

Valorum Care Limited

Holme Lodge - Care Home Physical Disabilities

Inspection report

1 Julian Road
West Bridgford
Nottingham
NG2 5AQ

Tel: 01159822545

Date of inspection visit:
24 March 2022

Date of publication:
06 May 2022

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

About the service

Holme Lodge Care Home Physical Disabilities is a residential home registered to provide accommodation with personal care for up to 19 people who live with physical disability. At the time of our inspection, there were 17 people using the service. Holme Lodge is an extensively extended former family home in a residential area of West Bridgford.

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

Risks management plans were in place to ensure risks were managed safely. Regular safety checks for the premises were carried out. The premises were clean and staff followed infection control principles. Following our visit, the cleaning schedules were reviewed and updated. Systems and processes were in place to protect people from avoidable harm. There was enough staff available to respond to people's needs in a timely manner. Electronic systems were in place to manage and monitor medicines, which helped to reduced errors. People received their medicines as and when they needed them. The provider had systems to review and monitor accident and incidents to prevent recurrence.

People's needs were assessed and updated regularly. Support plans identified people were involved in their care planning. People's choices and preferences were fully adhered to. Staff received relevant training and supervision support for their roles. People were supported to eat and drink. The service worked closely with agencies and other professionals to help provide effective care. The provider was working in line with the principles of the mental capacity act.

People were supported, respected and well cared for. We received positive comments from families and staff in the way people were treated. People were involved in making decisions about their life choices. The provider promoted equality and diversity, which was also reflected in people's support plans.

Positive feedback was received about the quality and leadership of the service. Systems in place showed effective governance processes were available to monitor the service and drive improvement.

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

This service was registered with us on 6 August 2019 under a new legal entity. The last rating for the service under the previous provider was Good published on 20 February 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.

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 ●

Holme Lodge - Care Home Physical Disabilities

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 was completed by one 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

Holme Lodge Care Home Physical Disabilities is a residential 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 Lodge is a residential 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 March 2022 and ended on 28 March 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. 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.

During the inspection

We observed four people who used the service, spoke with one person and seven relatives. We spoke with three members of the care staff and the registered manager. We reviewed a range of records. This included the care records of five people using the service. We looked at a variety of records relating to the overall management of the service, including staff files.

After the inspection

We reviewed records in relation to quality monitoring, staff training and feedback received from people using the service and staff.

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

Assessing risk, safety monitoring and management

- Risks were assessed, and risk management plans were in place. For example, people at risk of skin breakdown and the development of pressure sores had action taken to manage this to reduce the risk.
- Where people were identified as higher risk, the plans in place to support these people required some adjustment to ensure people were always kept safe. The registered manager reviewed these assessments and updated them immediately.
- Staff received relevant training on moving and handling people in a safe way. Relative's confirmed when staff used equipment to move people, they did so safely.
- Regular safety checks were carried out to ensure the service was safe. For example, testing the water for legionella, gas boilers, electrical and fire safety systems and equipment.
- People had personal emergency evacuation plans (PEEP's) in place in the event of the building requiring evacuation.

Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were not always assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although the home was clean, the cleaning schedules were not robust enough to identify all areas and surfaces that required cleaning. This meant some areas could be missed. The registered manager reviewed this immediately and made changes to the cleaning schedules after our visit.
- We were assured that the provider's infection prevention and control policy were up to date.
- 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 making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff told us and records showed they received safeguarding training, they knew how to recognise the signs of abuse and the actions to take should they witness or suspect any form of abuse.
- People told us and their relatives confirmed they felt safe living in the home and with the staff that cared for them. One relative said, "[Name] never gives me any reason to think they were not safe. [Name] would tell me if they did."

Staffing and recruitment

- Staff told us and relatives confirmed there was enough staff available to meet people's needs. One relative said, "Over the years much of the staff have changed, but I can honestly say all the staff have been real life Angels. I am full of praise for them, the full timers and the agency staff. I know they treat my [relation] as good as any family member would."
- Throughout the day we saw staff supporting people with their needs in a timely manner.
- Staff were recruited safely and checks were made to ensure they were of good character to work with the people living at the home, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).

Using medicines safely

- Staff had received training on the safe management, administration and storage of medicines and had their medicines competency assessed.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MAR) were electronic, accurate and up to date.
- Medicines were stored securely and at the right temperature. We saw evidence that temperatures were checked regularly. Audits of medicines records and stocks had taken place.

Learning lessons when things go wrong

- Systems were in place to review and monitor accident and incidents. Investigations took place to identify ways of preventing them from happening again.
- The registered manager was proactive when dealing with concerns and complaints. They identified areas that required improvement, such as wheelchair cleaning. The registered manager implemented a system to ensure the wheelchairs were cleaned regularly.
- Some relatives identified concerns that staff were not always wearing face masks correctly. We noted in the providers IPC audit this had been identified by the registered manager and they took appropriate action to ensure this would not happen in future.

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 were assessed and care was planned and delivered in a way that met these needs.
- Support plans contained person-centred information within them. For example, people's likes, dislikes, routines and choices.
- Support plans also held specific information within them detailing how people wanted to be supported and live their lives. We saw evidence from a healthcare professional commending the staff team on how well they had supported a person to make personal choices.

Staff support induction, training, skills and experience

- New staff completed an induction and were supported to received relevant training to do their job.
- Staff files identified certificates they had gained for training completed and supervision support they had received.
- Staff undertook specialist training so they could offer better support to people with a pressure sore or living with the condition of dementia.
- We had mixed comments from relatives when asked if they felt staff were well trained. One said, "Sometimes not," and gave an example that staff didn't know how to re- position their family member. Other relatives said, "Oh yes absolutely," "Yes I do feel they are well trained." We checked the records and all staff had completed moving and handling training in the last 12 months.

