

Prime Life Limited

Holmes Court Care Home

Inspection report

Kenilworth Road
Wigston
LE18 4UF

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29 April 2022

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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

Holmes Court Care Home is a residential care home providing personal care to up to 29 people. The service provides support to older people some of whom had dementia. At the time of our inspection there were 27 people using the service.

The service was provided in one adapted building suitable for meeting the needs of people who use the service.

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

People received safe care at Holmes Court Care Home. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of reoccurrence. Following our inspection, the managers took action to improve safety relating to the management of medicines.

People were supported by skilled staff. Staff had experience and competency to meet people's needs. People had access to a variety of meals, snacks and drinks. They received support from staff to manage their health needs.

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.

People were treated like they mattered. Staff interaction with people demonstrated compassion and kindness. They were respectful to people and treated them with dignity and care.

Care was person-centred. Staff knew people well and supported them with activities that reduced their risk of social isolation. The managers took steps to improve and update people's care plans to ensure they reflected people's current information, needs and choices.

The service was well-led. Leaders were visible and accessible. There were systems in place to monitor the quality of care people received. The provider acted on their findings to improve the quality of care.

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 23 March 2020 and this is the first inspection.

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 ●

Holmes Court 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 carried out by an inspector and a nurse specialist advisor.

Service and service type

Holmes Court Care Home is a 'care home'. People in care homes receive accommodation and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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.

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 three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, interim manager, regional manager and two care staff.

We reviewed a range of records. This included five people's care records and 27 medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm. This included safeguarding and incident management systems. Incidents were recorded, actions taken and relevant agencies notified where needed.
- Staff knew how to report any concerns they may have about people's care and wellbeing. They told us their managers responded promptly to any concerns raised.

Assessing risk, safety monitoring and management

- Risk associated with people's care and support had been assessed. Risk assessments included guidance on how staff would manage and reduce risk to ensure people's safety and wellbeing.
- People had required aids and equipment for their needs. Staff had the skills to safely support people with their aids and equipment. The provider ensured equipment was safe and well-maintained.
- The provider had systems in place to support them safely manage incidents and accidents that occurred at the home. These included monitoring trends to incidents and reporting to relevant professionals and agencies where required.

Staffing and recruitment

- There were sufficient numbers of staff who were efficiently deployed to meet people's needs in a safe and timely manner.
- The provider followed safe recruitment practices. Staff satisfied relevant pre-employment checks before they were employed at the service. This included identity, reference and Disclosure and Barring Service (DBS) checks. DBS 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

- We found improvements were required to ensure people received their medicines as prescribed by their doctor. For example, ensuring one person had the recommended spacing between meals and taking their medicine. We brought this to the attention of the managers, who took immediate actions to make the required improvements.
- Medicines were stored safely. The protocols for managing controlled drugs was in line with best practice.
- The protocols for managing 'as required' medicines were safe. Their use was monitored. The managers completed monthly audits of medicines management to ensure staff practice was safe.

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 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.
- The provider had protocols in place to ensure people could be visited by their family, friends and other people involved in their life. The protocols in place were in accordance with the government guidance at the time of our inspection.

Learning lessons when things go wrong

- The provider had systems in place for the reporting, recording and escalation of incidents that occurred at the service. Staff were confident in the use of these systems to report any relevant incidents.
- The managers investigated information of concern received about the service. They used this for service planning and improvement.

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

- People's care needs were assessed before they started to use the service. Assessments covered people's needs in relation to characteristics defined by the Equality Act 2010 such as disability, race, gender, religion etc. This supported staff to provide care in a non-discriminatory manner.
- Information from assessments were used in planning and delivering care in a way which met their individual needs. Staff regularly reviewed people's assessments and ensured any changes in needs were recorded and catered to.

Staff support: induction, training, skills and experience

- Staff had the skills and experience required to carry out their role. They had received relevant training required to support their practice.
- Newly recruited staff went through an induction program. New staff had opportunities to work with more experienced member to support their learning and development in their new role.
- Staff were supported by their managers and had access to advice, support and guidance when needed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional and hydration needs were met. They had access to a choice of meals, drinks and snacks. Staff knew people's dietary requirements. They were also available to support people to eat and drink where required.
- Staff worked with relevant health professionals such as dieticians and speech and language therapists to provide specialist support to people who needed to maintain nutrition and hydration.
- People were promptly referred to health care professionals when their needs changed.

