

# Holywell Park Limited

# Holywell Park

## Inspection report

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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

### About the service

Holywell Park is a residential care home providing nursing and residential care and accommodation for up to 60 people with various health conditions, including dementia. There were 49 people living at the service on the day of our inspection. Holywell Park is an adapted country building located in a rural area of Kent.

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

People received a high standard of personalised care that was responsive to their needs, improved their wellbeing, independence and quality of life. Staff ensured that people's daily life was filled with a variety of opportunities.

Ensuring people were involved in every step of their care was a priority at Holywell Park. Care was tailored around each person's choices and wishes. This ensured that people received good care that increased their sense of worth, improved their wellbeing and made them feel an active participant at all times.

The service had taken time to find out what hobbies and activities people have done in the past and supported people to continue with hobbies and interests that were important to them. A lively and full programme of activities was available which people told us they enjoyed. The wellbeing team enabled people to have close links with the local community and had worked to ensure Holywell Park was part of local community events which took place throughout the year.

Staff provided a safe environment and people's independence was encouraged. Risks were assessed to encourage people to do as much for themselves as they could. Staff were aware of the actions to take if they thought anyone was at risk of harm or discrimination. Concerns identified had been reported to appropriate external professionals. A complaints procedure was in place and although there were no current complaints staff were aware of the process to follow if any issues were raised

Incidents and accidents were well managed and recorded, with actions in place to prevent issues reoccurring. Learning from events had been used to improve ongoing care provision. Medicine procedures were robust, nurses had received the appropriate training and competencies had been assessed to ensure medicine procedures remained safe. Suitable systems were in place to prevent and control infection.

Staffing numbers were reviewed and assessed dependant on people's needs. A dependency tool was used to enable the registered manager to determine each persons care and nursing needs. Staff told us staffing levels were good. A wellbeing team had been introduced, this alongside increased care staffing levels had impacted positively. People received care based on their individual needs and preferences. Regular reviews were completed and people were encouraged to make choices and decisions regarding their care and daily lives.

Staff had access to training and support to ensure they could provide a high standard of care at all times. New staff completed a full induction which including shadowing experienced staff and reading care

documentation. All staff had access to regular one to one supervision and appraisals.

People's needs and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. Positive steps had been introduced to ensure people and their relatives were involved in the planning of care and any changes to the way care and support was delivered. Peoples end of life wishes had been discussed and documented. The service worked closely with other healthcare professionals to ensure peoples end of life care needs were met.

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 supported to have a varied and nutritious diet. We saw people being offered a variety of food and drink choices throughout the day. People's health and weight was monitored, and referrals made to other agencies if any issues were noted. Specific guidance in place regarding people's nutritional needs were being followed.

There was an open culture at Holywell Park which was inclusive and valued people and their individuality. Staff were aware of their roles and responsibilities. The registered manager worked with staff each day to provide people with a good quality of care. A robust system of checks and audits were carried out to ensure the quality and safety of care being provided was maintained.

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 and update

The last rating for this service was requires improvement. (Report published 29 June 2018) and there was one breach. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

Good ●

### Is the service effective?

The service was effective

Good ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Good ●

### Is the service well-led?

The service was good

Good ●

# Holywell Park

## 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.

#### Inspection team

The inspection team consisted of 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

Holywell Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 an unannounced comprehensive inspection. The inspection was carried out on 9 July 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection-

We observed the support that people received and spoke with people using the service to gain their feedback about living at Holywell Park.

We reviewed a range of records. This included two staff recruitment files, records relating to the management of the home, care documentation for five people, and a variety of policies, procedures and quality assurance processes. We spoke with twelve people living at the service, five relatives and visitors. We also spoke with eight members of staff, including the registered manager, clinical lead, head of care, wellbeing coordinator, nursing and care staff and a member of maintenance staff.

