

St. Cloud Care Limited

Holmwood Care Centre

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?	Good ●
Is the service well-led?	Good ●

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 younger and older people who may also live with physical disabilities. Accommodation and care are provided across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of the inspection there were 50 people were living at the home.

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

The new registered manger and provider had developed new systems to ensure the Care Quality Commission was informed of important events which may occur at the home. There had been improvements in the way staff supported people to make significant decisions about their lives, when they wanted assistance. People and relatives were positive about improvements made to provide care which reflected people's individual needs and people did not have to wait long if they wanted support from staff.

The registered manager had been supported by the provider to enhance the décor in areas of the home to meet people's needs. Plans were progressing to undertake further improvements, based on best practice standards and informed by consultation with the people living at the home and their representatives.

Staff knew how to protect people if they had any concerns for their safety and well-being and understood how to manage people's individual risks. People were supported by staff to have the medicines they needed to remain well. The registered manger planned further checks to ensure people's creams were consistently dated on opening. Staff used their skills and the equipment required to reduce the risk of people experiencing infections. Information on people safety and care needs was regularly communicated between staff, and learning taken from any incidents.

People had developed strong bonds with the staff who cared for them and were gently assisted by staff who knew them well. People were encouraged and supported to make their own decisions and choices about their care and were treated with respect and dignity. The registered manger planned to review how information needed to support people in an emergency was stored, to further enhance people's privacy.

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. People enjoyed good health outcomes and other health and social care professionals told us people thrived because of the care provided by skilled and knowledgeable staff, who followed their advice. People enjoyed their meal time experiences and were encouraged to choose what they wanted to eat and drink.

The views of people, relatives, staff and other health and social care professionals were considered when people's needs were assessed, and their care plans developed and reviewed. People had increased

opportunities to do things they enjoyed. Plans to develop activities provided further were progressing. Any concern or complaints raised were addressed and staff had received compliments for the quality of care provided to people, including those at the end of their lives.

People, relatives and staff told us they regularly saw senior staff and found them to be approachable and they were encouraged to make suggestions which were listened to. Staff were supported and motivated to provide good care. The registered manager and provider checked the quality and safety of the care provided and were committed to developing the home further.

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

Rating at last inspection and update

The last rating for this service was requires improvement published 18 May 2019) and there was a breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector, and inspection manager 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 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We announced our intention to return to complete the inspection on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were 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 who lived at the home and four relatives about their experience of the care provided. We spoke with 20 staff members including the registered manager, three nursing staff, two team leaders, five care staff, one activities staff member, one catering staff member, three domestic staff, a maintenance team member, a receptionist, and two provider representatives. In addition, we spoke with two visiting health and social care professionals who supported people living at the home.

We reviewed a range of records. This included six people's care records and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with people, relatives and staff and checks undertaken by the registered manager senior staff and provider on the safety and quality of care, such as systems used to manage complaints, to analyse accidents and incidents and to check people received their medicines as prescribed. We also reviewed staff recruitment checks and saw the compliments received by staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to the care provided to people and the way the best practice in dementia care was being introduced into the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives knew how to raise any safety concerns they may have.
- Staff had received safeguarding training and knew how to recognise signs of abuse should this occur.
- Staff understood what action to take to protect people and were confident senior staff would take action to protect people, if this was required.

Assessing risk, safety monitoring and management

- People were positive about the way staff assisted them to manage their safety. One person told us, "Yes, I am safe. It's just everything [staff] do; they just look after you."
- Relatives gave us examples showing how staff acted to reduce risks to their family members. This included staff using the equipment they needed to promote people's safety.
- Staff had a good understanding of people's individual risks and gave us examples of care they provided to assist people to reduce these. This included ensuring people were supported to reduce the risk of them experiencing falls or choking and to promote good skin health.
- People's risk assessments gave staff the information they needed to help people to stay as safe as possible. Staff regularly communicated information relating to people's safety needs and ensured people received the assistance they needed to stay as safe as possible.

Staffing and recruitment

- People told us call bells were answered promptly and said they did not have to wait long for assistance from staff.
- There were enough staff to care for people and to spend time supporting people at a time to suit them. One staff member said, "Staffing levels here are better than I've ever had anywhere, and it means people's needs are met."
- Senior staff recognised people's needs changed from day to day and had recently introduced a new way to work out the number of staff required to care for people. This helped to ensure people did not experience delays in their care.
- The registered manager undertook employment checks on new staff, so they would be sure staff were suitable to care for people.
- We found some cupboards containing equipment were not consistently locked. We discussed this with the registered manager, who took immediate steps to address this, which helped to reduce risks to people further.

