City of Bradford Metropolitan District Council

Holmewood

Inspection report

Holmewood Resource Centre
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 September and was unannounced.

Holmewood is registered to provide accommodation and personal care to a maximum of 32 people living with dementia. So that everyone can have a single bedroom the maximum number of people living at the service is 28. Accommodation is provided on two floors and is split into four separate units. The home provides long term care, intermediate care and respite (short term) care. People living at Holmewood also have access to a day centre, which is attached. The home is in the town of Keighley.

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

At the previous inspection, which took place on 11 April 2014, the provider met all of the regulations we assessed at that time.

Not everyone at the service was able to tell us about their experiences at Holmewood. We therefore made sure we spoke with visitors and other health care professionals visiting the service to seek their views. Everyone we spoke with told us people were safe. Staff were recruited following a robust selection process, to ensure they were suitable for their role in the home. We found that staff training was relevant and up to date.

A number of staff, including the registered manager, had worked at the service for significant number of years and were familiar with people who lived at Holmewood and their care needs. We observed that staff demonstrated a positive regard for the promotion of people's personal dignity and privacy. Throughout our inspection we found staff were kind, considerate and competent in their roles.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service. The service was fully staffed, however when necessary the registered manager used 'bank' or agency staff who were familiar with the service and this helped to minimise any disruption to people using the service.

Relatives told us staff were always available when they visited. Our observations during the inspection showed there was appropriate deployment of staff, including staff providing care, catering and housekeeping tasks.

Although attention was needed to improve the paperwork associated with the principles of the Mental Capacity Act 2005 (MCA), the registered manager and staff followed the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) ensured people were not being deprived of their liberty in an

unlawful way. The lack of appropriate MCA assessments was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was well maintained, clean, fresh smelling and comfortable.

Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures to support them in their role. Risk assessments were in place to identify risks due to people's medical, physical and mental health conditions and to make sure these were minimised.

Medicines and creams for people who used the service were managed safely. Staff had received the appropriate training and checks took place to make sure medicines were given safely and at the appropriate times. We made a recommendation about the storage of medicines.

People told us the quality of their food was good and their nutritional needs were monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals when required. Food and fluid monitoring charts were being completed, however some only included a description of the menu provided but not the amount eaten by the person. It was also unclear why some people had been provided with a soft diet. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were effective arrangements in place for the maintenance and upkeep of equipment and the premises. We made a recommendation that the window restrictors used in all areas were in accordance with the Health and Safety Executive advice and that the glazing used was suitable and robust enough to withstand any physical damage.

We found that people's care was planned to ensure that people received appropriate care that met their individual preferences and promoted their wellbeing.

There was a committed staff team who told us they enjoyed their work, worked together to the benefit of the service and took a pride in the care they provided at Holmewood. Staff told us the manager and other senior staff, employed by the service, were supportive and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the service, and staff were confident about the management structures.

Activities took place regularly and people were supported to attend the activities they wanted to be involved in. Visitors were made welcome and were involved in the care of their relatives.

A complaints procedure was in place and records were available to show how complaints and concerns would be responded to. People who used the service and their representatives were encouraged to give feedback, through surveys, meetings, reviews and comment books. There was evidence that feedback had been listened to, with improvements made or planned as a result.

The manager had not always submitted timely notifications to CQC when required. Despite this oversight we found that all incidents and accidents were recorded fully and that the necessary actions were taken to protect people and make sure they received appropriate and safe care. We also found audits were taking place consistently and were mostly effective in highlighting any issues before they arose and when improvements were needed, the manager was proactive. However, because there was evidence of a failure of notify CQC of all notifications as required, monitoring charts were not accurate and the MCA principles

were not being followed in full, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been recruited safely. There were enough staff to keep people safe and provide the care and attention needed. Staff were deployed effectively.

Staff knew how to protect people from harm and report any safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

People's medicines and creams were managed safely and given as instructed by the prescriber. We made a recommendation about the storage of medicines.

Staff received safeguarding training and safeguarding procedures had been reviewed and updated.

Management systems were in place for the on-going maintenance and safe upkeep of equipment and the premises. We made a recommendation about the window restrictors and glazing being used in some areas of the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Overall, the service took account of the Deprivation of Liberty Safeguards (DoLS) and had taken steps to apply for authorisations where needed. Assessments were completed and where people lacked capacity to make decisions about their support, these were completed in their best interests. However, to meet the full legal requirements in full assessments needed to include more detail.

