

St. Cloud Care Limited

# Holmwood Care Centre

## Inspection report

30 Chaddesley Road  
Kidderminster  
Worcestershire  
DY10 3DJ

Tel: 01562824496

Website: [www.stcloudcare.co.uk](http://www.stcloudcare.co.uk)

Date of inspection visit:  
07 December 2016

Date of publication:  
20 January 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 December 2016.

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. A maximum of 60 people can live at the home. There were 52 people living at home on the days of the inspection.

There was a manager in post, who was in the process of applying to become the registered manager with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 26 January 2016, the provider needed to make improvements and we rated the following key questions of safe, caring, responsive and well led as requires improvement. On this inspection we found that improvements had been made with the staffing team as people received care from staff that were respectful, care that was and responsive to their needs.

People told us that they felt safe in the home and felt the staff helped to keep them safe. People were not concerned about the risk of potential abuse and staff told us about how they kept people safe. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. However, people who needed assistance with their meals were not always supported consistently. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided.

People told us staff knew how to look after them. Staff felt their training reflected the needs of people who lived at the home. Nursing staff had clinical supervision which they felt supported and helped them in providing care to people who lived at the home.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received support to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity.

People had been involved in the planning of their care or relatives felt they were involved in the care of their family member and were asked for their opinions and input. People told us staff offered encouragement and supported them with a variety of things to do.

People and relatives we spoke with told us they were aware of who they would make a complaint to and were confident to approach the manager if they were not happy with the care. The provider had reviewed and responded to all concerns raised.

Regular checks had been completed to monitor the quality of the care that people received and look at where improvements may be needed. Management and staff had implemented recent improvements which need to be regularly reviewed to ensure people's care and support needs continued to be met. The management team were approachable and visible within the home which people and relatives liked.

## 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 not consistently safe.

The provider would need to ensure that there are sufficient staff to meet people's needs throughout the day. People had received their medicines where needed. Staff supported people to reduce the risk of harm and assessed their risk relating to their care and welfare needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to make their own decisions.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

**Good** ●

### Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

**Good** ●

### Is the service responsive?

The service was responsive.

We saw that people were able to make some everyday choices and had engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

**Good** ●

### Is the service well-led?

The service was well-led.

**Good** ●

The current manager and provider had monitored the quality of care provided. Effective plans were in place where changes to care were being made.

People, their relatives and staff were complimentary about the overall service and had their views listened to.

---

# Holmwood Care Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 December 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse advisor and an expert by experience with experience of older people's care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group.

During the inspection, we spoke with 13 people who lived at the home and two visiting relatives. We also 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.

We also spoke with seven care staff, two activities co-ordinators, two registered nurses and the manager. We reviewed three people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes.

# Is the service safe?

## Our findings

At the last inspection on 26 January 2016, the provider needed to make improvements to ensure there were sufficient numbers of staff on duty to meet people's needs. Whilst improvements had been made we saw and staff told us that during the day additional staff would make improvements to people's experiences of living on the first floor of the home. For example, nine people required staff to assist them on a one to one basis to eat their lunch. We saw that care staff had not remained with each person until they completed their meal and went to assist other people in between. Two people felt that on occasions further numbers of staff would benefit them. One person said, "It's not always possible to find someone who is free, so I don't go out much". Therefore, people experienced inconsistent support and delays in finishing their meals which had not focussed on their individual needs.

Care staff we spoke with told us meal times was one area that an increase in staffing levels would improve people's care and told us they had raised this with the manager. The manager told us that they assessed people's needs to ensure that there were enough staff to meet people's needs. They told us that two recent admissions had potentially impacted and had planned to reassess people's needs at the home the following day. The manager told us that the provider would support them if further staff were needed without delay.

All people we spoke with felt the home offered a safe environment and had no concerns about their well-being. One person said, "I don't need to worry about living here". Relatives were confident their family members were kept free from the risk of harm. All staff we spoke with told us how they made sure people were kept free from the risk of harm. Care staff were also aware of people who may become anxious or upset others in the communal areas. Care staff ensured the person or others remained safe and free from potential harm. For example, by offering an alternative area or by chatting with a person until they were settled.

All staff told us they would report any concerns about people's care immediately and action would be taken to keep a person safe. All staff said they would not leave a person if they suspected or saw something of concern. The manager had acted upon concerns raised and notified the local authority and the Care Quality Commission (CQC) as needed.

People managed their risks with support from staff if needed. Nursing and care staff we spoke knew the type and level of assistance each person required. For example, where people required the aid of hoists or assistance with food and drinks. One person told us, "The girls [staff] are so good at hoisting me from the bed to the chair". In each person's care plan it detailed their individual risks, which had been reviewed and updated regularly. All care staff we spoke with told us that any concerns about a person's risks or safety were recorded and reported to the nurse in charge for action and review. Care staff were clear about their responsibilities in reporting changes to a person's risks to nursing staff. Nursing staff told us the care staff were good at advising of any changes.

