St. Cloud Care Limited

Holmwood Care Centre

Inspection report

30 Chaddesley Road
Kidderminster
Worcestershire
DY10 3DJ

Tel: 01562824496
Website: www.stcloudcare.co.uk

Date of inspection visit:
29 March 2019
03 April 2019

Date of publication:
20 May 2019

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Holmwood Care Centre is a care home that provides nursing and personal care for up to 60 people over three floors within one large adapted building. The home is divided into a dementia care unit and a residential care unit on the ground floor, and a nursing care unit on the first and second floors. At the time of our inspection visit, 47 people were living at the home.

People's experience of using this service:
•□The provider had not always told us about safeguarding issues involving people who lived at the home.
•□People's rights under the Mental Capacity Act 2005 were not always fully promoted.
•□We were not assured people always received personalised care that was responsive to their needs.
•□Risks associated with the premises, equipment in use and people's individual care needs had been assessed, reviewed and plans put in place to manage these.
•□The provider had measures in place to protect people, staff and visitors from the risk of infections.
•□People received their medicines from nurses and trained staff who maintained up-to-date medicines records.
•□The provider followed safe recruitment practices to ensure prospective staff were suitable to work with people.
•□Staff received ongoing support, training and supervision to enable them to work safely and effectively.
•□People's care and support needs were assessed and kept under regular review in order to achieve positive outcomes for them.
•□People were supported to make choices about what they ate and drink, and any risks associated with their nutrition or hydration were assessed and managed.
•□Steps had been taken to adapt the home's environment to the needs of people living with dementia, and the provider planned to undertake further work in this regard.
•□People's health needs were assessed, and they had support to access community healthcare services.
•□People were treated with kindness, empathy and respect by staff and management.
•□Staff recognised their role in promoting equality and diversity within the service.
•□The views of people and their relatives on the service were actively encouraged and acted upon.
•□People had support to participate in a range of social and recreational activities.
•□The provider had a complaints procedure in place to ensure all complaints were dealt with fairly.
•□Staff worked with community healthcare professionals to ensure people's needs and wishes were met as they approached the end of their lives.
•□The provider had quality assurance systems and processes in place, designed to enable them to identify and address quality concerns within the service.
•□The majority of staff felt well-supported by an approachable management team.

We found the service met the requirements for 'Good' in two areas, and 'Requires improvement' in the three

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

Rating at last inspection: At the last comprehensive inspection, the service was rated as 'Requires improvement' (inspection report published on 11 January 2018). At this inspection, the overall rating of the service remained the same.

Why we inspected: This was a planned inspection based on the service's previous rating.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always Effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: Two inspectors, an Expert by Experience and a specialist advisor who is nurse specialist in dementia care carried out the inspection. 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 or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. At the time of our inspection, there was no registered manager in post. The recently-appointed manager had applied to CQC to become registered manager of the service. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of our inspection visit was unannounced

What we did when preparing for and carrying out this inspection:
Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

Since our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. 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.

We spoke with 10 people, nine people's relatives, two health and social care professionals, the provider's regional manager, the group quality and systems manager and the quality and compliance support officer. We also spoke with the manager, deputy manager, two nurses, the administrator, two lifestyle coordinators, the cook, a kitchen assistant, the housekeeper, two senior care staff and seven care staff.

We reviewed a range of records. These included nine people's care files, accident and incident records, complaints records, medicines records and three staff recruitment records. We also looked at staff induction and training records, records associated with the safety of the premises and quality assurance records.

Good

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 on 19 October 2017, we rated this key question as 'Requires improvement'. The provider did not always have risk management plans in place to minimise the risks associated with people's individual care and support needs. We also identified concerns regarding air mattress inflation pressures, and medicine administration records had not always been completed in line with good practice. At this inspection, we found the provider had made improvements in the service.

