relative told us, "(Name of relative) is safe and very happy here." Staff told us people at the service were safe.

Every staff member we spoke with said if they had any concerns about safeguarding issues they would report the matter to senior carers, or the registered manager. Staff told us they had confidence in the management team to follow up safeguarding concerns properly. There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. We spoke with staff about the signs and symptoms and indicators of abuse. Staff also told us about the training they had completed and how it was refreshed every three years. One staff member said, "The training was really good, I'm clear about what to do if I have any concerns".

We reviewed the safeguarding log which is a record of any incidents that are reported to the local authority and to the Care Quality Commission. Registered providers are required to notify CQC of incidents within the home under the Care Quality Commission (Registration) Regulations 2009. The registered manager had completed notifications and referred to the local authority and to the Care Quality Commission.

The homes administrator had a system in place for the safekeeping of people finances. We checked the system in place and saw a clear audit trail for all money coming in and going out, with receipts for purchases.

People had individual risk assessments in place to support with keeping them safe. For example, moving and handling, falls and malnutrition. Regular safety checks were carried out and arrangements were in place to ensure the environment was maintained. Environmental risk assessments were in place. For example, fire risk assessments, legionella risk assessments, slips and falls. Regular health and safety checks had been carried out in relation to the premises, including the lift, portable appliance testing (PAT) and gas safety. Contingency plans were in place with detail for staff to follow should there be an emergency situation. This indicated that the manager ensured the safety of the premises.

Fire safety and fire alarm testing checks were carried out regularly. Records were also available to indicate that people were involved with regular fire drills. People had their own personal emergency evacuation plan (PEEP). A PEEP is an escape plan which provides individual safety and support instructions to help people reach a place of safety quickly.

We spent time looking around the environment and saw that the home was clean and well maintained. There were communal areas within the home where people could sit and relax and socialise with people. All areas of the home were well decorated and well maintained. We spoke with the maintenance person about his responsibilities. He told us about his role and about the system in place for the recording and action of any identified repairs. We viewed this record and found areas of maintenance were addressed in a timely

manner. Certificates were in place to show that electrical and gas safety checks had been carried out.

Policies and procedures were in place in relation to accident and incidents. Records showed clear information in relation to any actions that had been taken were recorded and reviewed with clear detail relating to any actions that were taken. Records included information to indicate that staff were reviewing risk assessments and support plans to help with accident and incident prevention.

We checked the management of medicines and observed a medicines round. Everyone who lived in the home was supported with the management of their medicines. Records were in place to show that medicines were checked regularly, signed in and out correctly, administered appropriately and returned to the local pharmacy when no longer required. Medicines administration records (MARs) contained clear detail relating to all medicines people were taking. Records were in place for people receiving 'when required' medicines such as pain relief.

We checked the stock of some medicines with the recordings on the MARs. Recordings tallied with medicines being kept in stock. The home had a system in place for the storage and disposal of medicines. We saw that all medicines were stored securely in a lockable facility and in refrigerated storage. Where required Policy and procedures relating to the management of medicines were in place to direct staff practice. Audits by the manager and the local pharmacy had been undertaken to check staff competence.

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before the started their employment. Records within staff files demonstrated proper recruitment checks were being carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people. This meant the provider had followed safe recruitment practices.

We spoke with the registered manager about staffing levels and she told us there was enough staff on duty to meet people needs. We saw that staffing numbers were determined by a rating assessment, which was linked to areas where care and support was needed. The registered manager used this information to help with planning staffing levels across the service. The staffing rota showed staff working consistently in numbers, across various shifts.
We spoke with people who lived in the home and their relatives about staffing levels and they told us there was enough staff to support people each day. We observed that staff carried out their duties in a calm unhurried manner.

Good

Is the service effective?

Our findings

We spoke with relatives and they said, "The staff here are fantastic they keep me up to date with everything" and "They (staff) are really good, faultless. They know (name of relative) very well and really care about her".

Staff told us they felt well supported in their role. One care worker said, "It's a great team, I feel well supported in my role" and "We work together as a team".

