

Holmwood Care Limited

Holmwood Residential Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

- Holmwood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Holmwood Residential Home accommodates up to 32 older people in one adapted building. During our comprehensive unannounced inspection on 12 March 2019, there were 29 people using the service, some living with dementia.

People's experience of using this service:

- At our last inspection of 6 April 2016, the service was rated requires outstanding overall. The key questions for safe and responsive were rated good and the key questions effective, caring and well-led were rated outstanding. At this inspection of 12 March 2019, we found the evidence continued to support the rating of outstanding. The continuous improvement in the service had resulted in a further outstanding rating for the responsive key question.
- People told us that they were extremely happy with the service they received. They were highly complimentary about the caring nature of the staff and management team.
- People were supported by highly motivated and caring staff who knew them well.
- The service was led by a highly motivated and compassionate registered manager who continued to strive to continuously improve the service and provide high quality care to people at all times.
- There were systems designed to keep people safe, including from abuse. Risks to people in their daily lives were assessed and plans in place to reduce these. People's medicines were managed safely.
- There were enough highly trained and skilled staff to meet people's needs effectively. Recruitment processes continued to be safe.
- Infection control procedures in place helped protect to people from the risks of cross infection.
- People had access to health care professionals when needed.
- People were supported to maintain a healthy diet. Meal times were extremely social occasions and people had choices of meals. Without exception people were complimentary about the provision of food.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People shared very positive relationships with staff. People's privacy, independence and dignity were always respected.
- People were listened to in relation to their choices about how they wanted to be cared for. These choices were highly valued.
- There was a complaints procedure in place and people's concerns were addressed.
- There was an extremely open culture in the service. People using the service, their representatives and staff were asked for their views about the service and these were valued and used in the ongoing improvement in the service.

- The service had systems to continuously monitor, assess and improve the service provided.

Rating at last inspection:

- At our last inspection of 6 April 2016, which was published 9 August 2016, the service was rated outstanding.

Why we inspected:

- This inspection took place as part of our planned programme of inspections, based on the rating of outstanding made at our last inspection.

Follow up:

- We will continue to monitor this service according to our inspection schedule.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 exceptionally effective

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Holmwood Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- The inspection was undertaken by one inspector and one 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. The expert by experience had experience of caring for a family member who used services.

Service and service type:

- Holmwood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Holmwood Residential Home accommodates up to 32 older people in one adapted building. During our comprehensive unannounced inspection on 12 March 2019, there were 29 people using the service, some living with dementia.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- Prior to the inspection we gathered all the information we held about the service and used it to develop a

plan for the inspection. We reviewed information provided to us from the Local Authority quality teams and information we received from the provider by way of notifications. Notifications are required by law and identify incidents that had happened in the service and the actions taken in response.

- We used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- To gain people's views and experiences of the service provided, we spoke with nine people who used the service, four people's relatives and three visitors. We looked at the care records of four people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.
- We spoke with the registered manager and seven members of staff, including the deputy manager, care, catering and domestic staff. We also spoke with one visiting healthcare professional.
- We reviewed information the management team held about how they monitored the service they provided and ensured they were providing people with high quality care at all times. This included audits, staff training and staff recruitment records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of 6 April 2016, we rated this key question good. At this inspection of 12 March 2019, we found people continued to receive a safe service.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by staff who were trained and understood their responsibilities in the systems designed to keep people safe from abuse.
- The registered manager delivered workshops which kept staff updated with their responsibilities in safeguarding people from abuse. These workshops were held on various subjects to keep staff up to date and focussed on their responsibilities in delivering high quality care.

Assessing risk, safety monitoring and management

- People told us that they felt safe using the service. One person said, "I feel safe, very pleased with the care I get." One person's relative commented, "Staff are very sensible and smart in not letting people come to any harm."
- People's care records included risk assessments which guided staff about how the risks in people's lives were reduced. This included risks associated with pressure ulcers, falls, choking, moving and handling and nutrition.
- Portable electrical equipment, moving and handling equipment and the system for fire safety continued to be regularly checked to ensure they were fit for purpose and safe to use. There was a system to reduce the risks of legionella bacteria in the water system.