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

Staffing and recruitment

- During our inspection visits, we found the number of staff on duty, and their range of skills, enabled people's care and support needs to be met safely.
- The provider explained they monitored and adjusted staffing levels and staff skills mix in line with the service's current occupancy level, people's individual dependency levels and call-bell response times. They told us they also considered feedback from people, their relatives and staff on the home's staffing arrangements, and carried out direct observations on people's care.
- Agency staffing was used to maintain agreed staffing levels whilst recruitment activities were ongoing.
- We found the provider followed safe recruitment practices when employing new staff, to ensure they were suitable to work with the people who lived at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff received training to ensure they understood their role in protecting people from abuse. The staff we spoke with said they would report any abuse concerns to the provider without delay. One staff member told us, "I would make sure the person is safe and report my concerns to the nurse. I would also speak to the manager to make sure it was being dealt with and I would document it all."
- The provider had systems and procedures in place designed to ensure the relevant external agencies were notified of any witnessed or suspected abuse at the service.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support needs had been assessed, recorded and kept under regular review. These assessments considered, amongst other things, people's risk of falls, their nutrition and hydration, their pressure care needs and any complex or challenging behaviours. Plans had been developed to manage identified risks and keep people safe.
- Staff were kept up-to-date with any changes in the risks to people, themselves or visitors. This was achieved through, amongst other things, daily handovers between shifts and daily update meetings attended by the manager, heads of departments and other key staff.
- The provider had systems and procedures in place to monitor and maintain the condition and safety of the premises and the specialist care equipment used by staff.

Learning lessons when things go wrong

- The provider had systems and procedures in place to ensure any accidents, incidents or unexplained injuries involving the people who lived at the home were recorded and reported by staff.
- The management team and provider's quality team monitored these reports to identify any patterns and trends and ensure appropriate action had been taken to minimise the risk of things happening again.
- The provider used their internal communication network to share information about any lessons learned across the services they operated. For example, we saw a recent internal safety alert regarding the safe management and storage of cleaning chemicals.

Preventing and controlling infection

- The provider had systems and procedures in place designed to protect people, staff and visitors from the risk of infections. They had appointed a staff member as 'infection control champion' to monitor standards and drive improvement in this area.
- The provider employed domestic staff who followed cleaning schedules to support care staff in maintaining appropriate standards of hygiene and cleanliness.
- During our inspection visits, we found certain areas of the service had an unpleasant odour. When we raised these issues with domestic staff, they immediately attempted to address these. The provider explained, and we saw, they were in the process of replacing the flooring in some people's personal rooms to prevent malodours.
- Staff had been provided with, and made use of, appropriate personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as intended.
- People's medicines were administered by nurses, aside from non-medicated topical medicines which were applied by trained care staff. Staff involved in giving people their medicines underwent annual competency checks.
- The information recorded on people's medication administration records (MARs) was clear, accurate and up-to-date.
- A daily stock check was completed on any controlled drugs held on site, to enable the provider to quickly identify and investigate any discrepancies.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection on 19 October 2017, we rated this key question as 'Good'. At this inspection, we found improvement in the service was needed to ensure people's rights under the Mental Capacity Act 2005 were fully promoted.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

•□We were not assured the provider fully promoted people's rights under the MCA. Where significant decisions were to be made about people's care, the provider had not undertaken formal, recorded mental capacity assessments and best-interests decision-making on a consistent basis. This included decisions about the introduction of restrictions, such as bedrails to reduce the risk of people falling out of bed and pressure mats to monitor people's movements. We discussed this issue with the provider. They assured us they would review their approach towards undertaking formal mental capacity assessments to ensure this took into account the proposed use of any restrictions on people's liberty.
•□Staff attended training on the MCA, and what this meant for their work. The staff we spoke with understood the need to support and respect people's day-to-day decision-making, and we saw they consulted with people before carrying out their care.
•□The provider had made applications for DoLS authorisations based upon an assessment of people's capacity and their individual care arrangements.
•□Where DoLS authorisations had been granted, the provider reviewed and complied with any associated conditions.

Staff support: induction, training, skills and experience

•□Most people and their relatives were satisfied with the competence of staff. One person told us, "They [staff] use the hoist. There is no problem with that; I'm not frightened at all." One person's relatives were concerned about staff members' varying level of insight into Parkinson's disease. We raised this issue with the provider who took prompt action to enhance staff's understanding of this condition. This included providing staff with a factsheet on Parkinson's disease and sourcing additional training through an external training provider.
•□New staff completed the provider's induction programme to help them settle into their new roles, as part of which they completed initial training and competency checks and worked alongside ('shadowed') more experienced staff over a two-week period. The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
•□Following induction, staff received ongoing training to enable them to work safely and effectively. One staff member explained, "I do online training which I like. Practical training includes fire safety [training]. Next week, I have classroom training in infection control, MCA and DoLS, and safeguarding training. I want to do an NVQ (National Vocational Qualification) next."
•□The provider's group quality and systems manager worked closely with the management team to monitor staff learning and development needs, producing a twice-weekly training report for the service.
•□Staff attended regular one-to-one meetings with the management team and received an annual appraisal to support their ongoing development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□Before people moved into the service, the deputy manager, a nurse or another senior member of staff met with them and, where appropriate, their relatives to assess their individual needs and requirements. This assessment informed initial risk assessment and care planning.
•□People's needs were kept under regular review, through the use of recognised assessment tools, including The Waterlow Pressure Sore Risk Assessment Tool.
•□Management and staff had access to the provider's internal communications network to help keep themselves up to date with any changes in legislation or best practice guidelines.