Staff had the skills and knowledge to support people because they received on-going training and support. New staff completed an induction programme before working as part of the team.

Food provision was of a good standard. People were supported to eat and drink and help was available at meal times for those who needed additional assistance. However, not all records included accurate information which reflected what people had had to eat and drink.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

The design of the building was suitable for people who required support with walking and for those living with dementia.

Is the service caring?

Good

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People's views were taken into account and used to help shape the service.

We observed staff engaged sensitively with people and were respectful. Health care professionals and relatives told us that all of the staff working at Holmewood were caring, kind and committed to their work. Throughout the inspection we saw people were treated with kindness, patience and in a considerate way. Staff offered reassurance to people who were anxious or needed comfort. They did this using verbal and physical contact, which was appropriate and relevant to each person.

Is the service responsive?

Good

The service was responsive.

Care and support was planned in a way to take account of people's changing care and support needs. Care plans were basic in some instances and would have benefitted by having more detail. It was clear that staff knew people very well, this was not reflected in some of the records we reviewed.

Activities were organised and a varied programme was available for people to be involved in if they wished. Efforts had been made to engage with the local community, so that everyone could participate in something they were interested in.

A complaints procedure was in place. The service encouraged feedback and any suggested improvements were listened to and

acted on where necessary.

Is the service well-led?

Requires Improvement

The service was not always well led.

The manager at the service, together with a senior staff team provided consistent, strong leadership and guidance.

Everyone we spoke with was positive about the impact this had on the running of Holmewood.

Staff felt supported by the management team and told us they were confident about the way the service was run.

Systems were in place to monitor safety and quality and where issues were highlighted through audits or surveys for example, action was taken in a timely way to address any shortfalls. However, some shortfalls were noted with regard to some of the auditing systems.

The manager had not always submitted timely notifications to CQC when required. Despite this oversight, we found that all incidents and accidents were recorded fully and that the necessary actions were taken to protect people and make sure they received appropriate and safe care.

Holmewood

Detailed findings

Background to this inspection

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

This inspection took place on 14 September 2016 and was unannounced. The inspection visit was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications submitted by the registered manager. We also contacted the local authority safeguarding and quality performance teams in order to obtain their views about the service. As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed in April 2016. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

During our inspection we observed how staff interacted with people who used the service. We spoke with nine people living at Holmewood and four relatives. We also spoke with three care assistants, three senior care assistants, a maintenance person, a chef, a kitchen assistant, the assistant manager and the deputy manager. The registered manager was on annual leave at the time of the visit. We also spoke with a district nurse, community psychiatric nurse, an occupational therapist and a phlebotomist to gain their views about the service.

We reviewed the care records belonging to five people who used the service and recruitment and supervision files for six staff. We looked at a selection of documentation relating to the management and running of the service. This included staff training, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Relatives and people who used the service told us the home was run in a 'safe' way, that they trusted the staff and had no concerns about the way care was provided. People we spoke with described staff in positive terms. One person told us, "Staff are amazing. Without this place I don't know what I would have done." The person went on to explain how caring for their relative was challenging at times and that staff were able to support them both through difficult periods. Another person told us, "Yes, I am well looked after here." One person summed up their feelings, they said, "I've been lucky, it's good here. I can't fault the staff." A health care professional told us, "This is one of the places we are most confident about."

People told us they never had to wait for attention and this included during the night. We noted the response times to call bells whilst inspecting and found that these were answered promptly.

Staff told us they thought there were enough staff on duty at all times to provide the level of care and support needed. They told us that every day was different but that staff worked as a team to make sure everyone was attended to. As well as care assistants, the home employed catering staff, housekeepers and laundry assistants, a maintenance person, an activity organiser and an administrator. This meant that staff employed to provide hands on care were not taken away from this role to clean or prepare meals. However, we also noted that when a member of the team was away from work that the 'team' worked as a whole to make sure the service ran smoothly. For example, on the day of our visit the care staff team organised the laundering of bedding and clothing between them as a member of staff was away from work. Staff also told us that the management team also worked alongside them where necessary, especially at busy periods during the morning. It was clear that staff took their work seriously and took a pride in the way they worked together for the benefit of those living at Holmewood.

