

Holmwood House Care Limited

Holmwood House 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 House Care Centre is a residential care home and was providing personal and nursing care to 56 people at the time of the inspection. The service can support up to 62 adults.

Holmwood House Care Centre accommodates people in a large listed building and has an additional newer wing which provides care and support to people living with dementia. There are spacious grounds, including secure garden areas, which people can access and enjoy.

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

People who used the service were very happy with the care and support provided. One relative summed this up saying, "When [my relative] was in hospital [they] kept asking to come home – home to here, back to [their] room. I think that proves how well they care for [them]."

Risks were well managed, and people received their medicines as prescribed, although new stocktaking procedures meant we could not check all medicines. There were good systems in place to monitor health and safety. Staff were recruited safely, clear about their safeguarding responsibilities and there were enough staff to meet people's needs. The provider was going to review staffing at night in response to comments made.

Staff were skilled and well trained. Health and nursing care were good and feedback from healthcare professionals was excellent. The environment was suitable for people. Staff showed a good understanding of consent issues and paperwork relating to consent was due to be reviewed to ensure it always reflected best practice.

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.

Staff were kind and caring towards the people who used the service and their relatives. Staff promoted people's independence and upheld their dignity. The environment was warm, caring and welcoming.

The service provided people with meaningful occupation and enabled them to follow their own hobbies and interests. Activities were varied, appropriate and inclusive. End of life care was very good and we observed prompt responses to people's changing needs. Complaints were well managed and action taken promptly.

There was strong leadership and the new manager had already made a profound impact. Support from the provider was good and systems and procedures supported the smooth and safe running of the service. Audits were in place and actions were taken in response to them. Stakeholder views were regularly sought and acted upon.

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

Rating at last inspection

This service was registered with us on 13/062018 and this is the first inspection.

The last rating for this service was requires improvement (published 31 May 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 responsive safe 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 House 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

The inspection was carried out by one inspector, two Experts by Experience and a Specialist Adviser, who was a registered nurse. 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 House 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 did not have a manager registered with the Care Quality Commission, but the new manager had applied to be registered. Being a registered manager 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

This inspection was unannounced.

What we did before the 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 reviewed all the information we held about the service, including the previous inspection report when the service was managed by another provider. We sought feedback from staff at the local authority quality assurance team. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and three relatives about their experience of the service. We also spoke with one member of the domestic staff, two care staff (including one senior member of the care staff), four nurses (including the clinical lead and two student nurses), the deputy manager, the manager and the nominated individual, who was also a director of Holmwood House Care Limited, the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 easily.

We also spoke with three healthcare professionals from different disciplines who have regular contact with the service.

We reviewed a range of records. These included six people's care records and six medication records. We also reviewed rotas, four staff training and recruitment records and other documents relating to the safety and quality of 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 the last inspection this key question was rated as requires improvement when managed by the previous provider. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored safely, and records were mostly very clear. However, stocktaking records were not present for the current month. The service was in the process of improving the stocktaking procedure and changing the paperwork. The deputy manager showed us the new format. The stocktaking relating to the month of the inspection had been recorded on a piece of paper which had been mislaid. Although we were able to check the balances of some medicines and found these to be accurate we could not do this for all medicines.
- We observed staff administering medicines to people safely and taking time to make sure they had taken all their medicines before moving on to the next person.
- Staff who were responsible for giving people their medicines received suitable training and their competency to carry out this task was checked.

Staffing and recruitment

- Five people commented they sometimes had to wait too long for staff to attend to them at night. Staffing levels were five care staff plus two nurses from 7pm which reduced to four care staff plus two nurses at 10pm. Rotas documented staffing was always provided in accordance with the provider's own assessed safe levels. We fed the concerns some people shared with us back to the manager. They assured us they would explore people's concerns and review staffing levels, if needed.
- The service recruited staff safely, with all appropriate checks in place before people started work. A Disclosure and Barring Service (DBS) check took place alongside checks of references. This aimed to ensure staff were safe and suitable to work in this setting.
- People who used the service told us staff were able to provide care and attention promptly during the day. Call bell records for two randomly selected days showed staff attended to people very promptly, with most being attended to within two minutes.
- Staff supported people to follow their own interests and hobbies and activity staff had recently been increased in number. One person was keen to tell us how a member of the care staff was going to accompany them to a family function and they were very positive about this.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and demonstrated a good understanding of how to keep people safe and were aware of signs and symptoms which might suggest someone was being abused.
- Staff were clear about how to raise and escalate concerns both within the organisation and externally if they suspected someone might be at risk of harm.

