HC-One Limited

Holmwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 4 January 2018 and was unannounced. This meant no-one at the service knew we were planning to visit.

We checked progress the registered provider had made following our inspection on 15 August 2016 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 11, Need for consent and Regulation 17, Good Governance. We found the registered provider was no longer in breach of these regulations.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of effective, responsive and well-led to at least good. We found improvements had been made in effective and well-led. Further improvements were still required in the key question of responsive.

Holmwood Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Holmwood Nursing Home is a purpose built care home located on the outskirts of Sheffield. The home provides accommodation for up to 41 people over two floors. The care provided is for people who have needs associated with those of older people, particularly those living with dementia. On the day of our inspection there were 36 people living in the home.

The manager had worked for the registered provider for six years and had been at Holmwood Nursing Home for approximately two months at the time of our inspection. She was in the process of registration with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw people received appropriate care and support to meet their needs. However, some people's care records needed updating to reflect this. We saw the manager was in the process of reviewing and updating everyone's care records.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

There were enough staff available to ensure people's needs were met. The registered provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Medicines were stored safely and securely, and procedures were in place to ensure people received their

medicines as prescribed.

We saw the premises were clean and well maintained. Staff understood their roles and responsibilities in relation to infection control and hygiene.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. We saw plans were in place for regular staff supervision and appraisal meetings to ensure staff were fully supported.

People and their relatives told us they enjoyed the food served at Holmwood Nursing Home, which we saw took into account their dietary needs and preferences.

We saw the signage and decoration of the premises were suitable to meet the needs of people living with dementia.

Positive and supportive relationships had been developed between people, their relatives, and staff. People told us they were treated with dignity and respect.

There was a range of activities available to people living at Holmwood Nursing Home.

There was an up to date complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided.

People, their relatives and staff told us the manager was supportive and approachable.

People, their relatives and staff were asked for their opinion of the quality of the service via regular meetings and annual surveys.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

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.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

There were sufficient numbers of staff employed to meet people's needs. Recruitment procedures made sure staff were of suitable character and background.

We found systems were in place to make sure medicines were safely stored, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The manager and care staff had an understanding of the Mental Capacity Act 2005 and understood what this meant in practice.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were assisted to maintain their health by being provided with a balanced diet and supported to access a range of health and social care professionals.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind and caring.

Staff knew the people they supported well and were therefore able to provide the care and support people needed in a person-centred and sensitive way.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records needed updating to reflect their current care and support needs. We saw plans were in place to do this.

The service had an up to date complaints policy and procedure. People and their relatives told us were confident in reporting any concerns to staff and knew they would be taken seriously.

There was a range of activities available to people to join in if they wanted to.

Is the service well-led?

Good

The service was well-led.

There were effective quality assurance systems in place and these took into account the views of people who used the service.

Staff were clear about their roles and responsibilities. They told us they felt supported by the management team, who they said were approachable.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. These were readily available to people, their relatives and staff.

Holmwood Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 January 2018 and was unannounced. The inspection team was made up of two adult social care inspectors, two experts by experience and a specialist advisor. The specialist advisor was a nurse with experience of working with people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Both the experts by experience had experience in caring for older people and people living with dementia.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. The registered provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service and Sheffield Clinical Commissioning Group (CCG). They told us they had no current concerns about the service.

During the inspection we spoke with 12 people who lived at Holmwood Nursing Home and ten relatives/friends who were visiting at the time. We met with the manager, deputy manager and regional director. We spoke with 13 members of staff. We spent time observing daily in life in the service as well as

looking at written records, which included six people's care records, seven staff personnel files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they or their relative felt safe living at Holmwood. Comments included, "This is a very safe place. They wouldn't let anything happen to us," "I am safe and the staff are really nice," "I know [name of relative] is well looked after in here and I'm here five days a week for hours, [name of relative] is definitely safe here" and "I think it's very good here. I'm finding it hard because [name of relative] dementia is getting worse and it came on very suddenly but I can't fault the home. I can sleep easy knowing [name of relative] is safe here."

All staff we spoke confirmed they had received training in safeguarding adults from abuse. They were able to explain to us what possible signs of abuse could look like. They were confident any concerns they raised would be taken seriously by management and acted upon appropriately.

We saw the service had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Both were clearly displayed throughout the home for people, their relatives and staff to see. This meant staff were aware of how to report any unsafe practice.

Prior to this inspection we reviewed the safeguarding notifications we had received from the service within the last 12 months. There were four in total. We saw they had been investigated and appropriate action had been taken by management to reduce the risk of repeat events. For example, disciplinary action taken against staff involved.