On arrival at the home people were at differing stages of having their breakfasts or getting up. We observed the breakfast and lunchtime meals being served and the overall dining experiences for people. We observed care staff being attentive throughout the day. During each meal, staff were available to offer support and encouragement for people to be seated prior to the meal being served. Staff sat with people during their meal to make sure they could prompt when necessary and encourage people to finish their meal without taking away their independence. There were sufficient staff, including kitchen staff, to serve the meal hot and give people a choice and what they wanted to drink. People were given time to finish each course before their plate was cleared away. The deployment of staff during the busy meal times was well planned and effective. Staff were organised and the meal times were a pleasant, relaxed and sociable occasion.

On some occasions people were involved in activities in communal areas or they were sat quietly reading or talking to their peers. It was clear that people were involved in what they chose to do and that included where they sat and who they sat with. We noted that people could walk into the attached day centre to either sit with others or join in with the activities taking place there.

The management team reviewed the staffing levels daily, taking into account people's dependency levels and occupancy levels. There was a stable staff team, some had worked at the home for a long time. When

there were gaps in the roster, existing staff or 'bank' staff were used to cover any shortfalls. Agency workers were also used, however the home were careful to make sure the same people were consistently used, to minimise any disruption to the continuity of care.

The current staffing levels were a minimum of six care assistants and a senior care assistant from 7am until 9.30pm. The care staff team were supported by ancillary staff, an activity organiser and an administrator. The management team were also available during the week and weekends if required. Night duty was covered by two care assistants and a senior care assistant, with on call arrangements in place should an emergency situation arise or staff needed advice. Rotas we looked at showed that these staffing levels had been maintained.

People we spoke with were satisfied with the way their medicines were managed by staff. Staff we spoke with confirmed they had received training on the administration and management of medicines and that only staff deemed as competent could carry out this task. Staff were also able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the guidance information that was available to staff regarding medicines to be administered 'when required'. Staff described to us how these medicines were used and why. We found that detailed written guidance information was also available on individual medicine administration records (MAR). This information helped to ensure people were given their 'as required' medicines in a safe, consistent and appropriate way. One member of staff, responsible for giving out medicines at lunchtime was overheard asking individuals if they required pain relief tablets or is they were pain free. The member of staff responded appropriately to the responses she received. The policy being used was based on the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes.'

We observed people being supported with their lunchtime medicines, the member of staff explained what the medicines were for and ensured people had taken them before moving away. The support they provided was patient and warm. One person's care plan referred to a specific style of communication staff should use to ensure the person took their medicines, we saw the member of staff followed the care plan effectively and the person took their medicine.

We looked at the arrangements for the storage and administration of medicines. Medicines were stored in each of the four units in a locked cabinet in the kitchenette areas or in a central fridge if the medicine needed to be refrigerated. We noted that the temperature in the kitchenettes exceeded the recommended storage temperatures (15°-25°C), on a number of occasions. Some medicines are affected by excessive temperatures.

We recommend the provider assess the situation and assure themselves that the current temperature of storage areas for medicines meet with NICE guidelines.

Controlled drugs (medicines that require special management because of the risk they can be misused) were stored in a separate locked cabinet in a locked room. These were audited on a regular basis by two members of the management team. Anticipatory medicines were in place for people receiving end of life care. Perishable items, such as creams and eye drops, had been labelled with the date they were opened so that staff knew they were safe to use. We looked at a random selection of ten people's MARs, the controlled drugs register and medicine stock. The MARs had been completed to show people had received their medicines as prescribed. The controlled drugs register was correct and had been signed by two staff. The medicine stock we checked matched the records. Arrangements were in place to ensure that complex

medicines, such as warfarin, were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

We looked at the arrangements in place for safeguarding people who are vulnerable because of their circumstances and how allegations or suspicions of abuse were managed. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff told us how they would recognise the signs and symptoms of abuse and how they would report concerns about people's welfare or safety. They had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff told us they would always share any concerns with the manager or senior staff team. This meant that people were protected from avoidable harm.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. Risk assessments were in place to help identify risk factors, such as safe manual handling, falls, nutrition, and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage and minimise risks and provide people's care safely. Some of the information in care records was historical, which meant that current records were difficult to find in some instances. We also noted that records could include more detail, as they did not always reflect the in depth knowledge that staff clearly had about individuals.

