

Milelands Limited

Holme House Care Home

Inspection report

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Cleckheaton
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Tel: 01274862021

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10 February 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Holme House Care Home accommodates up to 68 older people, including people living with dementia in one adapted building over three floors, each of which has separate adapted facilities. At the time of the inspection two floors were in use and 43 people were using the service.

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

The registered provider had effective systems of governance in place to maintain and improve the quality and safety of the service.

Staff were supported with role specific training and supervision, to ensure they had the knowledge and skills to support people.

People received their medicines as prescribed.

Feedback about whether there were enough staff to meet people's needs was mixed. People's needs were met in a timely manner during our inspection.

Safe systems of recruitment were followed to ensure staff were safe to work with vulnerable people.

The home was clean, with additional cleaning being completed during the COVID-19 pandemic. Measures were in place to ensure people were protected from the spread of infections. Staff had received recent training in infection prevention and control (IPC), including how to put on and take off their PPE in a safe way. An individual issue with PPE use was addressed by the manager. Regular observations were completed to ensure staff followed good practice guidance.

People told us they felt safe and staff we spoke with had a good understanding of how to safeguard adults from abuse.

Accidents and incidents were reviewed to ensure appropriate action had been taken and lessons had been learned to reduce the risk of a re-occurrence.

Staff were knowledgeable about people's needs and people and relatives told us the staff were caring.

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.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 06/05/2020) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At this inspection the service remains rated requires improvement overall and safe and well led have improved to good.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 15 January 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same as requires improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holme House 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 Care Act 2014.

The service did not have a manager registered with the Care Quality Commission. The current manager had applied to register with CQC, however their application was not yet concluded. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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

This inspection was carried out by two inspectors and an Experts 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

Holme House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced at very short notice. Inspection activity started on 18 January 2021 and ended on 10 February 2021. We visited the home on 18 January 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health commissioners. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We observed care to help us understand the experience of people who could not talk with us. We spoke with eight relatives on the telephone. We spoke with seven members of staff including the manager, a nurse, activity coordinators and care workers.

We reviewed a range of records during and after our visit to the home. This included eight people's care records, multiple medication records and two staff recruitment and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and supervision data, staff rotas, quality assurance records and policies and procedures. We received further feedback from the local authority infection prevention and control team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we made a recommendation about ensuring medicines administration practice was up to date and followed NICE guidance. At this inspection we found improvements had been made.

- 'As required' medicines protocols had been completed and topical creams were recorded as administered.
- Staff involved in handling medicines had received training and competence assessments to ensure they had the skills and knowledge to fulfil their role.
- Medicines were received, stored, administered and disposed of safely. There were three gaps in the medicines room and medicines fridge temperature checks in January 2021. The temperatures that were recorded were within the safe range. The manager addressed this straight away.
- Regular medicines audits were completed, and action taken to prevent medicines errors.

Staffing and recruitment

At our last inspection we made a recommendation that the registered provider review the staffing levels on the nursing floor to ensure timely person-centred care is always delivered to meet people's assessed needs. The provider had made improvements.

- Staffing levels were regularly reviewed and adjusted and we saw dependency assessments used to calculate the number of staff on duty.
- The service was adequately staffed. Most staff told us there were sometimes insufficient staff when there was last minute staff sickness. Comments included, "Mostly enough staff, however due to sickness sometimes short. We always ensure everyone is cared for and get what they need." And "Most of the time we have enough staff. If someone phones in sick it's unavoidable." The provider told us they contacted agencies, however staff were not always available at short notice.
- We observed staff responding to people's needs in a timely manner, although staff were busy, and care was delivered in line with people's care plans.
- Most relatives told us they thought there were enough staff and some felt there had been shortages due to the pandemic.
- The provider continued to recruit to vacant posts and staff were safely recruited.

Assessing risk, safety monitoring and management

At the last inspection fire drills had not been regularly completed. At this inspection improvements had been made.

