

Ashberry Healthcare Limited

# Holmer Court Residential Home

## Inspection report

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## 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

Holmer Court Residential Home is a residential care home providing accommodation and personal care for up to 33 people aged 65 and over in a large adapted building. It specialises in supporting older people and people who are living with dementia. At the time of our inspection, there were 31 people living at the home.

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

People's safety was promoted by staff who knew how to recognise and report any concerns to keep people safe from harm and systems were used to learn from incidents.

Risks to people's individual health and wellbeing were assessed and their care was planned to reduce the risks. Medicines were stored, administered and disposed of safely.

The provider had established recruitment procedures, so people were not placed at avoidable harm by potential staff who were unsuitable to provide care. There were enough staff to support people's care and safety needs. Staff had received the training they required so people would be supported by staff with the skills needed to provide care and support. People were complimentary about the support staff provided and told us staff knew them well.

Changes had been made to the service during the pandemic to help reduce any risk of infection. We had no concerns about the infection prevention and control practices of staff.

People who lived at the home and relatives did not have any concerns regarding infection prevention and control practices and told us they found the home environment to be clean.

The registered manager had been in post since the last inspection and promoted a culture of positivity and openness. The provider had a clear management and staffing structure in place and staff worked well as a team.

The registered manager was keen to make continual improvements based on feedback from inspections and quality checks. The provider and registered manager had established a range of quality checks which were regularly completed to make sure people continued to receive quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 February 2020).

### Why we inspected

We received concerns about various aspects of the service. This included unsafe care for people and staff training. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holmer Court Residential Home on our website at [www.cqc.org.uk](http://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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Holmer Court Residential 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.

As part of this inspection we also 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 visit was undertaken by an inspector and assistant inspector. Two inspectors supported the planning of the inspection, talking with relatives and staff by telephone and report writing.

#### Service and service type

Holmer Court Residential 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection visit, we looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

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.

#### During the inspection

We spoke with six people who lived at the home about their experience of care provided. We also spoke with a relative and a friend of a person who lived at the home by telephone. We saw communication between people who lived at the home and staff together with support provided.

We talked with 10 staff members including the quality and compliance manager, registered manager, deputy manager, housekeepers, activities coordinator, team leader and care assistants.

We looked a range of records. This included sampling four people's care records, multiple medication records, staff recruitment, safeguarding documentation and accident and incident records.

#### After the inspection

We spoke with a relative and staff member by telephone. We continued to seek clarification from the registered manager to validate evidence found. This included looking at staff training data and processes in relation to oversight of governance and quality checking documentation.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to raise any safety concerns they may have and to understand how to keep safe.
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

Assessing risk, safety monitoring and management

- People described how staff supported their needs with safety in mind. One person told us staff always made sure they used their walking aid so the risk of falling was reduced. Another person was assisted by staff to be safely positioned and as comfortable as possible in their chair.
- Relatives and a friend of one person were also positive about the staff team and the level of care they provided. A relative told us staff, "Keep [person] really safe. They [staff] are passionate about looking after [person]." A friend told to us they were confident the person was safe and highlighted how staff had supported the person's safety by utilising equipment.
- People's care records included plans for assessed risks to provide guidance for staff and were regularly reviewed. Staff used this knowledge when supporting people. For example, when people needed assurance and comfort to reduce the risks to their mental and emotional wellbeing.
- Staff understood how to identify and manage risks to people's health, safety and welfare. This included meeting people's physical needs by using various pieces of equipment in line with their care plan, so people's needs were safely met.
- Although staff had good knowledge of how to support a person's safety in an area of the home this had not been written into a risk assessment. When raised with the registered manager they acted immediately to rectify this. This shortfall had not impacted on the persons safety.
- Checks to the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Staffing and recruitment

- People told us they were promptly supported by staff when needed whether it was during the day and or at night.
- When we spoke with relatives, they had no concerns about staffing arrangements and felt people's health and social needs were met. A relative told us, "[I am] really, really happy with the care [person] is receiving."
- Staff commented they felt staffing levels were appropriate to meet people's individual needs safely.

- The provider and registered manager had arrangements to ensure enough staff were deployed to support people's needs. This included regularly auditing call bell response times to make sure these continued to be answered in a timely manner.
- The provider had a dependency assessment tool used to aid in the calculation of required staffing numbers and staffing rotas were planned.
- We looked at three staff recruitment files and found the provider continued to check the suitability of potential staff to care for people who lived at the home.