We toured the premises during this visit. The service had a homely feel and was clean, fresh smelling and hygienic. We saw there were systems in place to ensure the service was clean and well maintained. We spoke with maintenance staff during our visit. They were able to describe the regular safety checks they carried out and show us the records of these. A maintenance contractor was used where necessary and the maintenance staff reported that issues were usually dealt with promptly. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, electrical and gas appliances, legionella testing, the passenger lift and fire safety equipment. A business continuity plan was in place, along with an easily accessible file containing key information and guidance that staff might need in an emergency. For example, personal evacuation plans for people who may need assistance in the event of a fire. We made a recommendation that the window restrictors used in all areas were in accordance with the Health and Safety Executive advice and that the glazing used was suitable and robust enough to withstand any physical damage.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. Where people were found to be unable to make decisions, best interest meetings were organised but this was inconsistent in the records we looked at. The meetings, which had been held, involved key people who knew the person well and who could speak on their behalf, knowing what the person would have preferred should they have been able to express their wishes. Some of the MCA assessments we reviewed were generic and did not contain enough detail in relation to restrictive measures and person centred decision making. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff routinely seeking consent and offering people explanations before support was provided. This was done in a discrete and helpful way. With staff getting down to the persons eye level and making sure they understood what was being asked or offered. Staff had received training in the MCA and those we spoke with had a basic understanding of what it meant and the impact it had on people living at Holmewood. There were eight DoLS authorisations in place at the time of our visit and the senior staff team were aware of their responsibilities to apply for authorisations should these be necessary.

Although staff understood the need to seek consent before providing people with care or support we did not see evidence that consent was routinely recorded within care plans. Some people had restrictive measures in place such as their medicines being administered covertly. Although there was evidence this was being done in the person's best interests and the person's doctor had been consulted we did not see comprehensive assessments of people's ability to consent to this or a clear record that relevant persons had been involved in the decision making process e.g. family. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff had the skills, knowledge and experience to provide them with appropriate care and to meet individual needs. One person said, "The staff are really good. Patient and kind, to us all." Another person, sitting close by agreed with this, saying, "Staff are all the same, kindness itself." An occupational therapist spoke with us about the service. They said, "The service is great, staff are friendly, supportive and can't do enough for people."

Newly appointed staff received a comprehensive induction programme and the compulsory training programme gave them the skills and knowledge to allow them to provide the care needed. Induction shifts included shadowing more experienced staff before they were included on the roster to work alone. The training records showed that staff were provided with a range of training, with refresher training provided on an on-going basis. Information provided told us that the majority of staff were up to date with their training, with some staff needing to complete refresher training. Additional training was programmed to take place in the coming months.

All the staff we spoke with told us they received excellent support from the senior management team to carry out their roles effectively. One staff member told us, "We are never in a situation where we can't ask for advice. The manager and team leaders are really good and we work as a team, everyone working together." Another staff member told us, "I love it here. I would have my mum live in here. That's how good it is." Staff also told us they met regularly with a senior member of staff for supervision. This is a one to one meeting where staff can discuss any issues in a confidential setting, including practice issues or required training. The senior management team confirmed that they had been working to ensure that staff received supervision and that arrangements were in place to ensure that staff received regular supervision and appraisals going forwards.

People we spoke with told us the meals at the service were very good. One person told us, "The food is really good. We get lots of choice and three good meals a day." Another person told us, "They cook food we like, all home made." We observed the breakfast and lunchtime meals being served on two of the four units. The food we saw was appetising and people told us they enjoyed their meals. Staff offered people choices, including showing people the different foods on offer, which helped people make an informed decision. We also saw that people were supported to have drinks and snacks throughout the day. During breakfast staff sat at eye level with people who needed assistance and we noted that they focused their attention on supporting them to eat their meal. We also noted at lunchtime that staff sat with people to eat the same meal, during this time they engaged with people at the table, offered reassurance and support to encourage people to finish their own meal independently. In one example we noted that this method of engagement meant that one person was able to maintain full independence with gentle prompting.

Menus were on a four weekly cycle and were changed according to the season. We looked at the menus for summer and saw that people were offered a varied and nutritious diet, with plenty of alternative dishes if the main menu was not suitable for people. Special diets were catered for and where necessary people were referred to other health care professionals such as the Speech and Language Therapy Team (SALT) if there was concern about their nutritional wellbeing. Staff gave us examples of the different foods they offered to encourage people to eat well and meet people's individual needs. For example, high calorific foods were provided for people who were at risk of losing weight.

Food and fluid monitoring charts were being completed, however some only included a description of the menu provided but not the amount eaten by the person. It was also unclear why some people had been provided with a soft diet. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care records we looked at included nutritional risk assessments, weight monitoring and action taken to address any weight loss. This helped to ensure people's nutritional wellbeing was maintained.

