

HC-One Limited

Holme Lea

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holme Lea is a residential care home providing personal care to up to 48 people. The service is based over 2 floors and has 3 units. The service provides support to people who have physical, mental health and sensory needs, people living with dementia and younger and older adults. At the time of our inspection there were 46 people using the service.

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

Medicines were not always managed safely. People told us they felt safe in the service. Systems and processes were in place to protect people from risk of abuse. The service had safe staffing levels. People and families told us there was enough staff. Staff were recruited safely; we made a recommendation to improve pre-employment checks. Systems were in place to identify and manage risk. Environmental checks were taking place. Infection control processes were in being followed.

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

Peoples' needs were assessed on admission. People had care plans in place to cover a range of needs. Staff received regular training and supervision. People had a positive mealtime experience. The service was monitoring and acting on weight loss. The service was making referrals to health professionals to maintain peoples' health.

People were treated with dignity and respect. Staff were described as caring by people and their families. People and families were involved in decisions around their care.

People had care plans that was individual to their needs. The service was aware of ways to ensure information can be communicated and accessible. People had limited activities however the service was proactive at trying to improve the wellbeing of residents whilst recruiting an activities co-coordinator. People and families know how to complain and told us the service was responsive to issues raised. We made a recommendation around ensuring all complaints are correctly logged.

Governance systems were in place but were not always effective. We made a recommendation around this. The service had policies and procedures in place to guide staff. The provider was aware of duty of candour responsibilities and was being transparent around areas of improvement. People and families provided positive feedback on the service and the management. Staff told us morale was variable within the team, however they felt the management was approachable and listened to them. Peoples' views were being sought and learning was being communicated.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 27 August 2021, and this is the first inspection. The last rating for the service under the previous provider was good (published on 17 May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to medicine management at this inspection. We have made recommendations around employment checks, logging complaints and around ensuring effective audits.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Holme Lea

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a medicine inspector and 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.

Service and service type

Home Lea is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holme Lea is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 6 relatives. We spoke with 8 staff members. These included, 3 carers, 1 senior, the deputy manager, the registered manager and 2 area directors.

We looked at 3 people's care records and associated documents. During the inspection we reviewed medicine administration records for 11 people and looked at medicines related documentation. We also looked at 3 staff files and training records, as well as records relating to the operation and management of the service. We undertook a tour of the building, observed medicines administration and their storage, and completed observations in the communal areas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not always made. Therefore, we could not be assured people had their drinks thickened. Following the inspection, assurances were given by the area managers that recording would be addressed.
- During the inspection, a medicine error was identified by the inspector. The manager took appropriate action.
- When there was an option to give a variable dose, for example 1 or 2 tablets, there was no information to support staff to know what dose to give. Therefore, people might not receive the medicine they require.
- We found there was not always information and/ or body maps to support staff to know where to apply topical preparation such as creams. Therefore, there was a risk creams were not applied to the correct area.
- The service completed audits; however, the audits had not identified all of the issues found during the inspection

We found no evidence people had been harmed. However, medicines were not safely managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately during and after the inspection. They confirmed all the actions identified from the inspection had been addressed.

- Medicines were stored securely.
- Reflective practice was being completed by staff when errors had been identified to reduce re-occurrence.

Staffing and recruitment

- The service was safely staffed. The service uses a dependency tool to assess the needs of people in the service to determine the level of care needed to keep people safe. Rotas showed the service was staffing above this level.
- People told us, "They've had a lot of agency staff recently, but generally there are enough staff" and "There are enough staff in the day, and I think there are enough at night too." Families felt there was enough staff but had noticed some staff shortages, "Sometimes the home can be short staffed, and they use agency staff."
- Staff felt there was enough staff to keep people safe, however they told us more staff would reduce

pressure on staff. They said, "I think we could do with an extra sometimes, such as floater to help out if needed. Especially when fully occupied, but people are safe" and "I feel that people are safe, as you make it work, but it should be considered [increasing staff numbers on one unit]."

- We reviewed a call bell audit and observed the majority of call bells were answered promptly however several entries had long delays. The registered manager explained anomalies in call times could be due to staff not switching off buzzers after they respond. He regularly reviewed the information and discussed delays with staff.
- Staff were recruited safely. Appropriate checks were being completed prior to employment. This included Disclosure and Barring Service checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Gaps in employment history were being explored however, only the years of employment were recorded. This reduced the effectiveness of this check as candidates could have significant gaps within the years recorded.