Using medicines safely

- People told us they could depend on staff to help them to have the medicines they needed. One person said, "They are always on time with my medication and that is important for [me]."
- Staff were not allowed to administer people's medicines until they had been trained to do this and their competency was checked.
- The registered manager regularly checked people received their medicines as prescribed.
- The provider was following safe protocols for the receipt and disposal of medicines.
- We found staff did not consistently record the date people's creams were opened. Whilst there was no evidence of harm to people, this meant people's creams were not always administered in line with best practice guidance. The registered manager gave us assurances this would be immediately addressed, and checks on medication developed further to reduce the likelihood of risk to people.

Preventing and controlling infection

- Some equipment within the home required improving to ensure the risk of the spread of infection was reduced. We also found a few specific areas of the home presented with a strong odour.
- We talked to the registered manager about this. The registered manager took immediate action to address this. The provider also confirmed they planned to introduce additional checks to ensure the improvements were sustained.
- Staff had received training to develop the knowledge they needed to reduce the likelihood of people experiencing infections. We saw staff used this knowledge when caring for people. For example, staff used appropriate equipment, such as gloves and aprons, when assisting people.
- Housekeeping staff had the resources they needed to promote good infection control and to ensure the cleanliness at the home met people's needs.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required. This included reviewing any incidents, such as people experiencing anxiety, to see if any patterns were emerging. Where any patterns were identified, action was taken by staff support people further.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we found 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.
- At this inspection we found there had been improvements in the way staff promoted people's rights. Staff now regularly checked people's capacity to make specific decisions and consistently recorded this.
- Staff had received training and understood how the MCA promoted people's rights and gave us examples of how they adapted how they worked with people, to ensure people's needs were fully met. This included how to support people whose capacity to make their own decisions may fluctuate.
- Relatives told us they were appropriately consulted about key decisions about their family member's care. One relative said, "We have a power of attorney, [staff] always ask us about decisions that have to be made. They involve us."
- A visiting health and social care professional told us they had jointly worked with the registered manager, in consultation with a wide group of staff, and family members, to make a decision in a person's best interest.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation correctly obtained.

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

- Some people had the opportunity to visit the home and meet people and staff prior to moving in, so they could make an informed decision about staying at the home.
- People's needs were assessed before they moved into the home to ensure these could be met.
- People's assessments considered people's physical and emotional well-being and support requirements

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to help them. One person told us, "I am not grumbling about the care at all. [Staff] are all very helpful. They have to hoist me in and out of bed, and I am not worried about that at all."
- Staff were positive about the training they received and opportunities provided to develop their skills further. One care staff member gave us examples of the training they had undertaken and said, "We have specific [training] around bedrails, dementia awareness, conflict management and food safety. You find out about allergies and who needs different textures of food."
- Nursing staff were supported to maintain and develop their professional competencies and gave us examples of training they had recently undertaken to benefit people living at the home.
- New staff were supported to understand how to care for people through an induction programme. One staff member explained how they were not permitted to start caring for people until they had completed key areas of training and had worked alongside more experienced staff.

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

- People enjoyed the meals and snacks provided, which reflected their choices and were nutritious. One person said, "The food standard is better than average. The cooking of it is very well done." Another person told us staff ensured vegetarian meals were available, to meet their preferences.
- People's meal times were relaxed and sociable events. Staff supported people by working at people's individual pace, promoted and responded to people's choices, including offering alternative meals, and encouraged people to keep well-hydrated.
- Staff understood some people required additional support to have enough to eat and drink and provided assistance tailored to meet people's needs, so they would remain safe when eating and drinking.

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

- People's health needs were regularly reviewed by staff and people were supported to see GPs and advanced nurse practitioners who regularly visited the home. Staff gave us examples showing how people with chronic underlying illness had been supported to both maintain and improve their health.
- A visiting health and social care professional told us staff knew people's health needs well, promptly arranged for health care if staff had any concerns for people and consistently followed any advice given. This helped to ensure people enjoyed the best health outcomes possible.
- People also had access to visiting health and social care professionals such as opticians, speech and language therapists, community mental health teams, tissue viability nurses, dentists and podiatrist so they would benefit from specialist advice and treatment.

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

- People were assisted to locate their rooms using memory boxes containing items significant to them.
- Staff supported people to personalise their rooms, when they wanted this. One member of staff gave us an example of how one person had been supported by staff and relatives when they moved from one area of the home to another. The person's new bedroom had been painted in the same colour, so they felt more settled. Staff also gave us examples showing how people and relatives were involved in decisions around newly purchased bed linen, to make their rooms feel more homely.