After the inspection –

We reviewed further information sent to us by the registered manager. This included mandatory training records for all staff and clinical skills training records for nursing staff. We received feedback from one health professional who has worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to deploy a sufficient number of staff to meet people's care needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staffing numbers were reviewed and assessed dependant on people's needs. A dependency tool was used to enable the registered manager to determine each persons care and nursing needs.
- There had been a considerable turnover of staff since the last inspection, including a change to the registered manager, and the introduction of a clinical lead, head of care and wellbeing team. Recruitment had taken place and staffing levels were now ten percent over the number required. This meant that the use of agency staff had been substantially reduced.
- At the previous inspection we raised concerns regarding the staffing of communal areas. The registered manager had reviewed care staffing levels. A wellbeing team had also been introduced. Wellbeing staff worked alongside care staff, spending time with people, providing support and facilitating activities. Staff members were consistently available in communal areas to ensure peoples safety at all times. For example, one person had recently moved into the service. Staff were supporting them to alleviate their anxiety whilst they settled into the new surroundings. People told us, "Plenty of staff about day and night to assist me. Staff very accommodating and helpful." Relatives told us, "Staffing levels much better now since the new manager came and now appear more proactive." And "There is always a member of staff around to assist people in the lounge. I have noticed that people who need one to one support now have staff with them at all times."
- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

### Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm or abuse as staff had received training and were aware of their responsibility to safeguard people. Staff told us they would report any concerns without hesitation to the registered manager or directly to senior management within the organisation.
- The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

### Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Including legionella water checks, gas and electrical testing.
- Equipment such as hoists, wheelchairs and beds were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
  
- Regular checks to ensure fire safety had taken place. People had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- People had risk assessments in place for all identified needs. For example, nutrition, mobility, moving and handling or a risk of falls, these outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. All risk assessments were reviewed regularly to ensure they provided current guidance for staff.

### Using medicines safely

- People had their medicines provided safely, in line with national guidelines. There were robust systems in place for ordering, storing, administering and disposing of medicines. We looked at medicine administration records (MARs) including controlled medicines and 'as required' (PRN) medicines and creams. PRN medicines are those taken when they are needed, for example when a person is in pain. There were detailed protocols in use that clearly informed staff when to give PRN medicines and how people liked to take them.
- Nurses were responsible for administering medicines. Medicines training had been completed. Competencies had been assessed regularly by the clinical lead to ensure medicine practices continued to be safe and accurate.
- Internal medicines audits were completed, and the service worked closely with the pharmacy used by the home to ensure current practices were up to date and safe.
- People told us "I have my medicines everyday given at breakfast and tea time. The nurse stays with you to check that you have had them safely." Always get my tablets twice a day, never a problem about getting them on time." Relatives told us they were reassured as nurses looked after their loved one's medicines.

### Preventing and controlling infection

- Robust measures were in place to prevent and control the risk of infection. People told us they were very happy with the cleanliness of the home. One person told us, "The cleaning girl is fabulous, knows how I like things in my room." There was guidance in place for staff and they had received training in relation to infection control.
- Staff had access to protective personal equipment, such as gloves and aprons, if needed and there were adequate handwashing facilities throughout the home.

### Learning lessons when things go wrong

- Staff were clear of their responsibilities to report accidents and incidents. Accidents and incidents were recorded by the person who witnessed them, completed forms were then given to the registered manager for review and action.
- All accidents and incidents or near misses were responded to appropriately to ensure people's safety was maintained. Including referrals to other agencies and notifications to CQC when required.
- The registered manager had full oversight of accidents and incidents. Information regarding accident/incident investigations and outcomes, were shared with staff to identify any learning to be taken forward.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we suggested the provider make improvements to ensure signage and decor of the home was designed considering the needs of people with dementia.

- Redecoration had taken place in some communal areas and hallways. Communal rooms had been redecorated including a new bar area and reminiscence room. The registered manager told us further improvements were planned to ensure all flooring and carpets were appropriate for people living with dementia.
- When people moved to the home they were able to personalise their rooms with their own belongings. People told us they were very happy with their rooms.
- There were three lifts and people who used wheelchairs were able to access all communal areas and the extensive garden area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was delivered in line with current legislation and evidence-based guidance. Regular reviews were being completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence.
- A consistent staffing group meant staff knew people well and understood their needs and preferences. When new people had moved into the home, staff had taken the time to build their trust and make them feel comfortable in their new surroundings.
- People's needs and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. For example, people were seen to respond positively when staff spoke to them or offered them support. One person told us, "Staff have got to know me. They know I like to try and do things for myself and I know they are always there to help."