People we spoke with told us that they could see their doctor or other health professionals when they needed to. People in Holmewood occupying in an intermediate bed or short stay room were visited regularly by linked health care professionals and we noted an excellent working relationship between them

and the staff in the service. One district nurse told us, "Staff are brilliant at communicating with us. They are very well organised. The management team are approachable and they know people well." The care records we looked at included evidence of input from healthcare professionals when this had been needed.

Good

Is the service caring?

Our findings

Some people who lived at Holmewood had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported. Throughout our observations we saw staff treated people in a professional, patient, friendly and appropriate manner. Staff approached people in a sensitive and calm way. Staff spoke at a pace the person could understand. Where there was potential uncertainty, staff checked that the person had understood what had been said to them. We observed that staff had an in depth knowledge of the people they were supporting and we saw a variety of ways being used to encourage people to be independent and maintain their privacy.

All of the feedback we received about the care provided by the service was positive. A health care professional visiting the home at the time of our inspection spoke with us about the service. They said, "Staff are providing holistic care, physical care, support and emotional wellbeing. They support carers too." It was clear that people were able to access the kitchenettes on each unit and have use of the day centre facilities. People commented about the informal use of the space and there being no 'institutional' restraints. Comments included, "They know how to look after us here." Relatives we spoke with were also positive about the home and the care their relatives received. One visitor told us, "The staff are always welcoming and that is important. It's always the same, whenever I visit."

During the visit we spent time in the communal areas. Interactions we observed between staff and people who used the service were respectful, supportive and encouraging. Staff were respectful when talking with people, calling them by their preferred names and being discreet when offering personal care support. Staff took time to help people get comfortable and made sure they were settled before walking away. For example, moving people to different style seating or distracting people if they became upset and offering them a drink or walk outside. We observed staff were attentive to meeting the differing needs of people and saw they demonstrated a positive regard for what was important and mattered to them. We saw staff provided support to ensure people's dignity was promoted and observed interactions between staff and people were open, positive and friendly. Staff offered reassurance to people who were anxious or needed comfort. They did this using verbal and physical contact, which was appropriate and relevant to each person.

Where personal care was being provided, or offered, people were assisted to either their bedroom or the bathroom so that their care needs could be dealt with behind closed doors. Staff were observed knocking on people's bedroom doors before entering.

We saw information about the service on display together with details about the use of advocacy services to enable people to have access to independent sources of advice and support. There was evidence people who used the service and their relatives were invited to contribute and be involved in reviews and decisions about support that was provided to ensure they were happy with the way this was delivered.

We saw that staff had made efforts to ensure that people's specific care needs were identified and agency

staff were kept informed and updated on their care needs.

Records of people's daily activities were kept in a diary in the ground floor office. Care plans and other care records were securely stored and we observed that details that needed to be communicated about people were passed on in private if not during the formal handover session between staff at the change of each shift.

Appropriate arrangements were in place to accommodate people who needed support before returning home after a period of time in hospital, a short stay to prevent people needing hospital treatment and people who needed longer term support and care. The organisation and management of these different levels of care was done in a seamless and professional way. Staff at all levels interacted with other health care professionals to make sure people were at the centre of their planning. The service was run in a way which put the person using the service first, they were the 'priority' according to the staff and relatives we spoke with. Weekly meetings were held, involving a wide range of specialists from the local hospital and a dedicated doctor from the area to plan and map out continuing care provision for people using the short stay facility. The ultimate goal is for some people to return home after a stay at Holmewood. Out of 83 admissions since 2014, 46 people had returned home, 20 had transferred to alternative placements (nursing homes), 12 had been readmitted to hospital and four people had remained at Holmewood long term. This demonstrates the level of support people have received, particularly around their transition back to their own homes.

We saw that well planned arrangements were also in place for people nearing the end of their lives. Health care professionals talked with us about the way staff listened to their advice, acted on it and were proactive in raising any concerns they had about people, day or night. One health care professional told us, "Staff are great at communication, they are very vigilant and know which service to access and do this responsibly." They went on to say that staff could anticipate people's needs and made sure everything was in place when it needed to be, which meant people had a positive experience.

Good

Is the service responsive?

Our findings

People were positive about the care they received and they told us the staff team were responsive to their individual needs. One person told us, "I have everything I need here, everything I could wish for."

