

Wessex Care Limited

Holmwood Care Home

Inspection report

30 Fowlers Road
Salisbury
Wiltshire
SP1 2QU

Tel: 01722336933

Website: www.wessexcare.com

Date of inspection visit:

20 April 2023

21 April 2023

Date of publication:

27 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holmwood Care Home is a residential care home providing accommodation and personal care for up to 21 people aged 65 and over. At the time of the inspection there were 20 people living at the home.

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

People and their families told us that they felt they lived in a "real home", and they felt people were supported well.

There were enough staff to support people in a caring and person centred way. We saw call bells were responded to quickly.

There were audits in place to review the care of people. The provider reviewed the care audits to ensure they learnt from them.

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.

The service was led by the provider and management team in a responsive way. They acted immediately to any areas of concern raised during the inspection and drove improvements.

Staff recruitment was not always in line with current legislation. We discussed this with the registered manager and the business director, and they took immediate steps to address this.

Issues were found with fire risk management. The registered manager and the business manager took immediate steps to address this during the inspection.

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

Rating at last inspection

The last rating for this service was good (published 28 May 2020).

Why we inspected

The inspection was prompted in part by notification of an incident where a person using the service sustained a serious injury and an incident where someone who was put at risk. The information shared with Care Quality Commission (CQC) about these incidents indicated potential concerns about the management of risk. This inspection examined those risks.

We undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Holmwood Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 undertaken by 2 inspectors on site and 1 working from an office and an inspection planner who made calls to families.

Service and service type

Holmwood Care Home 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. Holmwood Care Home is a care home providing personal 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 were 2 registered managers in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service since the last inspection. 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 5 people residing at the home and 8 relatives about their experiences of care received. We also spoke with 9 staff, the registered manager, the operations director, the business director, the maintenance manager, the catering manager and 2 professionals. We reviewed care plans and risk assessments, medicine records, health and safety records, 4 recruitment files and the providers policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good rating. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had effective risk assessments in place for risks such as falls and smoking.
- People's relatives told us that they felt they were supported safely. One relative told us "They feel safe with the staff".
- People's preference on how to take their medicines was recorded and there was a good level of detail to ensure the person took their medicines as they chose.
- People and their relatives told us that staff worked well. One person told us, "They are really good, all of them" another said, "They (staff) seem to be chosen for their qualities with people".
- One person had been identified by a medical professional as needing a specific diet. However, this had not been embedded. Since the inspection the registered manager has reviewed how they support the person with their diet to ensure they receive appropriate support.
- One person had risk which could lead them to harm themselves. The registered manager appropriately referred this person to their GP to seek guidance about how to manage and mitigate the risks. Welfare checks were increased, however, following an incident in the house the provider had demonstrated reflection and learning.
- Some people's emergency evacuations plan (PEEPs) had not been fully completed and were missing detail on how to safely support them if they needed to evacuate. This meant they were at risk of slow evacuation in the event of a fire. The provider reviewed peoples PEEPs during the inspection to include more detail.

Using medicines safely

- People's medicines were usually managed safely with detail about needs and preferences recorded, People medicines were usually managed safely with detail about needs and preferences recorded. One person did not have appropriate guidance recorded on the electronic medicine system (E-MAR) as to when to use their medicines, however this information was available on their electronic care plan. This placed the person at risk of avoidable harm as they may not receive their medicines as prescribed. The provider took steps to amend the guidance during the inspection.
- People's preferences around how to take their medicines were documented in a clear and person-centred way.

Staffing and recruitment

- Staff had Disclosure and Barring Service (DBS) 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.
- Not all recruitment documents were available to the inspectors during the inspection. The business director ensured that full employment records were sent to the CQC after the inspection visits.

Systems and processes to safeguard people from the risk of abuse

- There were systems to ensure people were safeguarded from the risk of abuse. This included staff receiving safeguarding training and refresher training regularly.
- Staff told us they received safeguarding training and could explain what they would do if they had concerns about a person.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 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 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 able to have visits from relatives and friends without restrictions.

Learning lessons when things go wrong

- There was a record of incidents and accidents which were reviewed for themes and trends to try to reduce a recurrence of issues.
- The operations manager told us they strived to learn from incidents.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were completed safely by the registered manager to oversee the quality of care. These included audits for falls, pressure ulcers, and weight management. These enable the registered manager to have an overview of people's health needs to support them safely.
- Neither the provider nor the registered manager had identified the fire safety shortfalls we found at this inspection, however they took immediate action to remedy this.

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

- The registered manager ensured that people had person centred care plans with comprehensive information about their likes and dislikes.
- Staff had been trained in person centred support and were able to demonstrate this support in practice during the inspection.
- The operations director told us empowering people was very important and they always considered how to ensure people were supported appropriately.

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 told us they understood their responsibility under the duty of candour.
- During the inspection the nominated individual demonstrated their understanding under the duty of candour by offering an apology to relatives for something that had occurred.

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

- Staff told us they attended regular supervision and team meetings where they could feedback to management.
- The provider sought feedback from people and their relatives on a quarterly basis, they told they used this feedback when looking at service development.

Continuous learning and improving care

- People and their relatives told us that the manager "went over and above" when engaging with them.
- The provider told us they always strive to develop and learn to ensure they provided good care.

- Staff told us they received good quality training that was a mixture of face to face and online training.

Working in partnership with others

- Staff worked with a range of professionals. We were told there was a good working relationship between the home and themselves.
- One professional told us that staff were pleasant and engaging and that the registered manager was open to suggestions about ways to work.