

Age Concern Manchester Holmfield Care

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

Holmfield Care is a residential care home providing personal care to up to 24 people. The service provides support to older people, some people were living with dementia. At the time of our inspection there were 21 people using the service.

People's experience of the service and what we found

We were assured people received care and support based on their needs. A positive person-centred culture was promoted within the service. People and staff thought highly of the service and management.

Medicines were managed safely. Medicines that required stricter controls were recorded correctly. The room temperature in the medicines room was warm, the registered manager confirmed they would address the room temperature to ensure people's medicines were not impacted by the warm room temperature.

Care plans were person-centred and guided staff to meet people's needs. People's communication needs were met. People were able to take part in activities provided by the service.

Aspects of the home were tired and in need of refurbishment. We have made a recommendation about updating the environment and implementing a refurbishment schedule.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular staff and residents' meetings were held, and feedback was also sought from people about the service.

Systems and processes were in place to protect people from the risk of infections and people were supported to receive visitors when they wanted.

The provider supported people appropriately with end-of-life care and liaised with the GP when people's end of life needs changed. Staff were recruited safely and there was enough staff on duty to meet people's needs in a timely way.

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 and were followed by the provider in line with the Mental Capacity Act.

Staff were provided with an induction and training relevant to the needs of people living at the service. People told us they enjoyed the meals on offer and choices were available. There was a calm atmosphere during mealtimes with staff respectfully asking people if they needed support before intervening.

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 6 March 2018).

Why we inspected

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

Recommendations

We have made a recommendation about the improvement and refurbishment of the environment.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Holmfield Care

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.

Inspection team

The inspection team consisted of 1 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

Holmfield Care 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. Holmfield Care 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

The 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 and professionals 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 4 people who used the service and 4 relatives when we visited the service. We also spoke with 6 members of staff including the registered manager, the deputy manager, the chef, 1 senior care worker, and 2 care workers. We also spoke to 1 visiting health professional.

We reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 3 staff recruitment files, as well as a variety of records relating to the management of the service were reviewed. In addition we carried out a visual inspection of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received training and understood the actions they must take if they felt someone was being harmed or abused. One staff member said, "We are like a family here, if we witnessed abuse, we would immediately report it."
- The registered manager recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Prior to our inspection the fire service inspected the home and identified a number of shortfalls connected to fire safety. The provider invested in the home to ensure they were fire compliant. The fire service re-inspected in April 2023 and were satisfied all outstanding actions had been addressed.
- Risk assessments guided staff to support people in line with their current needs. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People and their relatives felt there were enough staff. One person's relative said, "There always appears to be plenty of staff on duty."
- Staff were safely recruited. Appropriate checks had been made before applicants were offered employment.

Using medicines safely

- Medicines were safely managed. Records of administration were maintained and in line with best practice. This included when people were prescribed creams.
- Medicine Administration Record (MAR) sheets were completed appropriately. These sheets stated people's medicines, their dosages, when people should take them, and any allergies people had. MARs were audited for consistency and to pick up errors; ensuring people had taken their medicines.
- The room temperature in the medicines room was warm and often exceeded 25°C. Some medicines need to be stored below 25°C to ensure they are not spoiled. The registered manager confirmed they would address the temperature in the medicines room.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- A relative told us, "The bedroom is always clean and tidy."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Incidents were discussed with staff to help identify where improvements could be made in the future. A member of staff confirmed, "The manager will often share learning in team meetings following any incidents."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The design and layout of the service met people's needs.
- Parts of the environment in the home appeared tired, and in need of refurbishment. We found some of the carpets in the home were worn and paintwork was chipped in places. The registered manager explained the provider did the best they could with the budget they had.
- The open-plan layout of the lounge and dining area, and easy access to the garden, meant people were able to socialise freely.
- People's rooms were personalised to their own taste and contained furniture and possessions which belonged to them.

We recommend the provider reviews the environment and implements a refurbishment plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the care home. This gave people and the provider assurance that people's needs could be met.
- Assessments contained information about peoples' needs and preferences, what their requirements were and what was important to them. This information formed the foundation of people's care plans.
- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs.
- Staff spoke positively of the training they received, which they said was regularly updated. A staff member told us, "Training is good, the manager always keeps a close eye on where we are up to with the training."