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well. Staff had access to appropriate training and support. Mandatory training included dementia, diabetes, end of life care, Mental Capacity Act (MCA), pressure ulcer care and safeguarding.
- Nurses completed clinical training which demonstrated they had the appropriate knowledge and skills to support people. Nurses also completed revalidation with the Nursing and Midwifery Council (NMC) which confirmed they maintained their knowledge and skills and were legally able to work as a nurse.
- Training provided for nurses included wound care, catheterisation, syringe driver and venepuncture. Staff

told us they received all the training they needed to be able to meet people's needs. Staff felt assured that if they identified a training need this would be accommodated by the registered manager and clinical lead. Care staff are supported to complete Health and Social Care Diplomas.

- New staff completed an induction. This included spending time shadowing other experienced staff, observing and getting to know people's needs and reading their care documentation. New staff also read policies and procedures before they provided care. Care staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular supervision and annual appraisals. The clinical lead carried out competency checks and observations to ensure that best practice was being implemented this included monitoring nurses' clinical skills. Staff felt supported in their roles and told us they could speak to the registered manager or clinical lead if they had any issues.

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

- People were supported to eat and drink well. Fluid stations and fluid champions had been introduced. This was to ensure people's hydration needs were met at all times and to encourage people to drink plenty each day.
- People were supported by staff to have a healthy balanced diet and we received complimentary feedback regarding the food. The menu had recently been changed and meal choices had been discussed with people so that meals provided were things that people liked to eat. People told us, "Good quality, meals very good. Always tell them what I like, curry tasted excellent." Relatives told us, "They are eating better than they did at home, they didn't look after themselves, just ate rubbish food, since they have been here they have put on weight and look much better."
- The wellbeing coordinator told us staff had spent time talking to people about their meal preferences. People liked fresh fish and seafood. The coordinator had found out a seafood van visited the area each week and had arranged for the van to visit the home on its round each Sunday so that people were able to choose their own seafood.
- People were involved in decisions regarding what they had to eat and drink. A pictorial menu was in place to help people choose their meal. On the day of the inspection Indian food was provided at lunchtime as part of the cruise to India being celebrated. Alternatives were available for anyone who did not like spicy food. The chef and care staff were aware who required specialist meals including pureed or mashable options.
- People who needed assistance had this provided, staff sat with people providing support and encouragement. People who chose to remain in their rooms or were too unwell to eat in the dining room, staff sat with them in their rooms and supported them with their meal.
- When appropriate, people had been referred to Speech and Language Therapy (SALT). Specialist guidance was in place regarding their nutritional needs. Staff were able to tell us about people's nutritional needs and we saw this guidance being followed by staff during the inspection. Examples of this were people who were at risk of choking and required thickener added to fluids to ensure they were a custard consistency.

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

- Staff worked with other agencies to provide consistent, effective, timely care.
- Care planning documentation provided all relevant information should a person be admitted to hospital or another health setting. The service worked closely with services providing end of life care. This meant that admissions to hospital did not happen unnecessarily.
- Staff were prompt to respond when people became unwell and supported people to attend appointments. Relatives told us they were kept informed of any health issues or upcoming appointments.

Documentation confirmed referrals had been made for specialist advice and support when appropriate. This included contacting GPs when people became unwell and referrals to other health professionals including SALT, hospice support, occupational therapists, and chiropodists when appropriate.

- The wellbeing coordinator was exploring advocate programmes. They told us the aim of the programme was to have a staff member assigned to each person to act as an advocate, encourage trust, build a bond and provide people with a feeling of security.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been sent and it was clear in people's records when the authorisation was awaiting a decision or had been authorised.
- Decisions were made in the person's best interest and involved relatives and health professionals when appropriate. All best interest assessments demonstrated how the decision had been made including discussions and meetings with relevant persons. Mental capacity assessments were completed for specific decisions. For example, living at Holywell Park, administration of medicines, the use of bedrails and personal care.
  - Staff had received training to ensure they understood the principles of MCA and DoLS and were clear that people should be involved in decisions as much as possible about their care and how they spent their day.
  - People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people clearly demonstrated that people's choice and involvement was paramount to how care was provided. People confirmed they were always offered a choice of what they would like to do. Relatives confirmed that choice was always offered to people and people's decisions were respected.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff who were kind and caring. We saw interactions which demonstrated staff had a clear compassion and respect for people.
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
- People were involved in decisions throughout the day and offered choices including what they ate, drank, how they spent their time, and who supported them with their care.
- Staff were responsive to people's needs and people received support in a timely manner.
- People described staff as kind and caring with a commitment to help them. We saw when staff were speaking to people who were seated, staff would either sit next to them or kneel, so that they had eye contact, giving people their full attention during the conversation. Staff held people's hands when chatting to them and people appeared comfortable and relaxed with the staff who supported them.
- Staff greeted people by name and a smile when they saw them, asked them how they were and joined in with friendly banter. When walking with people, staff offered their hand or an arm for support and encouraged people to choose where they would like to sit. When walking around with one person the staff member stopped at the photographs on the notice board and pointed out the people and talked about the activity they were doing.
- People received support from regular staff who knew their needs. People spoke highly of the care staff telling us, "Staff are very good, if I have any concerns I can ask the staff and they will always give me an answer." And, "Really lovely staff, I can have a laugh and joke with them, always let me choose what I want to do." Relatives told us, "Staff are helpful and caring, my relative seems to have a good rapport with staff they like living here." And, "Friendly, approachable and very caring. They all show that they like caring for my relative, I don't know how staff stay so cheerful all of the time, they always look happy in their work.
- Staff spoke with obvious affection for people and told us they loved working at Holywell Park. One told us, "Having all the background information about people in their care records makes such a difference especially when you are caring for someone with dementia. It means you know them and their life history and it helps you start up a conversation."