All people were supported by nursing staff or senior care staff to take their medicines every day. One person said, "Do my creams on my own but staff do my tablets". We saw people were supported to take their

medicine when they needed it. Two people said that if they needed additional medicines for pain management they were given on request. One person said, "If I have a headache then I can get some pain killers".

Nursing staff on duty who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. One person told us they had just finished a short course of medicines and told us, "I am feeling better today". People's medicines records were checked daily by nursing staff to ensure people had their medicines as prescribed. Nursing staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. The medicines were stored in a locked clinical area and unused medicines were recorded and disposed of.



## Is the service effective?

### Our findings

All people we spoke with said the care and nursing staff knew how to look after them. One relative said, "I am well looked after". Care and nursing staff demonstrated that they understood the needs of people they supported and had responded accordingly. One person told us, "The nurses are very enthusiastic and good at their job". All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, they felt confident and knowledgeable in how to provide care for people who had complex care needs. Care staff felt the current online style training had not always enhanced their knowledge and skills but served as a reminder. They told us they liked face to face training, which they had fed back to the management team. The manager was happy to source face to face training courses and further courses had been booked. One nurse told us they had support from the manager and were maintaining their professional nursing registration number.

Care staff felt supported in their role and had regular meetings with the management team to talk about their role and responsibilities. This included talking about people's care needs. Care staff we spoke with felt there was good team work and support from the management team which helped them provide the care people required. They felt this equipped them with the skills and knowledge to carry out their role.

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 Act 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.

All people we spoke with said that care staff provided them with choice and listened to their requests or decisions. One person told us, "The staff listen to my views". All care staff and nursing staff we spoke with understood people's right to choose or refuse treatment and would respect their rights. One person told us, "All staff will do anything for you". They told us any concerns over people's choice would be passed to nursing staff for assistance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

All people that we spoke with told us they enjoyed the food and were always offered two main meal options or a meal they requested. People also had the choice when they ate their main meal during the day. People's food preferences and dietary needs were known by the cook and recorded. One person told us, "Brilliant with my meals. I am on low fat so they ensure my food is grilled or poached".

Where people required additional support to maintain a healthy diet, a dietician had provided them with a nutritional assessment. The nursing staff told us who required fortified diets and some additional food types that reduced the risk of choking. For example use of soft foods and by encouraging people if needed. One person told us the meals were, "Well presented".

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "I just have to ask and they make all the arrangements". Other professionals had attended to support people with their care needs. Nursing staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. For example, attending their hospital appointments for assessments and review of their health needs. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

## Is the service caring?

### Our findings

At the last inspection on 26 January 2016, the provider needed to make improvements to ensure that all staff were caring with people living in the home. People told us that staff team had been consistent and were able to develop appropriate relationships with them. One person told us that, "Staff on the whole are pretty good".

All people we spoke with told us the staff were kind caring and attentive to them. One person told us, "They [staff] are kind and caring". They also told us they enjoyed living in the home. One relative we spoke with told us, "I'm very happy with the care". All relatives told us the nursing and care staff were approachable and friendly with everyone. People told us when their friends and relatives visited they were always welcomed by staff at the home. One relative said, "There are no restrictions on when you visit".

The atmosphere in the communal lounges were quiet, calm and we saw people had developed friendships with the care staff. One person told that, "I chose to stay in here [bedroom] but I go to the dining room for lunch". People were comfortable with staff who responded with fondness. All care staff we spoke with told us they got to know people and what they were interested in. Where people were quiet care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us they told the care staff about the care they wanted daily. This included how much assistance they needed and where they wanted to spend their day. People told us they felt involved and were supported by staff in discussing their care and support options. People's preferences and routines were known and supported by staff. For example, the time they got up or their morning routines. One person said, "I can get up early or late. It depends on my mood". One relative said the care was right for their family member. Nursing and care staff frequently checked and asked if people required anything. For example, when a person may like a drink or some company.

Three care plans we looked at recorded people's likes, dislikes and their daily routine. All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person firsts. They said they respected people's everyday choices in the amount of assistance they may need. One person said, "Girls are lovely, can't do enough for you".

Three people told us about how much support they needed from staff and were happy they were able to maintain their independence within in the home. Two people felt that staff would offer encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. One person told us, "If I need a bit of help with washing, they help me out".