Staffing and recruitment

- People told us that they felt that there were enough staff and their requests for assistance, including when they used their call bell, were responded to promptly. One person said, "I imagine there is enough staff." Another person commented, "I have never had any concerns when I buzz, I know they will come, they come in quite regularly to ask are you alright?"
- The registered manager told us that, when they calculated the numbers of staff required to meet people's physical needs, this was also done to ensure that staff could spend time talking with people to meet their social and emotional needs. This was confirmed in our observations and comments made by people. One person said, "I chat with them [staff] all the time."
- The service continued to have a system to recruit staff safely.

Using medicines safely

- We observed part of the lunch time medicines administration. This was done safely by staff.
- Some people had medicines which were prescribed to be taken 'as required' [PRN]. This included pain

relief medicines and medicines to support people with anxiety and distress. There was guidance for staff when these medicines should be considered to administration. One person told us, "I can ask for paracetamol and you get it." Another person commented, "They offer me painkillers often."

- Records demonstrated that people continued to receive their medicines when they needed them.
- Medicines were stored safely and securely in the service.
- Regular audits and checks on medicines supported the registered manager to identify and address any shortfalls promptly.
- Staff responsible for administering medicines had been trained to do so safely and their competency was assessed by senior management.

Preventing and controlling infection

- The service was visibly clean throughout. There was hand sanitiser around the service and bathrooms and toilets held hand wash and disposable paper towels to use to reduce the risks of cross infection.
- People were complimentary about the cleanliness for the service. One person's relative described the service as, "Very clean and spotless." Whilst we were talking with the infection lead staff member a person laughed and told us, "It's always clean and they keep us clean too."
- Disposable gloves and aprons were available for staff to use to reduce the risks of cross contamination.
- Staff had received training in infection control and regular audits supported the registered manager to address any shortfalls promptly. Staff completed a handwashing survey and were observed by the infection control lead staff member to ensure this was being done effectively.

Learning lessons when things go wrong

- The service had systems to learn from incidents and when things went wrong. Analysis of incidents and accidents demonstrated that the service learnt from these and used this learning to reduce further risks.

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

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

At our last inspection of 6 April 2016, we rated this key question outstanding. At this inspection of 12 March 2019, we found people continued to receive an exceptionally effective service.

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

- Prior to people moving into the service, a comprehensive needs assessment was undertaken by a member of the management team. This was done in consultation with people, their representatives and any appropriate health and social care professionals. This assessment was used to determine if the service could meet the person's needs and to inform their care plan.
- Discussions with the registered manager and staff demonstrated that they were very knowledgeable about people's rights relating to equality, including gender, age, sexuality, beliefs and disability. People's specific needs were identified in their care records relating to diversity to ensure that their specific needs were respected and met. An example included the support provided to a person whose religious observance was important to them, to find a local place of worship which met their needs.
- On the day that people moved into the service, a staff member said that they spent time with them and their family to discuss their needs and this information informed the risk assessments and care plans, which were updated regularly. This also assisted the person to settle into the service.
- The registered manager identified that people's relatives also required support when their family members started to use the service, such as managing their own feelings. This was provided in an 'open door' way where people's relatives were welcome to speak with the registered manager or any member of staff. One person's relative told us that when they required information this was provided by staff, "Immediately."
- Best practice guidance was followed, included The National Institute of for Health and Care Excellence (NICE), to ensure people received excellent standards of care. This included in the service's policies and procedures and when planning care for and with people relating to their specific needs, such as diabetes, and end of life care.

Staff support: induction, training, skills and experience

- People's needs were consistently met because the registered manager and provider continued to focus on the importance investing in staff who had the right skills, competency and knowledge to provide high quality care at all times. This also contributed to the staff retention in the service, which provided people with continuity of care.
- All of the people, visitors and relatives spoken with were complimentary about the staff working in the service. This included the skills they had and their approach to meet people's needs effectively. This was also supported by the high number of cards and letters sent to the service thanking them for the care and

support provided. One person's relative stated in a card, "We were very touched by the gentleness and compassion shown to [family member]...and were very impressed by the professionalism that you all displayed."