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

- People's dietary needs were recorded in their support plan. People's weights were audited each month and actions were taken where any concerns were noted. This was also shared with all staff and the cooks to ensure everyone was aware of any extra checks or monitoring charts required.
- Relatives had mixed comments regarding people having enough to eat and drink. One relative told us when they visited, they had concerns if enough fluid was given to their relative. We raised this with the registered manager, who told us they had identified that some fluid charts were not being completed correctly and they had addressed this with staff.
- Other relatives told us their family members get enough to eat and drink. One relative said, "[Name] likes their food, they have a slight weight problem, which is being addressed." Another relative told us they were happy with what their relation was getting to eat and drink. They went onto described the use of specialist equipment the person used when having food and drink.
- During our visit we saw a selection of meals and people had a choice of what they wanted. The mealtime experience was calm and well supported by staff.

- Support plans identified dietary requirements, assistance required and any allergies the person may have. If there was a risk of the person choking, the consistency of food was recorded, for example soft, mashed or moist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals. The service was supported by the Huntington's Disease Team (HDT). This included HDT nurses, along with Speech and Language therapists (SALT), dieticians and a positive behaviour support lead who also provide additional support and training.
- We spoke to a visiting healthcare professional, who told us they had a good working relationship with the service.

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

- The home was calm and relaxing. Space was available for people to socialise with others and to have time alone outside of their bedrooms.
- There was a good garden space that provided a pleasant outdoor seating area.
- Resident meeting's showed discussions were held to ensure people had been involved with choices and what was happening in the home.

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.

- The provider was working with in the principles for the MCA.
- Staff had a good knowledge and understanding of people's capacity. Staff also confirmed they had received training in MCA.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.

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

- Relatives spoke positively about the staff. They felt staff knew their family member well, and that they were kind, compassionate and caring. One relative said, "They [Staff] have always been very understanding of [Names] needs."
- Staff received training on equality and diversity and upholding people's human rights.
- Staff respected people's choices and people using the service were supported to maintain contact with friends and family. Visits to people using the service were supported to take place safely during the pandemic.
- People's equality and diversity was supported. Support files identified people's religion, culture and beliefs. One relative told us, "Because of the pandemic my family member could not visit the church. The Vicar use to come to the service, but this has not been restored at the moment".

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

- People were given choice and control over their lives and support. Support plans included people's preferences. One person's support plan contained detailed discussions of how they wanted to live their life, what support staff should give and how their choices should be managed.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of respecting people's privacy. We observed many respectful and compassionate interactions during the inspection.
- People were supported to keep their independence. The registered manager shared examples where people had identified their goals and aspirations. We saw evidence where people had been supported to achieve what they aspired to do.

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.

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 follow hobbies and interests.
- People had opportunities to participate in activities to maintain relationships and avoid isolation. One relative told us how their family member liked baking and watching sport on TV but didn't always want to participate in group activities.
- Staff were aware of people's likes and dislikes and what was important to them. For example, one person liked going out for a cigarette. The activity was accommodated but closely monitored for the person's health and wellbeing.
- People were supported to explore their sexuality. The service went above and beyond to support people who chose to make changes to their life. There was evidence to show the service had listened to people and how they wanted to live.
- The registered manager shared other examples where the service had excelled themselves to support people achieve life changes, such as getting married.
- The service was also commended by the local authority how they had addressed and supported people going forwards to achieve their goals.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed before they came to live at the service. Individuals were asked the gender of staff they would prefer to provide personal assistance to them and how they wished to be addressed. Support plans we looked at identified this.
- Resident meetings took place and people could share their views and experiences. We saw recorded discussions where they had discussed activities, new menus and action from the last meeting.

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 documented in their support plans. Where verbal communication was difficult staff were mindful of people's body language and behaviours to express their moods.
- The provider told us during the coronavirus, all service users and staff have received communication in a format suitable to them to ensure that everyone understood the impact it would have for them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and systems were in place to record, review and act on any concerns or complaints raised.
- Relatives were aware how to raise concerns and complaints. One relative said, "I would have no problem raising concerns."

End of life care and support

- People had discussed and documented their end of life wishes.
- People had evidence in their support plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status. One relative told us they had attended a meeting that involved the person, staff and a GP regarding their family members DNACPR status and this was reflected in their support plan.

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 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

- The registered manager and the senior team promoted a person-centred culture within the home. The registered manager was fully supported by the senior management team.
- There were good governance systems in place and the provider had given a good oversight of how the home was run. Any shortfalls found during the inspection were dealt with promptly.
- Quality assurance measures were undertaken regularly. The registered manager had covered shift shortfalls to develop their bond with people and staff to ensure they had good oversight of how the service was run.
- Staff told us the home atmosphere and ways of working had improved since the registered manager had been employed.
- We observed good interaction from the registered manager with people and staff at the service. Relatives felt the registered manager was very approachable, one relative said, "Quite new but very friendly." Another relative said, "When I visit, she [the registered manager] will pop in for a chat."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong ; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was encouraged from people and staff to drive improvement.
- Resident and staff meetings were held to gain feedback and ideas for improvements. Records showed suggestions had been taken forward, such as places to visit and new picture menus.
- The provider told us three staff had been chosen as finalists of the Great British Care Awards because of the support they provided directly to individuals who use the service.
- The registered manager understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.

Continuous learning and improving care

- The registered manager told us the pandemic had high impact on people. They were missing social events and interactions. The staff had implemented reading, film and baking clubs to reduce the risk of social isolation. They had also discussed a talent show so all people could get involved and display their skills. This in turn would improve people's wellbeing.
- Staff hand over meetings were moved to allow for better social distancing.

Working in partnership with others

- The registered manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met.