Respecting and promoting people's privacy, dignity and independence

- We observed that respecting people's privacy and dignity was of paramount importance to how care was provided at Holywell Park. One person liked to have their lunch in a specific area of the dining room away from others. When they became upset, staff immediately went to them and offered reassurance, whilst

another member of staff got a privacy screen, so the person felt more comfortable having their lunch.

- Staff respected people's privacy, dignity and independence, People told us, "They speak to me as you would to friends, there is never any rushing. Staff are always polite and talk to me like an equal."

"When they take me to my toilet in my room they always make sure that they pull the curtains shut and always knock before they open the door"

- Everyone was encouraged to participate in activities, however, staff understood that some people also liked to spend time quietly on their own in their room.

- Peoples independence was supported and encouraged, for example staff always included people in tasks and activities to enable them to do as much for themselves as was possible. This included making decisions about how they spent their time and having time to pursue their own activities of choice.

- Peoples personal preferences were respected including how they dressed and how they liked their rooms to be. One person liked their table and bed arranged in a particular way. Staff had worked hard to meet their needs and ensure they were happy whilst considering the persons health and safety was maintained.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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;

At the last inspection we found staff were not always clear about the needs of people they supported. We made a recommendation that the registered manager seek guidance from a reputable source in the continued development of detailed, accurate care plans.

- People received personalised care that was responsive to their needs. Since the previous inspection substantial changes had been made to the staffing structure including a change to management at Holywell Park. A computerised care planning system had been implemented. The registered manager and clinical lead had worked with staff to review and update relevant information about people. Improvements to documentation were ongoing to ensure all care plans were detailed and person centred.
- The registered manager had introduced a wellbeing team. As well as providing a vast selection of activities, the wellbeing team supported care and nursing staff to ensure people received person centred care in the way they wanted.
- Ensuring people were involved in every step of their care was a priority at Holywell Park. Staff knew people extremely well and treated each person as an individual, this meant people received a high standard of personalised care that was responsive to their needs. One person told us, "I am very lucky to be here if is more like a hotel than a care home staff let you choose what help you want and what you want to do."

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.

- The wellbeing team had spoken to people about their hobbies and interests and looked to incorporate these into the activities provided. There was a varied programme of activities organised every day. This included music, arts and crafts, gardening, exercise, shopping trips, day out, quizzes and visits from external entertainers. People were involved at all times in the choosing of activities and providing feedback after events. The team also provided one to one visits for people who preferred not to attend group activities and those who stayed in their rooms.
- The wellbeing coordinator explained to us that the concept of the wellbeing team was to ensure that people living at Holywell Park had the same access to the community and opportunities to participate in activities as they did before they moved into the service. A quarterly survey was carried out to give insight into how people were feeling, the results of this were used to implement further improvements.
- There was a residents forum once a month, this was used to share and discuss potential ideas. The forum was resident led and ideas taken forward. For example, one person used to do lot of drawing, after

discussion with wellbeing staff, they were about to start a new art class, sharing their skills with others. There was also a choir which people were helping staff to organise.

