

St. Cloud Care Limited

# Holmwood Care Centre

## Inspection report

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Date of inspection visit:

31 May 2023

05 June 2023

Date of publication:

03 July 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Holmwood Care Centre is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people with dementia. At the time of our inspection there were 45 people using the service.

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

People's medicines were not always stored safely and 'as and when required' medicines were not always reviewed timely. Risks relating to topical creams were not always assessed, and people were not always repositioned in line with their identified needs.

The provider's audit systems were not always sufficient to provide oversight of the service delivery. A positive person-centred culture was promoted, and the registered manager promoted learning and development.

Staff were recruited safely, and the home followed IPC guidelines. Accidents and incidents were analysed, and learning was shared with the staff team. People and relatives told us people were cared for safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (Published 01 April 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about management of risks and people's safety. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holmwood Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Holmwood Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Holmwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holmwood Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who lived at the home and 7 people's relatives. We also spoke with the provider, the regional manager, clinical development group lead, deputy manager, administration manager, 3 registered nurses, the head chef, 1 senior carer and 3 care assistants. We looked at the care records for 5 people and multiple medicines records for people living in the home. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits and recruitment checks carried out within the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always stored safely.
- Topical creams prescribed to people were not always stored in the lockable cabinets in people's rooms. The provider immediately took action to ensure all prescribed creams were stored safely.
- Temperature records to ensure the safe storage of medicines were not always checked and recorded. The provider took immediate action to ensure medicine storage temperatures were checked and recorded daily.
- 'As and when required' medicines were not always reviewed. We found an 'As and when required' medicine was required and administered to one person every morning. The registered manager had not identified the need for this medicine to be reviewed. Immediately action was taken to review this with external professionals.

### Assessing risk, safety monitoring and management

- Repositioning was not always carried out in line with people's care plans. We found one person was not being repositioned every 4 hours in line with their identified need in their care plan. The person's skin integrity was reviewed every 3 days and continued to heal. The provider took immediate action to ensure repositioning was carried out in line with identified needs.
- Fire risk assessments had been carried out for some but not all topical creams which contained flammable ingredients. All staff we spoke with understood how to mitigate the risks associated with the topical creams which contained flammable ingredients. The provider took immediate action to risk assess all topical creams.
- Relatives and people told us they received the support they needed from staff that knew them well and ensured their safety. One relative told us, "I am indebted to them. I can't believe how much they love and chat to [relative]. There is a lot of love for the residents."

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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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

- People living in the service and their relatives told us they were safe in their home. One person told us, "I do feel safe here. I know the staff are very supportive. I came with a pressure wound on my back and they have healed it." Another person said, "I feel really well looked after here the staff are good the nurses are particularly good. I've not been so relaxed for years."
- The provider had clear safeguarding and whistleblowing systems which the staff knew how to effectively use.
- The provider and manager had reported safeguarding concerns to relevant organisations such as the local authority in line with their policy.

#### Staffing and recruitment

- The registered manager used a dependency tool to identify the homes staffing requirement. We found there were sufficient staff on duty to meet people's individual needs.
- People and their relatives told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "Yes I should think so, they check on me regularly." A relative said, "I have never thought 'where is the nurse or carer'. There is always someone there."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- In line with current government guidance there were no restriction placed on visiting and visitors could access the home freely.

#### Learning lessons when things go wrong

- The provider had a clear and robust procedure to analyse and review accident and incident records for reportable incidents as well as identify any trends so action could be taken to reduce the risk of avoidable harm.
- Learning opportunities were shared with staff. Staff told us any implemented actions following incident and accident analysis were communicated to them through handover, team meetings and updates to risk assessment. One member of staff told us, "When we have meetings [registered manager] keeps us



informed."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The providers audit systems to provide oversight of medicines required further development to provide sufficient oversight. Audits had not identified the medicine concerns we found during inspection.
- The providers audit systems to provide oversight of risks required further development to provide sufficient oversight. For example, audits had not identified that all topical creams did not have sufficient risk assessments in place or repositioning was not always carried out as required by need.
- The provider immediately took action to address the areas of concern found during the inspection to prevent further occurrence and improve oversight systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives we spoke with were positive about the service they received. A person said, "The standard of care and cleanliness is absolutely excellent." A relative said, "I am pleased with the way [relative] is being looked after. [Relative] looks so much better than they did."
- The manager promoted a positive culture where they supported and empowered the staff team. A staff member told us, "[Registered manager] is a fabulous support. They are very approachable and will listen."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member said, "If I am ever concerned about anything then the nurse or the manager will be very supportive. I get on really well with [registered manager], they always have time for you."

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

- The manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The manager was working in accordance with this regulation within their practice.

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

- We found the staff and manager involved people in their care. For example, regular meetings were held with people for their views to be heard.
- Regular meetings and supervisions with staff were held where they were updated on developments and

received feedback. Staff were encouraged to be involved in the development of service delivery.

- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys.

Continuous learning and improving care

- The registered manager was invested in continuous learning and improving care. They had clear detailed action plans they were working towards.
- The provider was continually developing electronic recording and oversight systems and regular meetings were held with the regional manager and the clinical development group to identify actions needed and ensure they were completed.

Working in partnership with others

- People and relatives told us health and social care professionals were involved in their care. The deputy manager told us they had contacted relevant professionals when people's needs changed and when their package of care needed reviewing.