A programme of training was in place consisting of theory based, practical and interactive training opportunities. Records were available to demonstrate that staff had completed training which the provider deemed as mandatory such as, first aid, moving and handling along with other training such as equality and diversity, delirium, tissue viability and person centred practice. The manager told us newly recruited staff were all trained to NVQ Level 2 or at National Diploma Level. Additional training opportunities were provided in accordance with individual training needs. We viewed training records and certificates in relation to the training staff had undertaken and also the induction process for new staff who worked in the home and found staff had participated in a variety of training opportunities to support with developing their skills, knowledge and competence. Staff were also provided with a variety of specialist areas of training linked to supporting people with their specific health needs for example, dementia, diabetes, stroke awareness, falls and mental capacity. Staff confirmed they had completed training in medicines management, first aid, moving and handling, safeguarding and fire safety

Staff told us, "There is plenty of training for us". One care worker told us, "The home is good with training".

We talked to staff about supervision and appraisal. Staff told us there were regular opportunities for supervision. One care worker said, "We have supervision every three months, we get time set aside". We looked at supervision and appraisal records and saw that staff had planned supervision meetings in accordance with the homes policy and procedure. Staff told us about an open door policy and one care worker said, "We can have meetings outside of supervision if we need them". A supervision session is where a manager and a member of staff will meet to discuss areas linked to their role, responsibilities, training and development needs. An annual appraisal is a meeting where staff are given time to look back at their learning and performance and to plan for future learning to support with their on going development.

Staff told us about the links they had with medical professionals and how they would involve health care professionals to support and promote people's health and wellbeing. For example, staff told us they would make referrals to the falls team if anyone was experiencing a number of falls or to the dietician if someone needed additional support with food and fluid intake. Records confirmed clear information relating to referrals and involved healthcare professionals

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A member of the community nursing team who visited the home during our visit told us, "The staff here know people very well and keep us informed with any changes relating to people's care and support needs. Communication is really good".

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

Staff clearly had an understanding of mental capacity and consent and had completed training related to the MCA and DoLS. We talked with staff about mental capacity and promoting people's independence, choice and rights. Staff told us how they promoted people's rights and choices. One care worker told us, "I always ask people's consent before carrying out any activity, it's really important".

We saw that mental capacity assessments around accommodation had been completed for people living in the service and the registered manager had made applications to the local authority under DoLS in line with legal requirements.

We observed lunch being served in the dining room, the lounge and a second lounge. People were also supported to have their lunch in their own rooms. The tables were set with tablecloths cutlery and cups. Some people were using coloured plates to help make food items more visible and enticing for people with a dementia related condition or visual impairment. The meal options were shepherd's pie, peas, carrots and mashed potatoes or pork chops or salad. Dessert options included prunes and custard or jelly and ice cream. People we spoke with said, "The meals are beautiful, really beautiful," "We can have what we want" and "There is always plenty".

One person told us how they loved to eat seafood and their particular favourite was mussels. She told she had requested mussels as a menu choice. We spoke with the cook about the request who told us she was arranging this. Some people did not know what they had chosen for their meal option. The cook kept a record of people's choices and said, "People sometimes change their minds, I make enough to cover this". One relative told us how delighted she was with the meals. She said, "My (relatives name) was not eating properly at home, she has put weight on since moving in".

Refreshments were served during the mealtime and during other times of the day. This helped to keep people sufficiently hydrated. Food and fluid charts were in place for people where they had been assessed as being at risk of malnutrition and dehydration. People's weight was checked regularly and referrals were made to health professionals, such as the dietician, where appropriate.

The cook had completed training relating to nutrition and was aware of people's special diets, for example, where people needed a diabetic diet. The cook told us how she planned meals to ensure people's specific health needs were met.

Good

Is the service caring?

Our findings

People and their relatives shared positive comments about the caring attitude of staff. One person said, "We get lots of choice here, the staff are great." and , "They are lovely and always around". and , "The staff are great 'man'; they help me when I need it".