- Some of the wellbeing team had been matched to people in terms of age and interests. By working closely the team had built up a rapport with people. People spoke highly of the wellbeing team and the positive impact having this extra support had on their day to day lives. Wellbeing staff spent time with people, chatting in their room, reminiscing and providing support. For people who did not have many visitors this provided them with companionship and support. Care and support was unhurried and this meant something as simple as a bath could be a relaxing experience for the person, in the way it would be if they were living in their own home.

- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in care plans. One person told us, "We have communion every third Monday and we have a church visitor who comes and chats with people."

- During the inspection it was the day of the 'summer cruise'. This was an event where over an eight week period the home 'visited' a different destination each week. This gave people opportunities to learn about a variety of cultures. On the day of the inspection the country being visited was India. The chef had cooked regional foods for people to try and there were quizzes and discussions about the country visited, and people had the opportunity to share their knowledge and experiences of the locations.

- Communal areas had been decorated, and new facilities provided. One of the communal lounges was now a pub, The Holywell Arms. People could have a drink and there were planned activities and events throughout the week. People had been involved in the opening of the Holywell Arms, one gentleman who used to love going to the pub before he moved to Holywell Park was asked to officiate at the opening and cut the ribbon, which we were told he had loved. A beauty spa and salon had been opened. People could make an appointment to see the hairdresser who visited two days a week. At other times staff utilised the salon providing beauty treatments.

- The service was active in the local community. Community events had taken place in the grounds of the home, this included a dog show and family fun day. A corner shop and cafe had been opened. The cafe was used during the summer and during special events. The wellbeing coordinator liaised with the local parish council to make sure the service was part of community events. Holywell Park had held community coffee mornings and charity events in the village hall which had been successful.

- Throughout the year special occasions were celebrated and special events organised which people could attend including 'tea at the Ritz' where people had the opportunity to dress up and have a meal which was set up in the style of the Ritz. People and relatives were given a weekly schedule of upcoming activities and events to enable them to choose if they wished to participate. Feedback from people and relatives was positive. People told us the activities offered gave them the opportunity to do things they would have done before they moved to Holywell Park.

- For people living with dementia or memory loss the wellbeing team were in the process of developing memory boxes for people to keep in their rooms. Staff had spent time finding out peoples favourite singers, actors and films. Photographs were being printed to put into boxes. These were to be used by all staff to initiate conversation, aid reminiscence and enable each person to be able to look at pictures of things and people that were important to them. Photographs were also taken when people went out on trips or attended events, these were used as a photographic diary so that people could talk about the event afterwards, even if they were unable to remember it.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and highlighted in care plans. For example, if people were hard of hearing information had been provided to inform staff how best to communicate with them, for example having eye contact and allowing the person to be able to see them clearly when they spoke. For people unable to communicate their meal choice, pictorial menus had been devised to assist people with choice.

#### Improving care quality in response to complaints or concerns

At the last inspection people and their relatives told us they were aware of how to make a complaint, but outcomes were not always being recorded consistently.

- At this inspection we found Holywell Park had a robust complaints policy which was made readily available to people and visitors to the home. The registered manager told us any complaint or minor issue would be responded to and investigated. There were no ongoing complaints. Records showed minor issues raised had been documented and responded to. For example, when a relative had raised some queries by email regarding aspects of their relatives care, the registered manager had immediately called the relative to discuss their concerns. After investigation all issues had been addressed. Staff were clear of the process to follow if any concerns were raised with them and were confident these would be dealt with promptly by the registered manager.
- People and their relatives told us they did not have any complaints but said if they did they would approach the manager in person or raise it at one of the meetings. One person said, "You are able to raise issues at the resident's meetings, always get an answer."

#### End of life care and support

- Peoples' end of life care was discussed and planned, and their wishes were respected. The service worked closely with 'ellenor' a charitable organisation providing hospice care for adults in the area. 'Ellenor' support people in their own homes and those living in care homes, helping to prevent people being admitted to hospital unnecessarily. For people receiving end of life care, relevant documentation was in place, including a treatment escalation plan which was shared with 'ellenor'. We saw evidence of this joined up care in practice when a person receiving end of life care at Holywell Park had recently become unwell, the home had contacted 'ellenor' and had received support which meant the person had been treated at Holywell Park and had not been admitted to hospital. This had been a very positive outcome for the person.
- People could remain at the service and were supported until the end of their lives when appropriate. People had documentation in place including Do Not Attempt Resuscitation Records if appropriate. Staff received support and training to ensure peoples end of life care needs were met. For example, specific medicines training was taking place to enable nurses to provide 24hr medicines for people via a syringe driver. This is a device which administers prescribed medicines to people receiving end of life care, over a 24 hour period to help manage symptoms and pain effectively.
- Observations and documentation showed that peoples' wishes, about their end of life care had been respected and people were able to have a good quality of life. A relative told us they were involved in decisions regarding end of life care needs when a person came out of hospital.