In addition to keeping a record of safeguarding concerns we saw the manager kept a record of any accidents and incidents that took place. The cause and effect of each accident or incident was investigated and recorded. Similar incidents were linked together to identify any trends and common causes, and action plans were put in place to reduce the risk of them happening again. For example, if a person experienced a number of falls we saw they were referred to the local falls team for advice and guidance.

The service was responsible for managing the personal allowances of people living at Holmwood. The service kept an individual financial record for each person and produced a statement for them each month. We checked financial records and receipts and found they detailed each transaction, the money deposited and the money withdrawn. The records were regularly audited locally and by the finance manager at head office.

This meant there were systems in place to keep people safe.

We checked seven staff personnel files to see if the process of recruiting staff was safe. All had been recruited within the last 12 months. We saw each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to

keep people safe.

We asked how the manager calculated there were enough on staff on each shift to keep people safe. She told us the registered provider used a staffing dependency tool to calculate staffing levels at each of its services. We were told this was based on information provided by the manager regarding current occupancy levels and the needs of each person living at the service.

We saw there were enough staff on shift during the inspection. There was always at least one member of care staff present in each of the communal areas throughout the day. This meant any requests for support from people could be quickly responded too. We saw people had access to call alarms if they needed to summon assistance. These were placed within easy reach of the person in their rooms and were responded to efficiently.

All the people and their relatives we spoke with told us staffing levels were sufficient. Comments included, "Mostly there's enough [staff] around to help," "I don't really like showers. I like a bath and they [staff] help me have one. Then they help me to dress and dry my hair."

We checked to see whether medicines were stored safely and administered correctly. We observed the end of the breakfast medicines round on the ground floor and the lunchtime medicines round on the first floor. On both occasions most people were present in the dining room during these rounds. We saw each person had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered, and we saw the nurse or nursing assistant stayed with the person until the medicines had been taken. Each MAR had a current photograph of the person to aid identification. The MAR also noted allergies and any difficulties with taking medicines. For example, '[Name of person] may hold tablets in their mouth and spit them out later.'

We saw people were spoken to discreetly regarding their medicines, and any changes in people's behaviour or appearance were noted. For example, the nurse noted one person had a red mark on their nose caused by ill-fitting glasses. They alerted a member of care staff to this situation so it could be resolved.

We saw the medicines trolley was never left unattended or unlocked. Where appropriate medicines were disposed of in the medicines disposal bin and documented in the appropriate book and countersigned. Fridge temperatures and medicine room temperatures were documented daily and were within the recommended maximum and minimum temperature guidelines. Some people were prescribed topical medicines, such as creams and ointments. We saw these were stored in a locked room and were labelled with the person's name and instructions regarding application. These were recorded on the MAR by care staff following application. Date of opening was also recorded to ensure they remained within date.

Controlled drugs (CDs) were stored in a locked cupboard in a locked room on the ground floor. CDs are subject to additional requirements to those for other medicines. This is because they may cause serious problems like dependence and harm if they are not used properly. We checked quantities with the recorded stock levels and these tallied.

Staff with responsibilities for administering medicines told us they were observed by the manager to check their competency in this area and medicines training updates were completed online. We saw monthly medicines audits were undertaken by management. We saw the service had up to date policies and procedures covering all aspects of medicines management.

People and their relatives confirmed medicines were managed safely. Comments included, "They watch me while I take the tablets and bring me some water," "I don't like drinking water and my pills are very small so they bring them when I've got a cup of coffee and I take them and wash them down with that" and "They are really on top of [name of relative] tablets. We went through everything when [name of relative] first came here and they wrote it all down. I have asked about medication and am reassured that [name of relative] is getting things when they should."

We saw the premises were clean and well maintained. The registered provider had systems in place to reduce the risk of the spread of infections. For example, we saw one person was being nursed with infection control measures in place. There was clear documentation and information in the person's care records regarding this infection and the risks involved and precautions required. For example, any personal care activities involving bodily fluids required staff to wear personal protective equipment (PPE). We saw disposable gloves and aprons were also worn by staff to administer medicines and appropriate hand hygiene techniques were employed by staff.

Good

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 15 August 2016 when we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. This was because the registered provider had not followed a best interest process in accordance with the Mental Capacity Act 2005 with regard to administering covert medicines. We found improvements had been made in this area.