We recommend the service ensures gaps are fully explored in line with guidance around safe recruitment practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from abuse. The service was submitting safeguarding concerns and recording investigations. The service was identifying learning both within the home and from other homes within the provider's business. Measures were put in place to prevent re-occurrence of incidents.
 - People told us they felt safe in the service. They said, "I feel safe because of the carers here." And "I am safe here." Families told us their relatives were safe, they said, "[person] seems safe and happy with the care that [they] receives."
 - Staff were able to recognise signs of abuse and were aware of how to escalate concerns.
- Assessing risk, safety monitoring and management
- Systems were in place to assess and manage risk. Individual risks were being assessed and monitored. People had risk assessments around their health and social needs.
 - Environmental checks and certificates were being completed. Recommended work from annual services and inspections had been completed and the service maintained regular monitoring of the environment and equipment.
 - Fire drills were occurring. The service had acted on feedback from the fire service around increasing the frequency and varying the times of the drills. This had been incorporated in the home action plan.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with national guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Peoples' needs, and choices were being assessed, Pre assessments were completed and capturing peoples care needs prior to coming into the service.
- Care plans were in place and covered a range of care needs. We observed one care file required updating to reflect a recent change to the person's health. The registered manager confirmed this had been done during the inspection. One person's turning records did not show entries in line with assessed needs. The registered manager gave assurances around increased oversight of turning records.
- People told us they had choice over their routines, they said "I can have a shower when I want." Relatives felt people's wishes and needs were met. They told us, "Staff seem to effectively meet [person's] requests and needs."

Staff support: induction, training, skills and experience

- Training and supervision were being provided. The service has a broad range of training, including dementia training and service specific such as falls. Competency assessments were being completed in areas such as moving and handling.
- Staff told us they had enough training to perform their roles. They said, "I feel I have enough to do my job." And "I think HC one provides a variety of training, there are a lot online and some face to face."

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

- Peoples diet and nutritional needs were being met. Weights were being recorded through nutritional tools and referrals were being made where people had weight loss. The registered manger was observing weight loss across the service to look for trends and themes.
- Diets and fluids were being recorded. We did observe records could be improved. Thickener agents were not being clearly recorded when used (see safe section of the report) and dietary entries could contain more detail. During the inspection, the registered manager shared an improved template for recording.
- People and families provided positive feedback on the meals. People told us, "The food is cooked here on the premises, and they serve good portion sizes" and "The meals are nice here. They give big enough portions. We have homemade food; it is tasty. I have plenty to drink." Families also commented on the food. They said, "It is home cooked food and seems good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- Evidence was seen of referrals to health professionals when people's needs changed.

- Oral health care plans were in place and reviewed. Evidence of ongoing preventative health assessments were seen, such as opticians and podiatry.
- People and families told us they had access to health professionals. People said, "The home makes referrals. They have a visiting chiropodist, but I do my own toenails" and families told us, "I think that [person] current healthcare needs are being met effectively. I know there is a podiatrist, which is charged as an additional service. The home took [person] for their ears to be syringed yesterday. The home rang me to confirm the appointment."
- Signage around the property was in place to help orientate people living with dementia. Coloured toilet seats were in some people's rooms.
- People were able to personalise their bedrooms and bring in their belongings.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA was being considered a DoLS tracker was in place. This recorded whether DoLS were in date and if they had a condition attached to ensure the registered manager had oversight.
- Decision specific MCA and best interest documents were in place in peoples care files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and families told us the carers were generally kind and caring in their interactions. People said, "The staff are generally caring. They seem polite and respectful." Families also said, "The staff allow residents to have privacy in their own rooms when they wish for this. We've also been treated with dignity and respect, as well as [person]" and "[carer] is lovely and sings with [person]. The carers' approaches are individualised and caring."
- Families told us the service was maintaining peoples' independence. They said, "[person's] independence is being supported well" and "The regular staff do try to keep [person] independent..."
- Training was being provided around equality and diversity and dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People and families were involved in decisions around their care. We viewed records of reviews with people and their families where they were asked their opinions. Person of the day was being completed and this promoted staff to focus on the experience of care for the identified person and their views were sought around their care delivery.
- People and Families told us the service consulted them and their loved ones. They said, "Carers will ask if [person] wants to have time in private with me, [person is] always consulted about things" and "The home has involved us in decisions about [person's] care."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- A complaints log and policy was in place. Not all concerns had been recorded, although evidence was provided to show that the service had responded to the concern in line with the policy.