## 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we suggested improvements were made to ensure that governance systems were effective in ensuring that shortfalls in service delivery were identified and rectified.

- At this inspection we found there was a comprehensive and robust system of quality checks and internal audits in place. This included a service improvement plan. Audits monitored staffing levels, care, documentation, infection control, medicines, safety and quality of the service provided. Action plans were produced from the findings and actions completed by the registered manager and senior staff. The provider had full oversight of audits and actions completed. Any outstanding actions or suggested improvements to service provision were discussed and followed up at regular meetings. For example, the fire safety system was in the process of being upgraded.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority and health professionals involved in people's care. Action was taken to prevent similar occurrences, and outcomes were shared with staff.
- The clinical lead carried out competency observations on care and nursing staff to ensure high levels of care were maintained at all times.
- Staff demonstrated a clear understanding of their roles and responsibilities and told us they felt supported and part of the team. One said, "I can see massive improvements with the new manager and team, people are happy, honestly, I love it here."

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 the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their individuality. The emphasis at Holywell Park was that it was people's home first and foremost. The staff supported by the wellbeing team aimed to provide people with the same choices and opportunities they had before they moved into the service. The registered manager worked with staff each day to provide people with a good quality of care. Staff told us, "The manager is good, he's here a lot, always available, that shows how good he is."

- Information in people's care documentation was person centred and supported ongoing involvement in decision making for people and their relatives if appropriate. All aspects of a person's care and their day to day experience of living at Holywell Park was reviewed as part of the resident of the day system. This gave people the opportunity to discuss any changes or preferences they had. Documentation was reviewed and updated if needed.
- The registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. We saw evidence of how the service responded to incidents and concerns in line with their legal obligations. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded.
- Staff received regular updates which informed them of any changes. Training opportunities were available to ensure best practice was maintained.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Staff felt they were part of the bigger team, and everyone worked well together, one told us, "The wellbeing team make such a difference, I like having time to help people, the managers made that possible. It all works so much better."

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

- Quality assurance questionnaires are sent out to people and relatives and any comments acted upon. The latest questionnaire results were responded to with a 'You said- We did'. This included all comments received in the questionnaire and how they had been responded to. For example, 'You said- I am not aware of details of points of contact/management since changes took place. We did- Information concerning the members of the management team and their roles were sent out to families but for clarity we will also be putting together a photo board in reception to ensure that everyone knows who we are and how to contact us.' We saw this was in place in the reception area. Further drop in days for relatives and visitors to meet the management had also been arranged. Relatives and visitors confirmed they had the opportunity to share their views and give feedback at meetings and by completing questionnaires.
- Regular departmental and all staff meetings took place. Staff told us they were encouraged to share their views and felt any suggestions they made would be considered and listened too. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- A resident forum meeting took place once a month and the clinical lead was in the process of inviting relatives to participate in care plan reviews.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to people as an individual and people were encouraged to express their individuality, personality and needs.
- People were encouraged to be part of the local community with events taking place at Holywell Park to involve the local community as well as people attending local village events. People went out for walks and lunch regularly at the local pub.

Continuous learning and improving care

- The registered manager had been in post since September 2018. A great deal of work and effort had gone into ensuring improvements had been made since the last inspection. Any changes made had been reviewed and amended if needed, to ensure they were effective. Staff had been involved throughout and it was obvious from the positive feedback we received from staff that the changes made had a positive impact on them and the home. The registered manager and senior staff continually looked to learn and improve the experience of people living at the service, and the staff.
- The registered manager read CQC updates and passed relevant information onto staff to ensure

continued best practice.

#### Working in partnership with others

- The registered manager and staff worked collaboratively with other organisations to improve services for people. Including 'ellenor' a charitable organisation providing hospice care for adults. The registered manager sought relevant guidance and made referrals to other health professionals when. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.