- Staff continued to be provided with the high quality training they needed to effectively meet people's needs. Staff told us they felt that the training they were provided with was excellent and assisted them to provide high quality care, such as being able to identify risks to people and taking immediate action. This was evident in the outstanding care provided to people which was caring and responsive.
- The registered manager told us about how the training provided had supported staff to access other services effectively, "We believe that our tenacious and informed approach ensured that they [people using the service] received the appropriate care and support that they and their families needed."
- Staff received training in subjects associated with people's specific needs to ensure they received outstanding quality care at all times. This included training in equality and diversity, dignity and respect, diabetes, oral health, behaviours that challenge and dementia. The training was effective because staff had an in depth knowledge about how to communicate and care for people living with dementia. This included when staff offered people choices, such as how they wanted to spend their time. People were at ease with the staff who supported them. When people showed signs of being distressed staff were quick to respond and divert people which reduced the risk of further anxiety. A visiting health care professional told us that they had been, "Impressed," by the way that staff supported people who were distressed. They said, "They [staff] really seem to care."
- As well as the formal training provided, the registered manager provided additional forums to continuously increase and update the knowledge of the staff to ensure they delivered an extremely effective care.
- The registered manager delivered regular workshops to refresh the knowledge of staff and ensure staff were focussed on the high standards of care expected. These included theory, scenarios and practical sessions. Staff were extremely positive about this ongoing system to refresh their knowledge. One staff member said the workshops helped them consolidate their knowledge, kept them updated and enabled them to recognise risks to people and address them at an early stage. One of these sessions was booked on safeguarding for the week after our inspection.
- Staff received monthly newsletters which updated them on any requirements and or changes in their role. For example, the newsletter for December 2018 reminded staff on ensuring people were supported with their continence needs promptly and the importance of handwashing. This was effective because we saw staff regularly washing their hands to reduce the risks of cross infection. In addition, people were regularly offered support to use the toilet and any requests for assistance were addressed promptly.
- The service utilised training provided by local authorities, including diabetes, dementia care coach and falls. This complemented the provider's in-house training and supported high quality care, for example reducing the risks of falls and increasing knowledge of staff how to support people living with dementia in the most effective way. We saw that staff were knowledgeable about how to support people living with dementia, this included in discussions with people about their memories and the time they were living in. An example of this was the use of doll therapy for one person who was seen holding and rocking the doll which comforted them.
- A lecture session was held with a community psychiatric nurse and a psychologist to help staff to understand and support people with mental health conditions.
- Staff received an in-depth induction, which included training and shadowing existing staff who also provided mentorship. Throughout the shadowing new staff were assessed and supported by their mentor and the registered manager to ensure they were working to the high standards expected, they were then supported to work alone.
- There were champions roles in the staff team, including in end of life, infection control and nutrition and hydration. The champions took a lead in their subjects which were underpinned in best practice guidance.

They attended more in-depth training and received information from local authorities. They fed back their learning to colleagues and used their knowledge to drive continuous improvement to provide people with high quality care. We spoke with the infection control and medicines champions who were extremely passionate and knowledgeable about their role. They understood their roles and responsibilities, this was evidenced in our findings of good standards of hygiene and medicines support provided in the service.

- To improve the wellbeing of people with diabetes, the diabetes lead staff member and the registered manager had designed new diabetes care plans and documentation developed to help staff to understand how to care for people with this condition. This was done in conjunction with a health care practitioner. Training for staff was developed in the new documentation and in diabetes care. This supported staff to recognise any changes in people's wellbeing associated with their condition promptly and take action, such as referring to health care professionals.
- Some staff had attended courses to allow them to deliver training to their colleagues, such as moving and handling. This ensured that training was delivered as soon as staff needed it, such as new staff and staff who needed refresher training, and in turn were available to support people safely when required. We saw that this training was effective because staff supported people to mobilise safely and effectively.
- There was a range of qualifications that staff had been supported to achieve, including management and leadership, care, education and training, and mental health. The registered manager was highly committed to the development of the staff working in the service, which assisted in the high quality care provided to people. They shared examples with us of how staff had taken the opportunity to develop in their roles and how they could progress to more senior roles.
- Staff were provided with one to one supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs. Since our last inspection the appraisal process had improved. This included staff self analysing their strengths and areas for improvement and how they were continuously improving their practice.