Supporting people to eat and drink enough to maintain a balanced diet
•□People and their relatives spoke positively about the food and drink provided at the service. One person's relative told us, "They [person] love their food. Staff take them to the dining room and they have started to interact with the other residents."
•□Staff supported people to choose what they wanted to eat and drink on a day-to-day basis. If people disliked the mealtime options available, they could request alternatives. People's preferences about what and where they liked to eat were recorded in their care plans.
•□Any complex needs or risks associated with people's eating and drinking were assessed, recorded and plans put in place to manage these. This included the provision of texture-modified and specialised diets
•□Staff promoted an unrushed and social mealtime experience, during which people were regularly offered drinks.

Staff working with other agencies to provide consistent, effective, timely care
•□Staff and management liaised with a range of community health and social care professionals to ensure people received joined-up care. This included people's GPs, nurse specialists, physiotherapists and social workers.

Adapting service, design, decoration to meet people's needs
•□The design of the home and grounds ensured people had appropriate space to socialise with others and

receive visitors, participate in recreational activities, eat in comfort, or spend time alone.
•□Steps had been taken to create a dementia-friendly environment within the service's ground-floor dementia care unit. This included the use of memory boxes, tactile wall panels, contrasting door colours and other reminiscence items.
•□Further work was planned to adapt the service's nursing units to the needs of people living with dementia, under the direction of the provider's regional manager as 'dementia lead'.

Supporting people to live healthier lives, access healthcare services and support
•□People's health needs were assessed and care plans developed to help them manage any long-term medical conditions, such as diabetes or epilepsy.
•□Staff helped people to access community healthcare services or, where appropriate, emergency medical services in the event they became unwell.
•□People's GPs and advanced nurse practitioners visited the service on a regular basis to monitor and respond to people's current health needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection on 19 October 2017, we rated this key question as 'Good'. At this inspection, we found people continued to be treated in a consistently caring manner.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; promoting equality and diversity
•□People and their relatives spoke positively about the caring approach staff showed towards to their work. One person told us, "It [the home] is lovely; I like it very much. They [staff] are so kind and they help you." A relative said, "The care has been excellent. They [staff] are so caring and helpful."
•□We saw staff provided people's care and support in a patient and caring manner. They greeted people warmly upon seeing them for the first time that day and complemented people on their appearance.
•□During our inspection visits, we saw the manager maintained a visible presence around the home and engaged people and relatives in relaxed conversation.
•□Staff received training on the promotion of equality and diversity at work. They spoke positively about the provider's approach towards these issues. One staff member told us, "I have had training in dignity and equality. We all accept each other for who we are. When assessed, people are asked about their sexuality. The home is open and progressive in my view."

Supporting people to express their views and be involved in making decisions about their care
•□People's communication needs had been assessed and recorded to encourage effective communication with each individual.
•□We saw staff encouraged people to make decisions about their care, such as what they wanted to eat and drink and how they wanted to spend their time that day.
•□The management team and provider understood where to direct people for independent support and advice on their care, and supported people to contact these services. We saw information about sources of external support and advice, including independent advocacy services, was provided in the service's entrance lobby.
•□Residents and relatives' meetings were organised on a bi-monthly basis to actively invite others' views and feedback on the service.

Respecting and promoting people's privacy, dignity and independence
•□We saw staff spoke to people in a friendly, respectful manner and met their intimate care needs sensitively and discreetly.
•□The provider had systems and procedures in place to protect people's personal information and staff adhered to these.
•□Staff understood their role in protecting people's rights to privacy and dignity, and gave us examples of how they achieved this on a day-to-day basis. This included actively promoting people's independence,

offering them choices, respecting their wishes, and taking steps to protect people's modesty during personal care.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection on 19 October 2017, we rated this key question as 'Good'. At this inspection, we were not assured people always received person-centred care.

Requires improvement: People's needs were not always met.