- The registered manager and provider had begun a series of improvements to the building to enhance people's experience of the living at the home. This included redecoration of a lounge on the first floor, and the introduction of a vintage tea room, where people could enjoy spending time with relatives, friends and members of the local community.
- The registered manager and provider planned further development of the environment, so people would have easier access to the garden and quiet areas. In addition, new decoration was planned for the dementia corridor area of the home. These plans were informed by best practice in dementia care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had built strong, caring bonds with the staff who supported them. One person told us, "Oh [staff] really look after you. [Staff are] so pleasant, you can share a joke, they are always cheerful."
- Relatives said staff were kind and considerate and knew their family members well. One relative said how supportive and compassionate staff were and explained they had talked through their family member's needs with staff. The relative told us, "[Staff member's name] went through everything with me and I said to them, 'You know my mum as well as I do.'"
- Staff spoke warmly about the people they cared for. One staff member told us, "The best thing is the residents and their smiles and their characters."
- Staff gave us examples of acts of kindness undertaken to support people. For example, when the regular hair dresser was temporarily unavailable, a member of staff had understood how disappointed one person would be and offered to support the person, so they could have their hair done in the way they liked.
- Throughout the inspection we saw many instances of positive and caring interactions between staff and people and their relatives. Staff took time to chat with people and used their knowledge of what mattered to people and how they liked to be reassured. This supported people to know they were valued and enhanced people's well-being.

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

- People were encouraged to make their own decisions about what care they wanted and how they wanted this to be provided. This included choices about their medicines, meals where they wanted to spend their time and what things they would like to do. One person told us they were encouraged to decide which staff they wanted to assist them.
- People and relatives were consulted about the care they may like during care reviews, and through regular residents' and relatives' meetings. One relative explained they had made a suggestion on behalf of their family member and other people living at the home, so people would have more fruit available. The relative told us their suggestion had been listened to and acted on.
- Staff gave us examples showing how they supported people to make their own choices, for example, by showing people objects to choose from and giving people the time they needed, so people would have the best opportunity to make their own decisions, when extra support was required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and recognised their right to dignity. One person said, "I ask for a female carer and they don't mind that."

- Staff gave us examples of actions they had taken to support people to maintain their independence with safety, such as working with other health and social care professionals, to explore additional equipment and care required to promote people's independence when eating.
- People's right to privacy, including relating to correspondence they received, was respected by staff. We saw some essential information to support people's safety, whilst discreetly stored, could have been more secure. The registered manager assured us they would review how this was stored, to ensure people's right to privacy was further promoted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we were not assured people always received personalised care that was responsive to their needs. This included people experiencing delays owing to staffing availability, when they wanted personal care, or to spend time in the garden. Concern was also raised the lack of assessment to support one person with their personal care.
- At this inspection, we found improvements had been made. People did not have to wait long when they wanted assistance from staff. One staff member told us, "There is enough time to sit and chat to people." The staff member gave us an example regarding one person who wanted some individual support and said, "[They] wanted a cigar the other day, so we took them out to the garden."
- Relatives were positive about the way their family members needs were met. One relative said, "I come at all different times of the day and everything is just fine. [Staff member's name] is the dementia champion. Their whole approach and understanding is fantastic, they are so calm with [people]."
- One relative raised a concern people living with dementia may not always have access to the garden. We discussed this with the registered manager who immediately took steps to promote people's access to and use of this area, and adjoining area where people could meet quietly with their relatives.
- Staffing had been increased to support additional activities for people to enjoy, both during the day and the evenings. We saw people enjoyed a range of activities, such as jigsaws and scrap booking. In response to suggestions from people, additional activities at different times had been introduced, to enhance people's well-being further. There were also opportunities for people to do enjoyable activities which were gender specific, where people wanted this.
- The registered manager and provider had identified where the care provided needed to be developed further. For example, they had checked with people what activities they wanted to be developed. Plans were progressing to enhance people's care further by acting on their individual needs. This included rummage boxes, which were being put in place to support people to take part in activities which were meaningful to them.
- People had developed friends with other people living at Holmwood Care Centre and we saw the home was a sociable place to live. Family and friends were encouraged to visit people living at the home. Relatives told us they were often welcomed with a drink. These factors helped to ensure people's well-being was maintained.
- People's care plans reflected their care needs and preferences, personal histories and risks. Staff told us these provided them with the information they needed to meet people's individual needs. One staff member said, "Care plans can help you to find out about people, you look for common threads." The staff member

explained the level of detail provided meant they could have meaningful conversations with people. This included chatting about a town where both a person and they had lived. This helped to reduce the likelihood people experienced isolation.

- People, relatives, other health and social care professionals and staff were appropriately consulted when people's care plans were developed and adjusted as their needs changed. One staff member said, "We can make suggestions to inform seniors of people's needs change and care plans need updating."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People communication needs had been assessed and plans put in place to support people, so their needs would be met. For example, staff considered how best to support people who may not be able to express any pain they may experience, by checking people's body language.
- Staff gave us examples of how they supported people to understand information. One staff member highlighted the training they had received so they could support people with learning disabilities. Another staff member gave us an example of how they supported one person with sensory loss, so they could make informed decisions.
- People's communication needs were reviewed as their needs changed.
- At the time of the inspection no one required information in alternative formats. Staff explained this would be introduced when appropriate, to further support people.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints and systems were in place to manage complaints or concerns received, and to take learning from these.