People received care and support from staff that were respectful. Two people we spoke with felt the level of privacy was good. One person said, "The staff are good, no complaints". When staff were speaking with people they addressed them respectfully. We saw that care staff were careful to ensure people were covered when using a hoist or when they sat in the communal areas.

## Is the service responsive?

### Our findings

At the last inspection on 26 January 2016, the provider needed to make improvements to ensure people received care that responded to their changing needs. During this inspection we found that improvements had been made. All people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. There were examples that showed how nursing and care staff had improved people's wounds and where infections had been acted. People were getting medicines to treat the condition and provided with pain relief. Two relatives told us they were confident that their family member's health was looked after by the care staff and nursing staff had the knowledge needed. Care staff also provided updates if there were any changes and took time to talk with family members about how their relative had been.

Care staff told us they supported people and would record and report any changes in people's care needs to nursing staff. They were confident they were listened to and the nurses then followed up any concerns immediately. People's needs were discussed when the nursing staffs' shift changed. The nurse leading the shift would share any changes and help manage and direct care staff. Nursing staff told us they knew people well and were able to notice if people were unwell. Nursing staff held a diary, also appointments and reminders were available for all staff to refer if needed. People's health matters were addressed either by nursing staff at the home or by referring to other professionals.

People's care plans detailed their clinical needs, medicines and took account of their views, opinions and preferences in their care. We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets. Two people we spoke told us they were happy that their family members dealt with the paperwork on their behalf. We noted that people who were diabetic would benefit from clear guidance about the frequency of monitoring blood sugar levels and recording the results. The manager agreed to address this immediately.

Three people we spoke told us they chose how they spent their days and could choose to stay in their room or the communal areas. One person commented that they liked the group sing-along or were able to listen to their favourite music. People could also choose to take part in group activities which some people enjoyed and took part in. For example, a pantomime was production in the afternoon. One person told us they enjoyed reading and one of the care staff would often bring them in a selection of books.

The manager had employed two members of staff dedicated to providing activities and engagement with people. They told us about the group arts and crafts they arranged in the home, alongside spending individual time with people in their rooms. One member of staff told us that this often involved just sitting with a cup of tea and chatting or having a walk.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "There is a box downstairs and you could put a letter in there, but I've never needed to". They

said the manager always asked them how they were or if they wanted to talk about anything. All staff and the manager said where possible they would deal with issues as they arise. This reflected the views and opinions of people, their relatives and staff. One person said, "I don't have any problems, but I would go to staff if needed".

The manager had recorded and responded to complaints and told us these had reduced over the last ten months, which they felt reflected the positive changes within the home since the last inspection.

## Is the service well-led?

### Our findings

At the last inspection on 26 January 2016, the provider needed to make improvements with the management in the home. During this inspection we found that improvements had been made with a deputy manager taking the post of manager and was in the process of submitting their application to the CQC become the registered manager. One person told us, "The new manager is very good", and explained how they had made immediate changes to improve their room.

People and their relatives told us that since the last inspection improvements had been made to the care and staff morale in the home. One person told us, "The home is lovely and friendly". One relative told us, "Since we have had the new manager things have improved. Very happy with the care". Care staff were aware of the changes and we saw that progress had been made to implement the changes. Nursing staff and care staff had been reminded about the procedures during team meetings and through additional information in people's care plan recordings. One member of staff we spoke with said alongside the other changes that, "There has been a difference in the last six months and the health benefits for residents are noticeable".

All people we spoke to felt involved with the manager and knew the provider. People and relatives also had the opportunity to raise or discuss aspects of the home at meetings the provider held. One relative said, ". The provider had questionnaires available for people to provide their views on the care provided. There was a high proportion of satisfaction with no concerns raised. The provider's analysis of the feedback showed an increase in satisfaction from people using the service and were available on the noticeboard outside the manager's office.

All care and nursing staff felt the manager was visible and supportive to ensure they provided a good service. They were committed to supporting the provider to improve the service. Care staff felt able to offer suggestions for improvements. They told us there were regular staff meetings which provided updates for staff and the opportunity for the manager to ensure staff were confident in caring for people.

Audits were undertaken to monitor how care was provided and how people's safety was protected. All aspects of people's care and the home environment were reviewed and updated. We found that these had been reviewed every month by the provider. Care plans were audited monthly to ensure they were up to date and reflected people's current care needs. Care plans were fully updated. The manager also told us they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Whilst these had been reviewed we found examples of relatives signing consent forms. However the manager had not known if that relative had the legal authority to make the decisions. The manager told us records needed to reflect an accurate account of where people had a nominated person appointed to make legal decision on their behalf.

The manger told us they were supported in managing the home by the provider's management team and had an action plan in progress to support positive changes in the home. Resources and support from the provider were available and general maintenance to the home was in progress.