One relative said, "I can't fault the staff here. They are all fantastic. They keep me well informed". Another relative told us, "I visit my relative most days so I know the staff well and get on with them well" and "It's a lovely caring home".

We observed staff treated people with dignity and respect. We saw staff knocked on doors before entering people's rooms. In the lounge areas staff acknowledged people by their name and stopped what they were doing to sit and chat to people.
Staff gave us examples of how they delivered care in a dignified and respectful manner. For example, closing people's doors and keeping people covered as much as possible when supporting with their personal care. We talked with staff about upholding people's privacy, and promoting dignity and respect. One care worker said, "It's really important, especially when delivering personal care".

The home supported the National Dignity challenge which aims to contribute to promoting dignity and respect. The challenge involves embedding the 10 key principles across service provision to ensure people are experience dignity and respect in all areas of their care and support. The registered manager kept staff up to date with any changes in best practice and shared information regarding national and local initiatives relating to dignity. Information relating to dignity was displayed in the main foyer of the home for people to access.

Staff were clear about how people liked to be supported and we observed staff supporting people with kindness and patience.

One person displayed some anxiety and distress. Staff sat with this person and acknowledged how the person was feeling and talked to them in a calm manner. The care worker distracted the person sensitively, which helped to reduce their feelings of distress and anxiety.

We observed positive practice during the mealtime. Where people were having some difficulty, staff supported them discreetly and encouraged independence. The atmosphere was calm and relaxed and people were well supported.

We talked to staff about training they had completed in relation to equality and diversity. Staff told us about the training course. One care worker said, "The training was good, it made me think about people and their differing needs". "The training covered topics that related to culture and religion". Staff told us how they supported people with their religious needs and how some people had been supported to attend the local church. A Church of England minister also visited the home each week.

The service had received several complimentary letters and thank you cards from relatives and friends of people in the home, highlighting the caring nature of staff. All of which were displayed in the entrance area for people to view.

We asked staff about people using advocacy services and we were told no one was currently using the service. Information about advocacy support from external agencies was readily available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

At the time of inspection no one was receiving end of life care and support. There was documentation in place relating to emergency healthcare planning and staff had been trained in palliative care. A visiting Community nurse told us, "Staff have also done a really good job supporting people and their families with receiving palliative care".

Good

Is the service responsive?

Our findings

People told us that staff were always available to help them when they needed help. One person told us, "I press my bell and staff come and help as soon as they can". Another person said, "The staff help with anything I want".

One relative we spoke with told us that, "Staff are always around, nothing is a problem".

People had individual care plans in place with clear detail about how they preferred their support to be provided. Life story books and one page profiles were being used by the home. This information provided a combination of detailed information and 'at a glance' information about people's preferences and wishes, regarding their care and support. Staff told us about one page profiles; one member of staff described the document as, "A guide to help us to support people". Each profile provided information in relation to people's daily routines, likes and dislikes and how people preferred to be supported. This helped staff to ensure support was provided in each person's preferred way. Staff told us about how they involved people and their relatives with the development of life history and care planning information. One senior care worker said, "We talk to people and their relatives to build a picture and to help us with writing care plans and life history information. It can be difficult to get all information straight away, it takes time".

Other areas of care planning were specific to people's assessed needs and included care planning linked to areas relating to mobility, communication and capacity and decision making. Regular evaluations and reviews had been carried out which helped to identify any changes relating to people's care and support needs. One relative we spoke with told us, "I'm invited to any reviews for (name of relative)". Care planning information had been signed to indicate people's involvement and updated when there had been a change in a person's care and support needs.

Staff told us about the process of handover and how it was used to share key information regarding people's care and support needs. We observed the handover at the start and end of each shift. A handover sheet was used to record basic detail about each person, which supported staff to pass over the right kind of information to help with the consistent delivery of care and support.

People told us about the activities provided at Holmlea and said there was always something available to do. Staff told us about local singers who visited the home and one care worker said, "The singers go down well". Staff were involved with planning activities and told us about the kind of activities people liked. One care worker told us, "We try to plan activities that we know people like".