- The service co-operated in any safeguarding investigations and aimed to learn from any incidents to reduce the likelihood of an incident happening again.

Assessing risk, safety monitoring and management

- Risks from equipment and the environment were well managed. Health and safety checks were comprehensive, and any issues were promptly actioned. Records were clear and oversight of health and safety matters, was good.
- A risk register rated people's individual risks and these were kept under review. People's care plans contained individual risk assessments and documented how risks could be reduced as much as possible. Personal evacuation plans were in place for each person which provided information and guidance to staff should they have to evacuate the people in an emergency. Suitable equipment, such as evacuation chairs, was available to help with this.

Preventing and controlling infection

- The service was visibly clean and staff, including kitchen and domestic staff, demonstrated a good understanding of infection control procedures. The service had received the highest rating in the local authority food hygiene inspection.
- Staff had received training in infection control. Equipment, such as gloves and aprons, was available for staff to use when supporting people with their personal care.
- Infection control practices were audited as part of the monthly health and safety audit.

Learning lessons when things go wrong

- There were systems to learn lessons and drive improvement. This included analysis of accident and incidents to look for any patterns and trends to try and reduce future risk.
- Staff meetings provided opportunities to discuss recent incidents in order to share learning across the whole staff team.

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 good when managed by the previous provider. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The manager carried out a comprehensive assessment of people's needs before they moved in, to make sure the service could meet them. The assessment was used to provide a framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, in order to provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to carry out their roles. Training was often provided in face to face sessions which staff liked as it gave them the opportunity to ask questions and gain a more detailed understanding of the subject.
- New staff received an induction and had the opportunity to shadow more experienced staff. One staff member told us, "[My induction] was very detailed. They made it clear I could carry on shadowing for as long as I needed."
- Staff were supported to undertake the Care Certificate, which is a national programme which sets out standards care staff should be working to. Qualified nurses were supported to update their learning regularly and all staff received individual or group supervision sessions during which any unmet training needs could be raised.

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

- People were positive about the quality of the food and told us they had a choice of meals. One person said, "I'm a funny eater you see. I like mash and gravy, lots of gravy which I do get mostly. You can have something sweet afterwards or a yoghurt. Yes, there's always plenty to drink. I choose to eat in here [person's room]."
- People at risk of losing or gaining too much weight had their weight kept under review and dieticians provided support and guidance when needed. Feedback from a visiting dietician was very positive. They told us, "I've got no worries They never refuse training, never cry wolf and when we have patients who are PEG fed [percutaneous enteral gastronomy – where food and fluids are introduced directly into the body via a tube rather than swallowing] they are very good. Staff put recommendations in that I make for people with dementia, like finger foods. Catering wise, fortification and nutrition wise, they have it spot on."
- The lunchtime meal was a sociable and pleasant occasion. Staff provided sensitive support to people who needed help to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were well managed. Staff made appropriate and prompt referrals to other healthcare professionals such as GPs, dieticians and the falls team when needed. Where people were thought to be at possible risk of choking we saw staff referred them to the speech and language therapists for a swallowing assessment. Any advice and guidance other professionals gave was clearly documented in care plans and understood by staff.
- For people nursed in bed there were good systems to reduce the risk of them developing a pressure ulcer. Repositioning charts were in place and followed by staff, who demonstrated a good understanding of this particular healthcare issue.
- Effective systems were in place to support communication between the service and other healthcare professionals. Feedback from visiting professionals was excellent with one commenting, "Staff are very good working with specialists - they let you do your job, but they are there. It's one of my better homes."