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

- Without exception, people were extremely complimentary about the food they were provided with. They told us that they always had choices and the quality and quantity of food was excellent. One person said, "Food is very good, they vary the menu, lovely lemon meringue and I have two helpings, lovely crumbles too. Tea times if you don't want sandwiches you can have poached eggs, fried eggs, have what you like."
- A satisfaction survey completed by people using the service in 2018 showed that all of the people were satisfied or very satisfied with the food provision.
- The service won the food and catering award in the 2018 Suffolk Care Awards. This was in recognition of the high quality food that people were provided with to meet their dietary needs and preferences. The judges for this award were, "Looking for an approach to nutrition and hydration that is thoughtful, innovative and achieves positive outcomes for all." The areas identified for the service's exceptional food and catering provision included the décor of the dining room, people's individual food plans, a dementia café, picnics and treats for people in the summer, locally sourced food, the dining club and, "Each mealtime is seen as an opportunity for social time and pleasure."
- People told us that they got enough to drink, which reduced the risks of dehydration. There were jugs of cold drinks in the service that people could help themselves to. One person told us, "I like bottled water and they get it in and put it in my room." The person had been purchasing the bottled carbonated water themselves, which this was brought to the attention of the registered manager, they took quick action to reassure the person and ordered this preferred drink for the person. Another person commented, "I wake about 6am they bring me tea in a nice mug, keeps hotter in that, I can ring my bell anytime at night and ask for tea."
- Staff time was 'ring fenced' to provide people with support with their hydration needs. This reduced the risks of urine infections and dehydration and improved skin integrity.

- People's dietary needs continued to be assessed and met. This included people who were at risk of choking and/or were not maintaining a healthy weight. Staff spoken with were very knowledgeable about people's dietary needs and how they were met. Food logs were kept in the kitchen which advised catering staff of people's likes and dislikes and any allergies or specific dietary needs people had.
- Mealtimes continued to provide people with an extremely positive and social experience, people were served with their choices of food and drinks including alcoholic or soft. People chose when and where they wanted to eat, for example one person chose to sit alone in the dining room, another person told us that they were waiting for a visitor and had asked the staff to keep their meal until later. People could share meals in private with their friends and relatives, where required. One person's relative told us how the staff had set up a table for them and their family member, which they appreciated.
- To encourage the extremely positive meal time experience and interaction, staff ate meals with people. One staff member asked for the consent of people sitting at a table, "Can I join you?" We saw staff joined the discussions held at the tables and people responded in a positive way by smiling and chatting.
- Some people chose to eat in their bedrooms, this choice was respected. One person ate in their bedroom because they were not feeling well, a staff member offered encouragement which resulted in the person eating, they said, "Do you feel alright, you don't want your lunch, let me show you what it is, why not try a little, got tartare sauce too."
- There was a large selection of fruit available that people could help themselves to, we saw six different types of fruit provided. One person listed the fruit that they enjoyed each day and the positive effects this had on their wellbeing. A newsletter from winter advised people that fresh fruit was always available, and the benefits of eating the fruit.
- People who required assistance and/or encouragement to eat was provided with by staff in a patient manner and at the person's own pace. Adapted cutlery was provided to aid people's independence and china to assist people, such as people living with dementia or sight loss, to identify where their plate was.
- People who were living with dementia were supported to make their meal choices with the use of photographs of the choices of meals and/or plated meals. This had been done in response to staff recognising that some people had always chose the last meal verbally offered.
- A new chef was working in the service, they chatted with people before and after their meal. We saw they visited a person who chose to eat in their bedroom to ask if they were happy with the food.
- To gain people's views of the meals provided the service had recently introduced 'emoji' style feedback illustrating levels of satisfaction with regard to their diet, fluids and menu choices. This demonstrated a commitment to ensuring people were provided with what they preferred and the provision of accessible forms to share their views.
- The service held themed days, such as Indian day, where food was provided from the country. This provided people with the opportunity to try food from other cultures.

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

- The registered manager told us about the positive relationships they had with other professionals involved in people's care, "We build relationships and this builds trust and improves our effectiveness in the service that we provide." This was confirmed in the feedback we received from visiting health and social professionals. One visiting professional told us that they were always welcomed into the service and that staff and the management team listened to their suggestions to improve people's care. One health care professional said, "We work in close partnership, they [staff] keep in close contact with us and raise any concerns appropriately."
- A visiting health care professional told us about a local initiative which had been embraced by the service to improve people's care provision. They said that the staff had, "Engaged well," in the skin care pathway. Staff had been provided with training, equipment and paperwork to assist them to act quickly to dress any

skin tears. Staff then called for support from health care professionals. This supported staff to provide immediate care for people before health care professionals arrived.