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

- People's nutritional and hydration needs were met. Meals and drinks were served regularly throughout the day.
- Care records detailed whether people needed any support with eating and drinking. We also saw that people were consulted in menu planning for the week. Records detailed people's food likes and dislikes.
- People were offered a choice of food and people were confident staff knew about any food allergies and

would provide alternative meals if needed. One person told us, "The food is very good here the chef's food is top quality and today it was superb, the salmon was lovely."

- We observed staff supporting and encouraging people to eat and drink regularly. Snacks and drinks were always available and the mealtime experience was sociable and relaxed.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- We spoke briefly with 1 visiting health professional who provided positive feedback on responsiveness and communication of the home.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- People's care records evidenced advice from health and social care professionals being followed by staff.

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 with appropriate legal authority.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes. The provider was working in line with the Mental Capacity Act 2005.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were well supported. We observed staff were attentive to people's requests for support and feedback from people and families was positive. One person's relative commented, "All the staff are very caring and polite and the atmosphere is like living at home with plenty of people to talk to and staff around who support if needed." Another person's relative said, "I can visit, and the staff and management always make me feel welcome."
- We observed warm and positive interactions between staff and the people they supported. One member of staff explained, "We care very much for our residents, and I feel we are like a little family."

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

- People were supported to express their views and make decisions about their care.
- People and families felt involved in developing care plans and contributing to reviews of care. One person's relative told us, "If we need to ask the staff anything they are open and honest and take time to answer any questions."
- Staff were observed seeking people's permission prior to all care and support being provided.
- The provider held details about family members who held legal authority to make decisions about a person's care should they not have capacity. The registered manager understood when to access advocacy services should people need someone to advocate on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- During the inspection we observed a person have a fall due to their medical condition. Staff were quickly on hand to provide support and reassurance to the person. This was done in a professional manner while respecting the person's dignity.
- Care plans were in place which considered what people could do for themselves and what they needed additional support with. Staff were seen supporting people to remain as independent as possible.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The provider had processes in place to support people with end-of-life decisions. There was no one receiving this type of support at the time of inspection.
- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support and work alongside the service.
- Staff received training in end-of-life care and the registered manager was passionate about delivering high quality end of life care and had received platinum accreditation with the Gold Standards Framework (GSF). The GSF is a practical and evidence-based end of life care improvement programme.

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

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs, their life histories and preferences.
- Staff had a good understanding of people's needs and told us they were kept informed of any changes to people's care and support through daily meetings.
- Care plans were kept under constant review and were updated in a timely way to ensure they were up to date.

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.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- We observed people taking part in activities in a communal area and also on a one-to-one basis. We saw

people smiling and being able to make choices with their participation with activities. We were shown photographs of recent events where people had participated in activities.

- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, church representatives visited the service, so that people could observe their faith.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question had remained the same. This meant the service was consistently managed and well-led.

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

- There was a positive and open culture at the service. People and staff spoke very positively about the culture of the home. One person told us, "I love it here the staff always chat to me there are lots of people to talk to."
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.

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

- Systems were in place to identify and manage risks to the safety and quality of the service.
- The provider had a clear management structure who monitored the quality of care to help drive improvements in service delivery. The registered manager was supported by two deputy managers.
- Systems were in place to analyse and review information, including risks relating to people's safety and quality of care, which were shared with the staff team as part of lessons learnt, to support staff's understanding and knowledge and improve people's care.
- We received positive feedback about the management team from people and staff. One person told us, "I would describe the home as very good the staff are great and the food is excellent. I am happy here."

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- There was an inclusive approach to seeking the views of others to shape the service provided, which included seeking the views of people, their relatives and staff. Information gathered through surveys were used to respond to both people's individual and collective comments.

- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team and the management team.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with external organisations to support holistic care provision.
- The registered manager, management team and staff worked collaboratively with partnership organisations, which include the local authority, safeguarding teams and health care professionals to support the delivery of good quality care for people.
- Staff were supported to develop and maintain professional practice, which included named staff whose role as a 'Champion' was to advocate best practice in specific areas of people's care to promote, health, wellbeing and safety. For example, 'oral health champions' encouraged and worked alongside staff to promote good outcomes for people.