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

- We were not assured people always received personalised care that was responsive to their needs.
- Feedback from some of the staff we spoke with indicated they struggled to meet people's individual needs in a timely and person-centred way, under the service's current staffing arrangements. For example, one staff member told us, "In my opinion, we can't meet residents needs and spend time with them. The role is task-driven." Another staff member said, "People have to wait longer for meals and toilets … They have to wait as much as 30 minutes, which is not fair."
- Some of the people and relatives we spoke with indicated people's individual needs and requirements were not always met. For example, one person's relatives were concerned about their loved one's lack of assessment and support to use a shower. Another person's relative spoke about the lack of stimulation their loved one had received whilst being cared for in bed on the service's nursing unit. One person was concerned about the lack of staff to take them out into the service's garden.
- People's care plans were individual to them, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date. Activities staff met with people and their relatives to gain insights into people's life histories, preferences and wishes in order that these could be documented and addressed.
- People had support to participate in social and recreational activities. The provider employed three part-time activities coordinators who took the lead in planning and conducting activities. These activities included one-to-one time with people, fun exercise sessions and group games, reminiscence work, sing-alongs and hand massages. During our inspection, we saw people, amongst other things, singing and receiving one-to-one time with activities staff, and participating in a fruit tasting session. One person told us, "[Staff member] now works on activities. They are very good, have lots of good ideas for making things and they ask us what we want to do."
- The management team were aware of the requirements of the Accessible Information Standard, and their associated responsibilities. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently. We saw recent complaints received by the service had been recorded and responded to in line with this procedure.

End of life care and support

• Staff received training on how to meet people's needs and wishes as they approached the end of their lives, and worked with community healthcare professionals to ensure these were met.
• A staff member praised the end-of-life care their relative had received at the service. They explained, "[Person] lived here and was on end of life care. They were dealt with very sensitively and compassionately. They received pain relief and I feel it was dealt with very well." On the subject of their loved one's end-of-life care, a relative praised the service's ability to give them the information they needed, adding, "They [staff] seem well-trained and nothing was too much trouble."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection on 19 October 2017, we rated this key question as 'Requires improvement'. We found the provider's quality assurance systems and processes were not always effective in enabling them to identify and address shortfalls in the quality of people's care. At this inspection, we found that whilst the provider had strengthened their quality assurance, further improvement in the service was needed.

Requires Improvement: 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

- During our inspection, we met with the home manager. They had been in post for about seven weeks and had applied to CQC to become registered manager of the service.
- Registered providers are required by law to tell us about certain events affecting the service or the people who use it. These 'statutory notifications' play an important part in our continual monitoring of services.
- During our inspection, it came to our attention that the provider had failed to notify us of a number of safeguarding issues involving the people who used the service. They had, however, reported these, at the time, to the local safeguarding adults team and acted to keep people safe. We discussed this issue with the provider, who acknowledged this had been an oversight on the part of the management team.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The management team worked effectively with the provider's quality and compliance team to maintain shared oversight of any quality performance issues and risks at the service.
- The registered manager felt confident they had the support and resources they needed from the provider to manage the service effectively and drive improvements in people's care.
- Staff were clear what was expected of them at work and spoke with enthusiasm about people's care and support.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- This was the service's second consecutive overall rating of Requires Improvement.
- The provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care. This included a rolling programme of audits focused on key aspects of the service, such as people's mealtime experience, care planning, the management of medicines, health and safety arrangements and infection control measures. Since our last inspection, the provider had sought to strengthen their quality assurance through, amongst other things, developing their internal quality and

compliance team.
• We saw people and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home during our inspection.
• Most of the staff we spoke with felt well-supported and valued by the management team. One staff member told us, "The manager is supportive, friendly and understanding. I do feel valued and appreciated." Another staff member said, "The management, especially the deputy manager, are wonderful. I feel supported and valued and they will help out."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The provider held bi-monthly residents and relatives' meetings and staff meetings to enable others to put forward their views, ideas and suggestions on the service.
• Annual feedback surveys were distributed to people and their relatives, as a further way of involving them in the service. A 'you said, we did' board in the home's entrance lobby displayed the actions taken by the provider in response to feedback received about the service. This included the introduction of a staff photographs display board and reintroduction of the key worker role.
• The community professionals we spoke with described positive working relationships with staff and management.
• The provider took steps to develop and strengthen links within the local community. As part of this, a spring fayre was planned in April 2019, which was open to people within the local area.