- A staff member told us that they were a continence assessor and infection control lead. They liaised with other professionals to gain good outcomes for people using the service. They also attended local authority infection control meetings to discuss and ensure best practice to deliver high quality care.
- A staff member told us that an occupational therapist regularly visited the service to check that people had access to equipment they needed.
- The local GP surgery provided a weekly surgery at the service, this ensured that any concerns about people's wellbeing were addressed promptly.
- People told us that they had access to healthcare professionals when needed. One person said, "Doctor comes every week, I go to my own optician, see my own dentist and the chiropodist comes regularly." One person's relative told us how the staff had called in the doctor when they had concerns about their wellbeing.

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

- People were very complimentary about the environment that they lived in and particularly liked that they could use items of their own furniture. One person said, "It is lovely I have not had to part with my lovely furniture." One visiting professional told us, "Very good environment. Resident's rooms are nice, it is like a five-star hotel."
- There were communal areas, such as lounges and a dining room, which people could freely access. There were also areas in the service where people could see their visitors in private.
- There was a large secure and well-maintained garden that people could use. One person said, "Got a nice garden and try and do rounds of walking, use it or lose it."
- People could participate in the gardening club if they chose to. One staff member told us, "We do flower baskets, I grow the plants at home. [Person] helps me water. We have got a vegetable section in the garden and grow tomatoes, pumpkins, peas, we have got a mini watering can so that they [people] can assist me, they like to come and give me a hand."
- There was signage in the service to help people to navigate to rooms such as toilets.
- A staff member told us that they were responsible for organising contractors if there were any repairs required in the service. They said that there was, "No limit," on what they could purchase, this included new mattresses and commodes.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that staff asked for people's consent before providing any care or support. For example, a staff member asked for a person's consent to support them with their medicines, "Got your tablets here, if that is okay before you eat?"
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- People's care records included their capacity to make decisions and any support provided to support people who lacked capacity, including decisions made with the appropriate professionals in their best interests. DoLS referrals had been raised to ensure any restrictions on people's liberty were lawful.
- Since our last inspection, there had been changes in the law regarding how people's personal information was kept and shared. As a result, the service had reviewed the consent documentation to reflect people's consent to care and the information kept about them. These were all in place in people's personal files.

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

At our last inspection of 6 April 2016, we rated this key question outstanding. At this inspection of 12 March 2019, we found people continued to receive an exceptionally caring service.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that the staff were extremely caring and respectful. One person said, "It is wonderful, wonderful carers treat me like I am their family, treat me with respect, dignity and love, you do feel cared for." One person's relative commented, "They talk to people as equals and with great patience." One visiting professional told us, "All the staff are so caring, the feeling of welcome when you arrive, everybody greets you, the lightness of atmosphere."
- We saw some examples of extremely caring interactions. One staff member sat with a person who was holding a doll, this person was living with dementia. The staff member offered to get a blanket for the doll. This demonstrated empathy and understanding of the person's condition.
- A staff member played a person their favourite song on their mobile telephone, this made the person smile.
- We observed that staff were very respectful in their interactions with people. Staff communicated with people in an extremely caring and respectful way. They positioned themselves at people's eye level and used reassuring contact. We saw that people and staff shared positive relationships and knew each other well.
- Staff demonstrated they knew people well when they told us that a person was happy for us to visit them in their bedroom. They asked us not to touch any of the person's belongings because this caused them distress.
- Staff spoke about people in a very compassionate manner and they were committed in providing a caring service. One staff member told us, "Key workers buy their residents birthday presents, we take them down to the café, the other day weather was so bad and [person] wanted a hot chocolate so [staff member] went down in the rain and collected one for [person]."
- We saw staff offering people with reassurance in a caring way to reduce the risks of anxiety. For example, a staff member talked with a person about their relative who had recently been in hospital, "I saw [relative] out shopping yesterday, good that [relative] is out of hospital now. [They] looked okay, no need to worry." Staff also reassured people when using equipment to assist them to mobilise.
- People told us that they could have visitors when they wanted them and there were no restrictions. This assisted people to maintain meaningful relationships. One staff member told us how they had taken a person to visit their relative in the community which supported their wellbeing.
- One person's relative told us how the staff had shown compassion to ensure their visits were meaningful. They said, "When I stay for lunch they set a table for the two of us in the lounge, nice for us to be one on one."