End of life care and support

- People's preferences for their care at the end of the life had been identified and plans had been developed to support people to have the care they wanted at this stage of their lives.
- Staff regularly communicated information about people's changing needs at the end of their lives, so they could adjust the care planned for them. Staff and other health and social care professionals gave us examples of how this had led to people enjoying health outcomes which exceeded initial expectations.
- We saw relatives had complimented staff for the quality of care provided to their family members at the end of their lives.

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 this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- 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. At the last inspection it came to our attention the provider had failed to notify us of a number of safeguarding concerns. The provider 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The new registered manager understood what information needed to be notified to CQC and had developed a quality tool with the provider, to support the prompt and appropriate submission of notifications the Care Quality Commission.
- The provider and registered manager monitored the quality of care and risks at the service. The registered manager and senior staff checked people received their medicines as prescribed, how staff interacted with people, staff skills, and if people received good outcomes. Action plans were developed where necessary to ensure quality was further developed and risks were managed.
- Staff knew how they were expected to care for people through regular one-to-one and group meetings with senior staff. Staff told us the guidance they received helped them to provide good care. One staff member told us, "They [the registered manager and senior staff] do night checks and tell us if we need to do anything differently."
- The provider and registered manager understood their responsibilities to be open in the event of something going wrong with people's care.

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

- People told us the quality of care provided was good. Relatives, staff and other health and social care professionals said there had been improvements in the care provided and communication with the management team, with senior staff approachable and open to ideas. One relative told us, "[Registered manager's name] says they have an open-door policy. The harmony is so much better, there is more open

communication. I don't feel worried approaching the staff and that is down to [Registered manager's name]."

- Staff were positive about the improvements driven through at the home and told us they felt supported to provide good care to people. One staff member said, "It's going so much better. We talk things through. [Registered manager's name] is approachable. It's improved because they want the best for people living here. [Registered manager's name] absolutely cares about the people living here."
- Staff were encouraged and supported to work together, to focus on meeting the needs of the people living at the home. We found there was effective working across teams to achieve good outcomes for people. For example, one staff member said of the care team, "Staff always smile and have a banter with people. People like this personal touch. The carers are amazing at this."
- The registered manager said they were proud of the improvements driven through at the home, including those arising from feedback obtained at the residents' and relatives' meetings, and the introduction of visions and values champions in the home. The registered manager gave us examples of how this had led to a focus on responding to requests for additional activities, and improvements in person centred care, as staff got to understand what was important to people, and further support their well-being. The registered manager said, "I want for people to be cared for by compassionate well-trained staff with the right values."

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

- People, relatives and staff told us they saw the registered manager and provider's representative often and had opportunities to be involved in decisions about the way the home was run. People and relatives acted as "Ambassadors", to represent the people living at the home. One relative told us they had made suggestions for improving people's care further and these had been acted on. The relative said, "We have a meeting about every six weeks, but [the registered manager] says my door is always open, [so] don't wait for a meeting."
- People and relatives were also consulted through surveys, meetings and one to one discussion with staff. The registered manager acted on the feedback provided, and communicated this to people and relatives through "You said, We did" bulletins.
- Staff told us they were included in the running of the home and encouraged to make suggestions for improving the care provided to people further. One staff member told us they had made a suggestion to fundraise to buy a specialist piece of equipment, to enhance the well-being of people living at the home. The staff member was being supported to do this through match funding from the provider.
- Staff told us they were respected they were encouraged to focus on people's needs and their contributions were recognised. One staff member explained they received compliments from other staff regarding how they spoke with people and reassured them, which made them feel appreciated and motivated to provide good care.

Continuous learning and improving care; Working in partnership with others

- The registered manager checked people's experience of living at Holmwood Care Centre. People's health needs, accidents and incidents were analysed, so any patterns could be identified, and action taken to develop people's care further. Findings were communicated to the provider's representatives, who monitored and supported the registered manager to further develop the care provided.
- The provider's representatives undertook regular visits to the home to assure themselves people received safe, good quality care and to ensure improvement plans developed were progressed.
- Staff told us they were supported to understand best practice standards. This included a range of staff working with a university, who provided guidance on dementia care, so people's care and the environment was further enhanced. The registered manager told us about improvements already made and those planned and said, "Directors [the provider] know we have to make investment and change the environment."

We want to do this well and right."

- The registered manager and staff gave us examples of work they did with other health and social care professionals and the local community. For example, the vintage café was used to raise the local community's awareness of dementia. This was supported by staff, volunteers and charities, who provides guidance on the impact of dementia to the local community.