- Staff knew what to do in the event of an emergency and there was a record of how each person should be supported if the building needed to be evacuated. Staff had received fire safety training.
- Risks to people's safety were assessed and recorded. Appropriate equipment was in place, such as motion sensors to reduce the risk of falls.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives told us any concerns were acted on. One person said. "I have a nice room. Staff are perfect. Everything is nice."
- Relatives comments included, "My relative is comfortable and safe; they are less agitated and aggressive. It seems as if my relative knows they are safe there. I would rate here as eight out of ten." "My relative did fall out of bed and they immediately put sensory mats in place; my relative also gets up during the night." "As far as I can see my relative is safe. We have had a few chats and hasn't grumbled or moaned about anything. I have seen my relative once since they moved here. They looked happy and well. We have Zoom calls but not often, I try to do it."
- Staff knew the potential signs of abuse and what to do to report any abuse. The provider had an effective system in place to report and act on allegations of abuse when they arose.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. One new staff member removed their mask without social distancing. This staff member and another staff member were unclear when asked about the correct donning and doffing procedure. The manager addressed these issues straight away. We did not observe any poor practice with donning and doffing PPE.
- We have signposted the provider to resources to develop their approach.
- Staff had received training in IPC. Recent training in donning and doffing was repeated with staff to ensure they were clear about the procedure to follow.
- We saw regular spot checks on staff use of PPE had been completed and action taken when required to ensure staff complied with good practice guidance.
- People and relatives told us staff wore masks, gloves and aprons to prevent the spread of infection.
- The home was clean, with additional cleaning being introduced due to the COVID-19 pandemic.

Learning lessons when things go wrong;

- Staff recorded and reported all incidents and took appropriate action to prevent them from happening again and the provider reviewed incidents to look for patterns.

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 as inadequate due to repeated requires improvement ratings in this domain. At this inspection this key question has improved to 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; Continuous learning and improving care

At our last inspection the provider was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate records were not always kept.

At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- A new manager had commenced employment in April 2020 and all issues from the last inspection had been addressed.
- An effective overview of fluid intake and output was in place to ensure risks were monitored and reduced.
- 'As required' medicines protocols were in place and the application of topical creams was clearly recorded.
- Supervision was provided to staff to ensure they received appropriate support necessary to enable them to carry out their duties effectively.
- The CQC had received notifications that providers must send to us in a timely manner.
- Senior staff completed observations in relation to medicines and infection prevention and control.
- The management team completed audits and the provider had oversight of the quality and safety of the service.

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

- People we spoke with were happy with the care provided. One person said, "It's alright here. The staff are nice they help me, yeah. I like it here."
- Staff were knowledgeable about people's needs and people and relatives told us staff were caring and worked hard to deliver person centred care. We observed kind and caring interactions on the day of our inspection. One relative said, "When I visited it was smashing and the people were great. I did have a weeks' respite there myself and was looked after. I trust them. There was a complaint and it was sorted out immediately. I have no concerns because I ring every day. The best thing about it is they are a good team."

- Most relatives we spoke with felt the service was well led. Comments included, "The new manager seems to be a good manager. I did see my relative for the first time since March in the Pod they have made." "I don't know who the manager is. I just see the normal staff, the cleaners and the nurses. I have no concerns and my relative is treated fine. If I thought that they weren't, I would complain straight away to the senior person." "I see my relative on the phone [zoom], one of the nurses [named] does it. My relative looked well on the phone. Staff spend time with my relative. They have agency and temporary staff which worries me. The new manager [named] is on the ball." "I would like better communication. Hopefully we will have a video call if my relative is up to it. I did get a letter about being tested and then visiting. I can't fault the two (named) nurses." "I have window visits and it looks clean and tidy. I have no concerns. My relative seems comfortable."
- Feedback from staff about whether the service was well led was mixed. One staff member said, "There is a new manager and new systems which has helped to improve things in the home."

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 provider and management team understood their responsibilities and acted on the duty of candour. Relatives told us they were kept informed of any incidents that occurred.

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

- Most relatives told us managers were responsive if they had any concerns and took the necessary action to address them. They told us they had been involved in agreeing and reviewing their relatives care needs and had been consulted about decisions where appropriate. One relative said, "The staff ask for my permission for my relative to be Covid tested and also my permission to have the Covid vaccination which they had."
- The provider had not recently requested feedback from residents and relatives. They planned to conduct a survey in the weeks ahead.

Working in partnership with others

- The management team worked in partnership with community professionals and organisations to meet people's needs.