They are caring, I did not ask for it but it means we can talk, beautiful tablecloth and napkins, beautifully appointed."

- A person's relative told us that the care and compassion demonstrated by the management and the staff extended to the families of people using the service. They shared an example of how the family were supported, "They are terrific with my [family member] who now lives alone at home, they care about all the family... Manager is terrific, she is interested in the family, she chats, watches over [family member] and [staff member] will call in on [family member] if they feel something is wrong."

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

- People told us that their choices were always listened to. One person said, "Staff listen to what I have to say, they are approachable, thoughtful and caring, Staff do what I ask."
- People's care records demonstrated their full involvement in the decisions about how they wanted their care to be delivered.
- People were included in the recruitment of new staff. This included organising questions they wanted to ask and sitting on an interview panel. The registered manager told us how they consulted with the people about their views about the suitability of prospective staff.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy, dignity and independence were always respected. This was included in care records to ensure staff received guidance in how to respect people's rights.
- Staff knocked on bedroom and bathroom doors before entering and we saw that staff spoke with people in a discreet way about if they needed assistance with their personal care needs.
- One person's bedroom had a notice on their bedroom door to deter people walking in, the notice stated, "Please walk to another area and seek a member of staff for assistance."
- Staff encouraged people's independence, such as when they were mobilising and eating lunch.
- One person told us, "I am independent, do what I want, I can do everything for myself, I can use the lift and get to the toilet, I am perfectly happy."
- One person told us how the staff respected their dignity in an extremely caring way when they required personal care support, "Staff are very understanding, I felt ashamed and they told me we can deal with this and you are not to worry, they took my guilt away."

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

At our last inspection of 6 April 2016, we rated this key question good. At this inspection of 12 March 2019, we found improvements had been made and people were receiving an exceptionally responsive service.

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

- Without exception, people told us that they received a very personalised service which met their needs. One person's relative commented, "Everything is fine, they are so caring, cannot fault it, very good and caring, really could not be better." Another relative told us, "Fantastic, staff and residents make it, they have a lovely time. Every night when I come I see staff doing something different with them, never a time when there are not staff in the room [communal area], staff are attentive." One visiting professional said, "It is excellent, been coming here for 20 years, attitude of staff, friendly, seen lots of improvements."
- One person's relative told us how their family member's wellbeing had improved since using the service. They said, "[Family member] thinks it is fantastic here, they did not want to come, [family member] has improved here. [Family member's] anxiety is being managed, their loneliness due to [condition] staff have managed that by socialisation."
- People's care records continued to demonstrate that people's individual needs were assessed, planned for and met. People's communication needs were identified, recorded and highlighted in care plans. Where people demonstrated behaviours that others may find challenging, their records included triggers and guided staff how best to support them to reduce their distress.
- One person's relative told us how they had witnessed the staff working with people who displayed signs of becoming distressed. They said, "Staff interact with them, sharing jokes, playing games. [Person] loves to dance and have human contact, every time I come I see it and they dance with [person]. I have built a good rapport with the staff."
- There was an excellent programme of activities which reduced the risks of people being lonely and isolated. One person told us, "Have outings to the beach hut, I went twice, had garden fete, balloon exercises, singers, school children come and sing, can't be better, always something to do, they are open to ideas, my idea to do Pilates and now the staff do it." This was confirmed by the registered manager. On the day of our inspection visit we saw 16 people who used the service, two relatives and seven staff taking part with a trained teacher. Another person commented, "I am knitting squares for blankets, I love the keep fit and Pilates, they do have quite an assortment of things to do. They don't push you." One visitor said, "Always staff about, get a warm welcome, we see the staff doing the activities and lovely to see residents doing exercises." A staff member told us how the Pilates had positive outcomes for the health of people.
- We saw that people who chose to stay in their bedrooms were visited often by care staff who provided time to ensure they were not lonely or isolated. One person told us, "I am happy on my own, happy in my room, I talk to the staff and they talk to me. Library comes, I watch TV, read the newspaper from beginning to end, I am happy."