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

- The environment was suitable for the needs of the people who used the service. The main house was homely, and rooms had a view of the beautifully kept grounds. The secure unit where people were living with dementia, was quiet and well organised. We observed people moving about the unit independently and going into the secure garden area. The nursing station / office was off the lounge which allowed staff to keep an eye on people whilst doing paperwork.
- There was appropriate signage of toilets and bathrooms and signs to help people navigate their way around the service. Memory boxes outside people's bedroom doors contained photos and memorabilia to help people distinguish their rooms and provide a personal touch. There were notice boards with large displays telling people about activities that were planned and also photographs of recent events.

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.

- People consented to their care and treatment. Care records included information about people's capacity to make decisions. Some plans documented specific decisions which had been taken in people's best interests. This had been done in accordance with a structured process. Decisions involved appropriate people, such as family members, including those with lasting power of attorney (LPA) and relevant professionals.
- We noted some generic mental capacity assessments which were not linked to any specific decision. We fed back to the provider that such records have no legitimacy and any specific decisions would need a separate assessment and, if needed, a best interests meeting to make a decision. The provider was in the process of reviewing the care plan format and assured us they would be reviewing capacity assessments as part of this process.
- DoLS applications had been made appropriately for people and were kept under review to ensure people

continued to be supported and cared for in the least restrictive way.

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 when managed by the previous provider. At this inspection this key question 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 were very positive about the staff and told us they treated them with kindness and compassion. One person told us, "The staff are wonderful. Just wonderful." A relative commented, "The staff are friendly and always respectful and courteous." Relatives told us they felt cared for, as well as their family member. One commented, "They [staff] check on me too. Ask how I am. I feel there's great support here."
- We observed staff making time for people and providing care and support which did not rush them. Staff positioned themselves at eye level when speaking with people or helping them to eat or drink. There was an inclusive atmosphere and it was clear staff knew people well and relationships were good.
- We observed lots of laughter and joking during our inspection and the overall impression was of a happy community. One relative pointed out the smile on their family member's face, saying, "You see, that's what's important; I have no worries when I leave [my relative]. I know [they are] in good hands."

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

- Care records documented people had been involved in decisions about their care and treatment. People, or their legal representatives, had signed care plans to demonstrate this and people were appropriately involved in ongoing reviews of care. One relative told us, "Yes I've been involved right the way through with [family member's] care plan."
- People understood they had the power to direct their own care and were given formal and informal opportunities to do this.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful, and people told us their privacy was protected. Staff knocked on people's bedroom doors and waited to be invited in. People told us their personal care needs were met in private, with staff being very mindful of their dignity.
- One person described how important it was for them to be able to receive visitors in private saying, "Privacy, yes, the staff are very good." Another person commented, "The staff know me and leave me to look after myself mostly, which is what I want."
- Staff encouraged people to maintain their independence and the manager gave people particular responsibilities within the service. For example, one person had been asked to be in charge of a particular aspect of the decoration of the service. This used their artistic talents to the benefit of all.

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 good when managed by the previous provider. At this inspection this key question has remained the same. 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

- Some people living with dementia sometimes became distressed and behaved in ways which had the potential to upset others. Care plans contained only quite basic information about how staff should manage this behaviour and support them when this happened. However, staff demonstrated a good understanding of people's behaviour and explained to us how they used various techniques to try to manage people's anxiety.
- We noted some innovative solutions to problems. For example, one person used to become occasionally frustrated by people being in their way as they walked round the service with their walking frame. A staff member got a bicycle bell and attached it to the frame and we observed the person occasionally ring the bell to prompt others to get out of the way. The person's relative told us, "It works really well", and we saw that it made life much easier for the person.
- Care plans documented people's needs and their preferences about how they wished their care to be delivered. Staff were very knowledgeable about people's specific needs and respected their choices. For example, one person had a notice on their door reminding staff that they did not wish to get up before 7am or to go to bed before 7pm. The person told us staff provided support in accordance with this.

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.

- Where people had particular communication needs this was noted in their care plan.
- Information was displayed around the service in pictorial and photographic formats to help people understand. Documents were available for people in plain English to make them easier to understand.

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

- The service supported people to follow a variety of hobbies and interests. One person told us, "I like to join in with the more social activities, it's important and fun." There was a regular programme of activities and the three activity co-ordinators ensured there was something for people to do each day, including weekends.
- On the day of our inspection people had PAT dogs visiting and guinea pigs. There was much laughter and people told us they enjoyed these kinds of activities enormously. One person, who was receiving end of life

care, was included in the activities also and we saw them stroking one of the guinea pigs and smiling. They appeared to be very engaged and asked questions about the animal until they became a little tired and staff left them to rest.