We saw the service had an up to date 'covert administration of medicines procedure' alongside written guidance for staff on how and when to consider the use of covert medicines. We looked at the care records for one person who was administered medicines covertly. The care records contained all relevant documentation pertaining to the administration of covert medicines, including a record of a best interest meeting taking place. The care record also contained specific directions for staff. For example, the medicines were to be given in the first mouthful of the person's meal and observed by the member of staff carrying out the medicines round.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. We saw there were restrictions on people's freedom to leave and move around the home as key codes were required to enter and exit the building and to move between the two floors. This meant people's liberty at Holmwood was potentially being restricted. The manager told us she had referred everyone living at Holmwood for a DoLS and she felt this was appropriate and proportionate due to the needs of the people currently residing there. We saw the manager held records of these applications and was able to track which stage of the authorisation process a person was currently at. In addition where conditions were applied to the authorisation we saw these had been met. For example, a review of a person's prescribed medicines to check whether they were still required had taken place.

Staff were able to tell us what capacity and consent meant in practice. Throughout the inspection we saw care staff asked for permission first and explained what they were doing before supporting the person with anything. For example, using the hoist or applying clothes protectors at lunchtime. People told us staff always asked them before they did anything and they were given options of what they wanted to do. Comments included, "They are always asking me. Everything they do, they say is it okay? I'd soon tell them if I didn't like anything," "They ask me everything," and "I go to bed when I'm ready."

We saw people were supported to access on-going health and social care support services. For example, some people living at Holmwood had diabetes and required insulin to regulate their blood sugar levels. We saw on one person's care records they were on a 'sliding scale' regime. In this instance the term 'sliding scale' refers to the progressive increase in pre-meal or night time insulin doses. This had been instigated by the diabetes specialist nurse team and was clearly documented in the person's care record with appropriate guidelines for staff to follow. There was also a record of contact names and numbers if staff required further advice or information.

People and their relatives told us there was a regular GP visit every Wednesday. One relative said, "If there is a problem [name of relative] can get a doctor straight away and they [staff] let us know, they [staff] ring me."

We checked to see whether staff received the training and support they needed to undertake their jobs effectively. The service had an up to date 'Staff Supervision and Performance Appraisal Procedure'. This stated, 'Each care staff member will receive formal staff supervision at least twice each year. The details will be recorded using the staff supervision planner.' Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Prior to the current manager starting we saw staff had not received supervision and appraisals in the line with the service's own procedure. However, we saw plans were in place for the new manager to meet individually with every member of staff over the coming months to complete their appraisal. In addition, we saw the manager had recently accessed every member of staff's electronic training record to identify any gaps and to discuss with each member of staff any additional training they felt they needed.

Staff told us they had an induction to their job. This included shadowing more experienced members of staff and completing mandatory online and face to face training. We saw mandatory online training included safeguarding, understanding MCA and DoLS, and person centred care. Mandatory face to face training was for more practical sessions. For example, safer people handling. New care staff were also expected to complete the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers should adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.The registered provider's learning and development policy was clear all care staff needed to be assessed as meeting each standard before working without direct supervision in any setting.

People told us staff were competent. A relative said, "I think they [staff] are well trained. They [staff] had a training session the other morning. I keep seeing them [staff] training and they do know what they are doing."

Feedback on the quality and choice of food served at Holmwood was positive. We saw there was a menu written on a blackboard outside the dining room. People and their relatives told us the food was good and there was always a choice offered. Comments included, "I enjoy the meals they are always nice and you can choose what you want," "I like the food. It's alright" and "I think there are a few different things [to eat] at lunchtime. They [staff] ask what you want." A relative told us, "They ask me if I would like some lunch, but I eat at home. I do have a pudding though because the puddings they do here are delicious."

We saw people were offered tea and coffee or cold drinks from a tea trolley during the morning and afternoon. There were also 'hydration stations' where people and their relatives could help themselves to

water or fruit juices at any time.

We observed lunch being served, and it was a calm and sociable experience. Most people chose to eat in the dining room. People were shown the different options to eat and were able to select what they wanted. We saw people were not restricted to a single choice but could have one, two or all of the alternatives if they wanted. Throughout the meal time staff checked food was to the person's liking and if there was any doubt alternatives were offered. Lunch was not hurried and people were able to take as much time as they wanted.

Some people required support to eat and we saw staff were focused on the person, they sat next to the person to be at the same level and talked quietly to them to describe what they were doing and to encourage them to eat.

Some people had specific dietary needs for health or cultural reasons. We saw these needs were catered for. We saw staff were attentive to how much people ate and drank and recorded this accurately where required.

We checked whether the premises were appropriate for people living with dementia. We saw people's rooms had their names on them and there were personalised memory boxes outside to further aid recognition of their own room. On walls in the corridors there was a range of dementia friendly panels with sensory materials, including tools which were securely attached and a panel with locks and handles on it. Outside the hairdressing room there were combs and hairbrushes.