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

- The premises were suited to the needs of people who used the service. The home was purpose built. It appeared clean and well maintained.
- People had access to private and communal indoor and outdoor spaces which promoted privacy, independence and social interaction.

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.

- People consented to the care they received where able to.
- Staff had good understanding of the requirements of MCA and DoLS. People were not subject to restrictive practices such as restraint or seclusion.
- People's choices were respected, necessary records of advance choices were maintained and available to relevant health and social care professionals where needed. Where people were unable to make their own decisions independently, staff took steps to support them and the people they had authorised to support them with decision making.

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

- People were treated like they mattered. Staff were kind and compassionate, they interacted with people who used the service in a caring manner.
- People's relatives spoke highly of the care and support staff provided to their loved ones. One relative described the quality of care as "first class." Another relative told us, "Even if we could afford the posher more expensive homes, she wouldn't get better care than she gets here."
- Staff knew people well. Some staff had long service histories which meant they knew people well and were able to know their preferences and background. They used this knowledge to support people in a way that met their individual needs.

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

- People were involved in decisions about their care. We saw staff took steps to support people with making their own decisions such as using visual aids to help them maintain independence with making a choice.
- Where people had appointed representatives to support them with making decisions, staff ensured those representatives were consulted and involved in care planning and decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful to people who used the service. They promoted people's dignity and right to privacy.
- Staff understood and promoted confidentiality. People's personal information were stored securely and shared only with authorised people such as health and social care professionals.
- Staff supported people to maintain skills where possible. This included providing prompting and supervision where needed and ensuring people's choices were respected and met. We saw examples of this in practice.

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.

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

- Care plans did not always reflect up to date information. The managers told us they were in the process of updating some care plans. We saw a care plan had not been completed with relevant information about relevant people and information regarding the person's care. We brought this to the attention of the managers who reviewed and updated the care plan.
- People and their relatives were part of the care planning process. Their choices, desired outcomes and assessed needs were taken into account and reflected in their care plans. This meant staff had information they required to guide them provide care tailored to people's needs.

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.

- The provider has policies and protocols in place to provide information in an accessible format should this be required. Staff knew how to apply the policies to support people with accessible information.

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 links and relationships with their family and friends.
- Staff supported people to avoid social isolation. The service arranged a variety of social activities including trips to the community and visits from local groups to promote people's interest and social stimulation.
- People's religious and cultural needs were met. Staff told us how they supported people with cultural and religious needs to ensure delivery of person-centred care.

Improving care quality in response to complaints or concerns

- The provider had systems in place for people, relatives and staff to raise any complaints or concerns they may have about the service.
- Where complaints had been raised, we saw they were dealt with satisfactorily according to the provider's policies.

End of life care and support

- The service had systems in place to support people when they come to the end of their life.

- Staff had the skills and experience to ensure people would receive the support they required to have dignified and pain free care at the end of their life.

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.

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

- There was a positive culture within the service. Staff told us they had good support from their managers which promoted good staff practice, thereby good outcomes for people who used the service.
- People were treated as individuals and their care needs were met in ways that focused on their choices and preferences.
- The managers were accessible to staff for advice and guidance when required. Staff and people who used the service knew who to go to for support when needed.

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 had systems in place to meet the requirements of the duty of candour. This included how concerns raised were dealt with and how lessons were learnt from feedback or incidents at the service. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager. At the time of our inspection the registered manager was responsible for the day to day running of another service. The day to day running of Holmes Court was managed by an interim manager who was supported in their role by the registered manager and regional manager.
- Regulatory requirements were met. The managers notified us of relevant incidents that occurred at the service.
- Staff we spoke with demonstrated a clear understanding of their role and what was expected of them. They were supported by their managers to meet the expectations of their role.
- The provider had systems in place to monitor the quality of care delivered and people's experience at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider involved people who used the service, their relatives, staff and professionals where required were in care planning. Their views and feedback was regularly sought and considered. The provider acted

on their feedback. This was used to improve care quality and people's outcome.

- People were treated according to the requirements of the Equality Act. Their rights were promoted and their needs were met.
- Staff worked collaboratively with health and social care professionals to ensure people received good quality of care which suited their needs.