- Staff were visible throughout our visit and they moved around to ensure all people received quality interaction. For example, a staff member delivered a drink to a person who had asked for one, this was not just left with the person, the staff member sat next to them and chatted. One staff member told us, "We are encouraged to spend time with people and chat, we are given time to do this."
- There was a pet cat in the service, the cat had moved to the home from their original owners who agreed to sign the cat over to the home. One person told us, "I think that the cat helped me to settle in, she follows me." This was confirmed in our observations. The person had a cushion on their mobility aid and we saw them transporting the cat around the home.
- There were several creative activities provided for people. This included a diner's club where the dining room was designed to look like a restaurant. For those people who wanted to go to bed early, an afternoon tea with champagne was provided as an alternative.
- An annual sport day was held in the grounds. This included teams competing in games such as an assault course.
- 'Make a wish' had been started, where people could choose something they had wanted to do. One person liked the Swedish pop group Abba and a day was being planned with Abba music and Swedish drinks and food. People also enjoyed themed days including India day and Caribbean day, which included dressing up and enjoying food and activities associated with these countries. This provided people with the opportunity to have new experiences or revisit things they had previously enjoyed.
- People enjoyed outings, for example a tour of the local area, cafes, and the sea life centre in Great Yarmouth. We saw photographs of people smiling and enjoying the activities provided.

Improving care quality in response to complaints or concerns

- People told us that they felt confident that if they raised concerns that they would be addressed.
- The management team made themselves available for people and any concerns or suggestions were addressed before complaints were needed. One person's relative commented, "Really good communication, I ring or pop in and get immediate answers." Another relative told us how changes had been made as a result of their family member's comments when they wanted to move bedroom, "Manager made it happen when a room became free. I have got no complaints."
- There was a complaints procedure in place. This was displayed in the service to ensure people and visitors were aware of how to raise concerns. Records demonstrated that concerns were addressed and used to drive improvement.
- We saw many letters and cards sent to the service thanking them for their care and support. One stated, "You are all so very kind, caring, considerate and incredibly patient." Another commented, "A huge thanks to [management team] for picking the very best staff and creating such as positive, professional and caring culture at Holmwood."

End of life care and support

- The service was using the Gold Standards Framework (GSF) coding system to identify those nearing the end of their life. The GSF supports recognised standards of end of life care.
- There were systems in place to support people who required end of life care. People's care records included their choices relating to the end of their lives, including if they wished to be resuscitated and how and when they wanted to be cared for at the end of their life and these were respected.
- The registered manager understood how working with other professionals could improve people's experiences at the end of their life, this included anticipatory medicines to reduce people being in pain. A visiting healthcare professional told us that they worked with the service's staff to support people at the end of their life.
- Staff had received training in end of life care.
- In May 2018 the service held a day for people who used the service, relatives and staff to remember those

who had died. A rose bush had been planted in memory of a staff member who had died. This had been well attended, such as from relatives of people who had previously used the service and had died. Because of this success this was going to be held each year.

- One visitor to the service told us how the caring end of life attitude of the service extended to relatives. The visitor said, "The boss [registered manager] said I could come here whenever I like then my relative passed... it means a lot to me that I can come here and talk to people and watch the TV, they always offer me a coffee."
- One person's relative told us about the end of life care provided to their family member, "Staff have been so wonderful, they have been so kind... they looked after family member so well. [Family member] was happy here."
- We saw a relative visiting the service after their family member had recently died. Staff were extremely caring and supportive, there were lots of compassionate discussions about memories of the person and hugs.
- A staff member told us about the support they had provided to a person who had recently died. They said that they had held the person's hand at the time of their death. The staff member demonstrated that they were compassionate and genuinely cared about the person. This compassion was demonstrated in discussions with other staff, including members of the management team.
- When a person had received end of life care the management team completed an analysis of the care provided and used this to assess if anything could have been done better.
- The service was a runner up and highly commended for their end of life care in the 2018 Suffolk Care Awards.