#### Using medicines safely

- People's medicines were managed by staff trained to do so with their competencies regularly checked. This had a positive impact for people as staff had maintained accurate medicine records to show people received their medicines safely and as prescribed.
- Medicines were stored securely, disposed of safely and newly delivered medicines were checked and documented prior to being given to ensure people's safety.
- Where people received medicines 'as required', there were clear guidelines in place about when these medicines should be taken, and the reasons they may be required recorded.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed for the purpose of identifying any concerns with actions for improvement recorded.
- Some prescribed creams and a liquid medication that had a shortened, "Do not use after [dates]" were still being used. They were however still within the manufacturer's expiry date. When this was raised during the inspection the registered manager took immediate action. This included obtaining a new stock of the expired medicines on the day of the inspection and procedures were put in place to prevent this from happening in the future. This oversight was contributed to the change in the audit due to the pandemic and had not impacted on people's safety.

#### Learning lessons when things go wrong

- Accidents and incidents were studied and analysed to identify any patterns and review measures to prevent reoccurrence. Where learning from events was identified, this was shared with the staff team through meetings, training and general communication.
- Any event or incident was seen an opportunity to reflect on practice and continually improve outcomes for people.

#### Preventing and controlling infection

- People told us the home environment was kept clean.
- The home environment was clean and well maintained with continuous improvements made to redecoration. One door required painting, so this remained a hygienic surface. The registered manager acted immediately to make sure this was completed.
- The provider's kitchen had been assessed by the local food standards in November 2019 and had received a grade 5 rating. This reflected hygiene standards were very good and comply with the law.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 home, where staff and management alike wanted people to receive the best outcomes in their care. People and relatives valued this and felt care was well managed. A relative told us, "The management is excellent. The [deputy manager] is also brilliant. [We] tried to find [a] home to replicate the kindness [person is] used to and we found it. It's fantastic. I'm really happy that [person's] really happy."
- Staff were confident in the management team and felt valued in their caring roles. One staff member told us, "The [registered] manager is firm but fair, she's lovely, and you can approach her about anything, she leads not manages, she always says thank you and you get praise where it's due, but she will point out areas for improvement too." Another staff member said, "The home is managed well, and we [staff] all get on together as a team, there is so much laughter here in this 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 registered manager understood their responsibility to be open and honest with people in event things went wrong regarding the care provided.

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

- The registered manager was supported by the provider's representatives and by a skilled deputy manager and senior team. Everyone worked together to improve and further develop the service which included having a variety of quality systems and procedures to effectively maintain and improve quality and safety for the benefit of people.
- The registered manager showed an open and positive approach to staff learning and development. They provided examples of how they were adapting how staff received training in light of the pandemic so people continued to be supported to have good care.
- Staff were clear about their roles and responsibilities, valued their training and told us team working was very good. A staff member told us, "This is really a brilliant team to work with." Another staff member said, "I've learnt so much since I've been working here, especially [about] manual handling [assisting people to move safely] and dementia."
- Staff working across the home in various departments met at the daily morning meetings. These meetings were another method of helping ensure all staff were informed about daily changes in the home, so they

could provide safe, effective care for people.

- The registered manager understood the requirements of their registration with us and a copy of the latest inspection rating and report was on display at the home as required. This is so people, visitors and those seeking information about the service can be informed of our judgments.

Continuous learning and improving care

- The registered manager and provider had an effective system of quality checks in place to monitor the quality of the service people received. This included targeted regular checks on key aspects, such as health and safety arrangements, people's care records and the management of people's medicines.
- The provider also ensured they had an oversight of the quality of care provided and the registered manager was supported in continually developing the services provided. This included governance meetings which supported an ethos of learning, such as from incidents and celebrated good practice.

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

- People told us they were encouraged to be involved in their care and staff took time to make sure people's choices and preferred routines were maintained.
- Relatives were equally positive about how communication was maintained so they were fully involved in their family member's care. A relative said, "The communication is brilliant. I feel like I got lucky in finding the home. They [staff] ring and call me to keep me updated and I wouldn't mind if they didn't because I know they are doing their best for [person]."
- Staff told us the communication in the home was good and they worked well as a team for the benefit of people who lived there. There were handover and staff meetings, so all staff were kept up to date and made aware of any changes.
- The registered manager took account of people's individual needs including preferred lifestyle choices. For example, improvements were ongoing to facilities offered and people were supported to personalise their individual rooms.
- In response to the Covid -19 pandemic staff supported people to stay in touch which included safe garden and window visits.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners, so people received personalised care and support to meet their individual needs.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.