We recommend the provider ensures all complaints are recorded to help identify themes and trends and identify any areas of learning.

- Families told us they knew how to complain, and the service had been responsive, "I have complained to [registered manager] about [person's] weight and he's doing something about it." Others advised they have no concerns with the service, "I have no reason to complain. I've only praise for the staff and their care. They really do go above and beyond the call of duty" and "I would speak with [the registered manager] if needed, but I've never had the need to."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans personalised to their needs. Risk assessments and care plans reflected individual needs. Peoples' preferences around meals and drinks were recorded. We observed how plans could be improved to ensure peoples personalities were fully reflected. The registered manager was able to show that this was an identified action for the service, and they were looking at improving their records.
- Families told us care was personalised. They said, "They tailor-make care to residents' needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of AIS and has implemented research findings to incorporate coloured paper to communicate key information to people living with dementia.
- Communication care plans were in place. This recorded how people were able to communicate and ways staff could support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was actively trying to improve wellbeing and social engagement for residents. At the time of

the inspection, there was no activities co-coordinator in place, and this had impacted activity provisions. The registered manager had devised a temporary system to encourage staff to work as a team to deliver creative activity provisions whilst they were recruiting into the activities position.

- Mixed views were given from families around activities. One said, "I've not been aware of daily activities going on recently. The activities' coordinator left. Most days there are no activities on in here." Another family member said, "They are doing some activities, but there isn't a dedicated activities' coordinator. There will be a Mother's Day activity this next weekend. They text me about any activities. They are trying their best and they do try to involve families in any activities which is good."

End of life care and support

- End of life was being considered and care planned. People had appropriate documents in place around their end of life support.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems were in place to oversee the service. Regular audits were taking place across the home. We did observe the medication audit was not effective at identifying the issues we picked up on during this inspection, please see safe domain.
- The home had a live action plan system and actions identified were transferred onto this system. It was not always possible to see whether actions had been addressed on some of the documents seen. This appeared to be an oversight and was addressed during the inspection.
- Policies and procedures were in place and up to date.
- The area directors for the provider maintain a good level of oversight. They regularly attend the service and complete audits on a monthly basis.

We recommend the provider ensures all audits are effective at identifying concerns and capturing actions.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People and families provided positive feedback on the service and management. People said, "I would recommend this home to others because I've been treated well here." Families told us, "There is good interaction with [registered manager]. He has a lovely manner with residents too. He treats residents living with dementia well and understands how to approach them effectively" and "I would recommend this home, especially because [person] has been so happy there. I have felt and feel reassured by their care of [person]."
- Mixed views were given by staff around morale. Some staff explained how the shift can be impacted by some staff not supporting each other, others felt the service was improving in terms of the atmosphere following the introduction of new starters. The registered manager was trying to build team morale and understanding through a programme whereby staff shadow colleagues in different roles for the day to improve learning.
- Staff generally provided positive feedback around the registered manager and the area director team. They said, "[the registered manager] is approachable as a manger and listens" and "I can go to [registered manager]. He does his best to help and sort things. I can go to the providers too."

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;

- The registered manager and provider was aware of duty of candour responsibilities. A duty of candour policy was in place. The registered manager and area directors were very responsive to feedback during the inspection and implemented changes where improvements have been identified.
- Notifications of incidents and events were being submitted to the CQC appropriately. We observed evidence of the registered manager escalating concerns around a medication error during the inspection and he was aware of the reporting processes and procedures.
- Families told us the service was transparent when things went wrong. They said, "What I like about the home is that they admit to any mistakes. For example, when [a medication error occurred] they let me know and informed me that they were changing procedures because of this. They seem open and transparent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Views of people, families and staff were being sought and information was being used to promote change and learning in the service. The service had completed questionnaires with people and their families and had displayed the themes and trends through a 'you said, we did' board.
- Meetings with families and relatives had previously taken place however this had been stopped following the departure of the activities co-coordinator. The registered manager confirmed these meetings will be reintroduced when the new wellbeing worker starts the post.
- Changes in the service were being communicated through visual displays on the walls, including work around fall reductions and programmes in the home.
- Staff meetings were taking place. Daily 'flash meetings' also occurred. Staff told us this was helpful to communicate key information. They said, "we always have flash at 12. They are helpful as they give updates and makes sure staff are OK on the lounges."
- Evidence of working with health professionals was seen within care files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not being protected because the provider had failed to ensure systems were in place to ensure the safe management of medicines. Regulation 12 (2)(g)