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

At our last inspection of 6 April 2016, we rated this key question outstanding. At this inspection of 12 March 2019, we found people continued to receive an exceptionally well-led service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager had an excellent oversight of what was happening in the service, and demonstrated an in-depth knowledge to support high quality care to people using the service.
- There was a programme of robust quality assurance checks in place, including care records, health and safety and medicines. Bi monthly quality assurance reports were undertaken which included reviews and inspections completed by the providers representative. The reports included ongoing improvement made and innovations. These supported the registered manager and provider to address any shortfalls promptly.
- Detailed analysis was undertaken in areas such as incidents, accidents, staff retention and deaths. These assessed comparisons with national figures and the previous year's statistics and were used to continuously improve the service. The findings for the analysis was shared with staff, people using the service and their representatives.
- The registered manager and staff spoken with were highly motivated, and shared the same values of putting people using the service first. One staff member told us, "I am very passionate about the home and I want that to come through."
- The registered manager understood their responsibility of the duty of candour.
- All of the people we spoke with were extremely complimentary about the registered manager and the senior team. One visiting professional told us, "The manager is different from any other managers, she has a lovely smile, is positive and always greets us and stops to have a chat, she is so caring about everybody." One relative said, "The manager runs a pretty tight ship, staff all get on together, it is a very good home...I see quite a few homes, I am impressed with it here." Another relative commented, "Manager you can trust her, she has got her finger on the ball."
- All of the people we spoke with were very positive about the service provided. One person said, "It is excellent, it is fantastic, I know the [management] in the office, I am happy here and give it 10 out of 10." One visitor told us, "Home has got a good reputation, best one round here, staff stay, nice atmosphere with staff that all seem to get on." Another visitor said, "Think that this must be the best home in England, staff are lovely." One person's relative commented, "First class care, very open honest and well managed, with genuine staff who care, long term staff, not a high level of turnover, genuinely some inspiring carers, I have no concerns."
- The service was highly commended for their end of life care and inspirational leaders and managers and

won the food and catering award in the 2018 Suffolk Care Awards.

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

- People and staff were actively engaged in developing the service; through surveys, meetings and ongoing communication to check they were happy with the service they received. The registered manager told us how they had made changes as a result of people's comments, for example, revamping the surveys to make them more accessible and easier to complete. The results of surveys were published including the actions taken.
- Planned assessments checked that the service could meet people's needs. Ongoing reviews included people who used the service to identify how they wanted their care delivered.
- The registered manager demonstrated that staff were highly valued, this included in the performance bonus, employee of the month, provisions of free meals and Pilates sessions. The registered manager told us that they felt they had a, "Perfect team," of staff. Staff had team building outings, a bowling activity was being held in the next week, these were also attended by the registered manager.
- People using the service, their representatives and staff were kept updated with any changes in the service and for example activities provided in regular newsletters. People contributed to the newsletters, including having their poetry and memories published.

Continuous learning and improving care

- The registered manager kept their learning up to date and understood the importance of keeping up to date with changes in the care industry. An example of this was that as a result of a Skills for Care publication, the registered manager had undertaken a staff retention analysis which found that the service was higher than the national average.
- The service ensured that the skills of staff were used to their full potential to improve people's wellbeing. Examples of this was a qualified beauty therapist who worked in the service and provided regular beauty treatments for people. Another staff member had previously been a hairdresser, a person who used the service told us that the staff member had cut their hair and they were very happy with it.

Working in partnership with others

- The registered manager told us about the very positive relationships they maintained with other professionals involved in people's care. This was confirmed by a visiting healthcare professional who said that they worked in partnership with the service to gain good outcomes for people.
- The service continued to develop links within the community. Local library staff visited the service where people could borrow books, people attended the local café. People had also done a tour of Bungay which ended at a local café.
- The service held a monthly dementia café, where they welcomed people from the community, people using the service, people's friends and relatives. Refreshments were provided and these were used as an opportunity to provide support, and could signpost to local services.
- Preschool children visited people to participate in activities with them, a local theatre group visited and spent time with people using the service. The group wrote and performed a play based on the visit and the memories people had told them about. Photographs showed people smiling and enjoying these activities.
- The service held a diner's club. This included designing the dining room to look like a restaurant and people booked tables. The service invited people from the community, including GPs, community nurses and staff from the library. A visiting professional told us, "We were invited to the Christmas do and met the resident's relatives, we really enjoy coming here, and would certainly recommend here to anyone."
- The service had its own beach hut, which was used by people who used the service and was also available for booking by others.

- The service worked with local places of worship, one being the allocated safe place for people should the service need evacuating. The registered manager was also working with a local church to provide a place for people in the community to visit if they were alone over Christmas.