Another care worker told us about the visits to the home from the Discovery Zoo. She said, "Residents really love the zoo, they love being able to touch the animals". People told us about a local historian who visited the home who brought historical artefacts and items of local interest. The historian used the items as an opportunity for discussion and reminiscence .People told us how much they enjoyed this.

We talked with people about accessing community facilities. One person said, "We've been to the playhouse

in Whitley Bay, it was fantastic". Another person said, "I would love more opportunities to visit the theatre". A third person told us she loved to read, she said. "It is my passion". She told us about visiting the local library and said, "I would love to visit more often". We spoke with staff about the arrangements for supporting the person to fulfil her wishes. Staff told us, "We usually go out more when the weather is better, but we will look into getting (name of person) to the library".

Staff also planned seasonal events, summer fayres, for example, as well as other events such as St George's day, Easter and St Patrick's Day. Pictures of people participating in these events were on display and were well attended. We talked with people about special events in the service and one person told us, "They are great". One relative told us, "In the summer, the staff take them (people using the service) out".

Resident forums were held for people and their relatives. Items for discussion included the planning of activities and events. Records we looked at clearly demonstrated people being actively involved with activity planning, and with sharing ideas relating to the planning of events.
The registered provider was a member the National Activity Providers Association (NAPA) which is an association focussed on providing guidance and support and ideas in relation to the development and provision of meaningful activities for people.

The home had a complaints process in place. Complaints information was displayed in the main areas of the home and discussed informally during resident and relatives meetings. People knew how to raise any concerns if they were unhappy about their care and support or the service. Nobody we spoke with had any concerns. One person said, "I have no complaints here". A relative we spoke with said, "Any complaints I have I will just raise them, I don't have any".

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

Staff who worked in the service were well motivated and told us that Holmlea was a great place to work. People who used the service and their relatives spoke highly about the manager. They told us there was a homely atmosphere and the manager was around when they needed her. One relative said, "The manager is approachable". Another person told us, "She (manager) is lovely".

We talked with staff about how the home was managed. One care worker said, "The manager is great, she is very supportive" and "Morale is really good here". Another care worker said, "The manager is approachable".

Staff talked about how supportive the owners of the service were. One care worker said, "We get lots of support. I feel as though I can go to any one of the owners".

The registered manager had systems in place to ensure meetings were held with all staff. These meetings were planned to discuss and share information to support with developing staff practice, skills and knowledge, and to update staff regarding any changes relating to the organisation. We reviewed the records and saw topics for discussion included, person centred care, infection control, updates relating to staff practices, falls prevention and continence management. Other meetings were planned to discuss areas relating to health and safety.

A newsletter called the Sparkle was used by the home as a method of communicating to people and their relatives about the service. Regular residents and relatives meetings were held to consult with people and relatives about the service.

The service had robust quality systems in place to support with developing the service. The quality system included regular audits being undertaken in areas such as care planning, medicines, accidents and incidents, falls, the environment, complaints, health and safety and infection control. The provider also carried out monthly management reviews linked to the quality assurance system. These reviews were related to gathering the views of people living in the home and staff, a review of the environment and overview of any complaints. This process included the formulation of action plans, where any issues or deficits were identified. These were followed up each month to support with service improvement.

Annual questionnaires were sent out to people who used the service, their relatives and to members of staff. Information from these questionnaires was analysed and shared with people, this helped people to understand what the service was doing well and where improvements were needed. Information from questionnaires was found to be very positive. Staff told us the owners were proactive and always looking to

improve.

The provider information return (PIR) we received told us about their plans for development to improve the service. Such plans included changes to the quality assurance process to include the views of visiting professionals; development of the environment linked to best practice guidance around supporting people with a dementia related condition; supporting people to keep in contact with relatives who may be unable to visit their relatives. The service also planned to support people to use electronic communication programmes such as Skype. Skype is a software programme for use over the internet. The programme allows people to see each other and have a conversation with a person in real time.