Holmwood had a variety of themed rooms available for people and their relatives to use. There was a music room which included a piano and a radio. There was also the 'Holmwood Tavern,' which was set up as a pub with a bar and a safety dart set. There was a dedicated multi-sensory room. These rooms can provide an engaging, calming and soothing place for people living with dementia. There was also a small 'quiet' lounge where visiting relatives and professionals could sit privately with people.

We asked if the different rooms were used and a relative told us, "Yes, they have singing in there [the Holmwood Tavern] and they have music on often, somebody comes to sing here once a week." We heard another relative asking for the key code so they could access the multi-sensory room with their relative.

Good

Is the service caring?

Our findings

People and the relatives we spoke with were overwhelmingly positive about all the staff at Holmwood. Comments included, "They [staff] are very good. They [staff] help me to get dressed and they [staff] are very gentle," "They [staff] are very kind," "The staff here are really good. They [staff] do try their best and visitors are made welcome as well. I come every day and stay most of the morning and then I come back in the afternoon. If there was anything wrong, I'd be the first to see it but there is nothing," "They're [staff] all lovely with us," "It's their [staff] job to look after us but they are smashing," "The [staff] are friendly and kind they [staff] can't do enough" and "The staff are fantastic. I come two or three times a week and I've seen nothing but kindness towards people here."

We saw staff knew people and their relatives well. People and their relatives told us they felt comfortable with the staff and we saw this in practice. Comments included, "They [staff] know [name of relative] well, they [staff] even know when [name of relative] wants to go to the toilet as [name of relative] starts fidgeting and they [staff] spot it" and "They [staff] have been brilliant. When [name of relative] first became ill [name of relative] started being a bit aggressive and wandered as well and I was frightened [name of relative] might hurt [themselves] but they [staff] talk to [name of relative] and calm [name of relative] down. I don't think [name of relative] had any outbursts for ages. [Name of relative] can walk around but they [staff] just keep a quiet eye on [name of relative]."

Staff were friendly with people, relatives, visitors and each other. We saw care staff calmly engaged with people to distract them when they appeared to become agitated with themselves or another person. Staff were able to prevent or diffuse these types of situations by chatting with the person about things they knew they were interested in or by encouraging them to undertake an activity they knew they liked. This created a calm and positive atmosphere throughout the home.

The home had an up to date 'Dignity and Privacy of Residents Procedure' and 'Equality and Diversity Policy' displayed in the reception area and they were readily available to staff. Having these documents prominently displayed gave an indication these were issues the service took seriously. Staff told us they were aware of the policies and procedures and were able to tell us what it meant to value diversity and treat people with dignity and respect.

We asked people and their relatives if they thought staff treated them with dignity and respected their privacy. We saw staff always knocked on bedrooms doors before entering and kept them closed when supporting people with personal care. Comments from relatives included, "They [staff] always knock on the doors before they go in, they [staff] knock when I'm here, when they bring us a cup of tea" and "I can't fault these people [staff]. I have never come in here and seen my [relative] in a mess like the other home, [that] never happens here."

The manager told us they were in the process of looking for a variety of champions in areas such as dementia and infection control. Champions take on additional responsibility in their area of interest including taking a lead in making a difference to someone's care experience as well as promoting best

practice throughout the service. Some staff had already said they would be interested in becoming champions.

We saw information was provided, including in accessible formats when requested, to help people understand the care and support available to them in a format they could understand.

The service also provided end of life care to people living at Holmwood. We saw where people needed this type of care their care records reflected this. In addition people care record's also included a Preferred Priorities for Care (PPC) document. This gave people an opportunity to record their preferences and priorities for any care and support they may need at the end of their life. The registered provider also offered a 12 week distance learning course on end of life care.

Requires Improvement

Is the service responsive?

Our findings

Everyone living at a Holmwood had a care record. We saw these contained a lot of historical information as well as current information, which could be conflicting. This made it difficult to navigate some of the care records we looked at, and therefore it was likely a new member of staff may also struggle to easily find the most recent information relevant to the person's current care and support needs. For example, one person's care record stated they needed a hoist to transfer and required two members of staff to support them to stand. On the same person's fire risk assessment it stated they required one member of staff to support them to walk to the nearest fire exit.

Improvements were required in this area and we spoke with the manager about this who told us one of her first priorities was to review and update everyone's care records. We saw evidence this was in the process of happening.