Throughout our visit we saw that visitors were welcome and knew the staff on duty. The entrance doors were locked and alarmed for security reasons, meaning visitors had to ring the doorbell to be let in. No one we spoke with was concerned about this and preferred that the home was secure. One visitor told us, "There are no restrictions on visiting. The staff are always pleasant and pleased for me to come when I want to."

An activities' notice was displayed in each of the four units. The service employed an activities co-ordinator, who people told us was enthusiastic and engaging. People made comments to us about the activities at the service. "There are a lot of activities you can join in with if you want." People also told us they could spend time in the garden and one person told us about the new raised garden where they had grown vegetables.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Each person also had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-admission stage. However, we discussed with the senior management team how these could be improved to capture more detail.

Care plans we saw covered all areas of daily living and the care people required. The information included individual needs and preferences and staff had consulted with other health care professionals to make sure the support being provided was valid and appropriate. Life history information was also included in some people's care plans, to help staff gain a real sense of the person. Care plans had been reviewed on a monthly basis by care staff.

We looked at the arrangements in place to manage complaints and concerns that were raised. The service had a policy which staff followed. There had been two complaints in the last twelve months. These had been dealt with in accordance with the provider's policy and resolved. We saw a folder containing many thank you cards and comments from relatives detailing their appreciation of the service provided. Comments included; "[name of person] settled well and felt safe and happy." And "excellent care and attention, received in a very friendly and caring way and always found my relative happy, clean and tidy." A health care professional had written, "High standard of care witnessed at Holmewood. Staff use initiative and expertise to provide prompt interventions to ensure the patients safety."

Throughout our inspection we noted the calm atmosphere in each of the units. Staff were skilful at knowing when to intervene to support people. For example, distracting some people when they predicted subtle behaviour changes which might challenge or noting that people may be in pain or uncomfortable. This can only happen when staff are competent, know the people they are supporting and are in tune with peoples individual needs.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and staff meetings. Staff told us they each shared a commitment to develop and improve the service for people staying at Holmewood. We saw there was a positive culture within the service. We found staff morale to be high and the staff we spoke with were totally committed to providing good quality support for people who used the service.

We found audits were taking place consistently and were effective in highlighting most of the issues before they arose and when improvements were needed, staff were proactive. Again this showed that senior staff had an overall grasp of the running of the service.

Staff we spoke with were enthusiastic and passionate about their work and were clear about their roles and responsibilities. Staff spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being. One member of staff described their job as 'rewarding' and other staff commented on the pride they took in their work, making sure they had made a difference to the lives of the people living at Holmewood. Staff also described how they built on professional and caring relationships to enhance the lives of the people they supported.

People we spoke with said they had positive relationships with staff, including the manager. Relatives also told us they had ample opportunities to give their views on the service and they felt listened to.

The service had a registered manager, who was supported by an assistant and deputy manager to run the service. One staff member told us, "It's a lovely place to work, the managers are really nice and deal with any concerns." The member of staff went on to say how that, "Staff are on the ball, I tell people how good it is here." Staff told us they would not hesitate to move one of their family members into the service for care and support. Another member of staff told us, "It's a happy home – if staff are happy service users are more content." Staff also confirmed to us that on call arrangements were well organised. This meant staff could seek advice and help, out of hours, from a senior member of staff.

During our visit the atmosphere throughout the home was welcoming. People living at Holmewood were relaxed and comfortable in their surroundings. People we spoke with told us that staff were committed to the home and the people who used the service.

The service had systems in place to monitor and improve the quality of the service provided. For example, there was a named lead for health and safety at the service. This member of staff was responsible for carrying out regular checks and for reporting any issues to the manager or provider. We saw the records of these audits, including checks made on equipment to make sure it was safely maintained and in good working order. Other audits included medicines management, falls monitoring and analysis and care plan records. A quality monitoring tool and action plan was also in place, highlighting areas for improvement and the actions taken and planned. There was also evidence of staff meetings, across all designations of staff, with discussion of practice issues and relevant areas for improvement. However, not all the audits had been

effective, in highlighting issues, for example, the lack of appropriate MCA assessments and other documents and records associated with the delivery of care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Notifications are incidents or events that the registered provider has a legal requirement to tell us about. Although the senior management team were aware of their legal responsibility to notify the CQC we found evidence of some incidents which had not been reported. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance You do not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Records do not fully reflect the care being provided. This breach had not been identified by either the manager or yourself and therefore, you cannot be assured people are being provided with effective care at all times. Overall, we found governance arrangements were insufficient, therefore the service was not fully well led.