We saw care records did contain person centred information including the person's preferences and social history. The care records we looked at contained records of recent monthly evaluations taking place. We could not find any records of people and their relatives being involved in reviews of their care records, however the relatives we spoke with told us that they felt involved in the care of their relative and were kept informed. Comments included, "I have been involved from the word go in the care plan and I know it's about due for a review," "Communication is really good with us and they [staff] tell us straight away if [name of relative] is off colour or anything" and "They [staff] will always get in touch if [name of relative] isn't well or they are worried about [name of relative] at all. They [staff] do involve me all the time."

Everyone we asked said they would be comfortable raising any concerns they had with staff and they felt their views were listened to. Comments included, "I wouldn't hesitate to complain, if there was a problem I would tell them [staff] and they see to problems straight away," "You only have to ask for something and they [staff] do it. The staff are brilliant" and "I had a chat with her [new manager] the other week about laundry missing and she put her coat on straight away and went to look, she sorted it out, she seems great."

Relatives told us there were regular meetings. We saw minutes of the most recent 'Resident/Family and Friends' meeting where the new manager introduced herself and set out her priorities. We spoke with a member of staff who explained later in the month they would be holding a 'Friends of Holmwood' group meeting. This was a new support type group and relatives could choose to have management representation at the meeting or not.

We saw the service had a complaints policy and procedure displayed in the reception area. This had been reviewed and updated to reflect the recent change in manager. The policy gave people details of who to complain to at every stage and who to contact if they weren't satisfied with their response. There was also information on how to complain contained within the 'Resident Guide'.

We were told there had been six complaints in the last 12 months. We saw two of these had been made since the new manager had been in post and these had been recorded with any action taken to resolve the

concerns raised. One of the complaints was currently under investigation. We saw an internal investigation was underway and a meeting was arranged with the complainant to discuss their concerns further. An initial action plan to reduce the risk of a repeat event had also been implemented.

People told us and we saw there were activities available for people to participate in. We saw there was a timetable of upcoming events displayed throughout the home. We spoke with the activities coordinator who told us activities included, reminiscence sessions and crafting. We saw an exercise game being played in the dining room using balloons. People were encouraged to join in, but not pressured if they chose not to. Staff made sure everyone was equally included in the game and people were smiling and laughing as the played along. We were told there were also regular visits by a trainer from a local gym who organised armchair exercises.

We saw some people's care records contained records of activities people had participated in, including 1:1 sessions with staff. Holmwood also had a garden which people and their relatives told us they enjoyed in warmer months.

Good

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 15 August 2016 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had ineffective quality monitoring systems in place. We found improvements had been made in this area.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The manager showed us a 'home level audit calendar' which reminded her of what needed to be completed each day, month and quarter. This included twice daily walks around the building by management to talk with people and check the environment, daily checks of five different MARs, and 12 care records to be audited a month. Infection control and falls audits were to be undertaken quarterly. In addition key clinical indicators, such as weekly checks of dignity in dining were recorded. The area director undertook out of hours and weekend checks. Where issues were identified we saw action had been taken. For example, we saw a written record of a recent group supervision which had taken place to remind staff of the importance of accurately recording people's fluid intake.

The manager had been in post for approximately two months at the time of this inspection. She told us she was in the process for applying for registration with CQC and checks on our records confirmed this to be the case. Most people we spoke with knew who the manager was and felt they could approach her. Comments from staff included, "She's [manager] has only been here a month or two and people feel confident in her," "It's a lot better now [working at Holmwood] with the new manager. She is approachable" and "Communication has improved, [there is] very good support from managers, they [managers] keep you informed."

We asked if people, relatives and staff were asked for their views on the service and for any suggestions for improvement. As well as the 'Resident/Family and Friends' meetings, the registered provider undertook an annual survey, usually in June. Feedback forms are sent out to people who use the service and their relatives from head office, and results are then collated and published for each of the registered provider's services. In addition, a yearly staff survey called 'Your Voice' is sent out to staff employed by the registered provider. We saw the results of the previous staff survey included a summary of comments made and identified any actions to be undertaken as a result of what staff had said.

The manager told us staff meetings were held monthly for all staff, as well as departmental meetings. We saw these meetings were recorded with any agreed action points. There was also a daily 'flash' meeting each morning where a representative from each department attended and any concerns were shared and plans made for the day ahead.

The service had a comprehensive set of up to date policies and procedure relating to all aspects of service delivery. We saw these were regularly reviewed with a summary of any changes made. The policies and procedures were produced by the registered provider and we saw these were amended to reflect local

guidance and contact details specific to Holmwood, where appropriate. Key policies and procedures were laminated and displayed throughout the home.

We checked maintenance records for the premises. Water safety and legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, we saw there were records of fire drills being undertaken and regular checks of emergency lighting.

The manager confirmed they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.