- People had opportunities to get out into the gardens when they wished. One person commented, "It is lovely; I like to come out here and look at the fish... There's lots in there and some are really quite large... I love coming out here, look at it, the garden is beautiful." A new project was underway to get some chickens and one of the people who used the service was going to be responsible for them.
- The service was situated close to the town centre and people could easily access this with family members or independently, if they were able. Staff, and the people who used the service, were getting ready for the annual summer fete which was due to be held the following week. People told us they were involved with a local social club and about ten residents were going there for afternoon tea, along with some of their relatives.
- People who were not keen on group activities were under no pressure to join in and some chose to spend time in their rooms. One person told us they hated things like bingo but really enjoyed the musical entertainments and trips out. They said, "There was a trip out last year which I wasn't sure about going on. I really enjoyed it though."
- A local Christian minister came to hold regular services and some people told us they liked to attend these as their faith was important to them.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people knew how to make a complaint if they needed to. There had been one formal complaint which had been dealt with promptly and satisfactorily, in line with the provider's procedure.
- Informal complaints could be raised directly with staff and people told us they would do this if needed and were confident their issue would be dealt with. One person said, "I would speak to the staff and they would sort out stuff." Another person explained they had made a complaint about some maintenance issues in their room. These had all been addressed. They told us, "I've also asked for the carpet to be replaced and... they've agreed. We were even allowed to choose the colour."
- There was a poster documenting actions the service had taken in response to recent issues people had raised. For example, people had complained the call bells were too loud and so a new system had been put in which had an adjustable volume; people wanted access to drinks and snacks outside of the times when the tea trolley came round and snacks and drinks stations were introduced; people wanted to serve out their own meals so vegetable dishes and gravy jugs were put on the tables instead of people being served plated meals.

End of life care and support

- People's end of life care wishes were recorded in their care plans. We observed that staff were very attentive to people's physical and mental healthcare needs at this time. Staff ensured anticipatory medicines were in place well before the person might need them to alleviate any pain or distress. We observed staff reacting quickly when one person's condition began to deteriorate. They immediately ensured measures were put in place to make the person more comfortable.

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 when managed by the previous provider. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and new manager, who had been recently appointed, were committed to an open and inclusive management style and worked in partnership with the people who used the service and staff. Since the new provider had been in place they had overseen a culture change at the service. Staff were fully in support of this and understood the need for change. One staff member told us, "She [the manager] finds the time to speak to people. She's involving the residents in the choices. ...I'm learning. We're all learning so much. I feel excited."
- The manager was a key appointment in driving the changes. One staff member described the manager as, "Approachable, but fair and firm." A relative commented, "The new manager was at the last relatives meeting. She stressed her door's always open, which is true."
- The people who used the service were at the centre of the provider's thinking and people had been involved in decisions about how the service should move forward. People told us they had been consulted on issues such as staff recruitment, new uniforms for staff, menus and activities. ●Resident meetings and relatives' meetings were held regularly, and people told us they found these informative and productive. One person who used the service commented, "Yes, it was useful to hear what was going on and what the other residents wanted." Another told us, "I have been to one. ...People spoke up."

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

- Relatives told us that the manager was very good at passing on any information about their family member, when needed.
- The manager understood the duty of candour and were open and transparent with people when there were any issues which needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.

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

- The manager had applied to become registered with CQC and their application had been accepted and was waiting to be processed. During the time the service had been without a registered manager the deputy manager had taken on this role with the support of the nominated individual, who visited the service twice a

week.

- The new manager had undertaken the registered manager role in previous services and had an excellent understanding of the role and the responsibilities it carries. They, and deputy manager, were clear about their legal duty to notify CQC of important incidents and had done so when required.
- There was a robust quality assurance system in place which gave the provider and manager excellent oversight of the service. There were regular audits of quality and safety and audits followed up on any actions from the previous month. The manager analysed audits to identify any patterns and trends and to see if any measures could be introduced to reduce any poor outcomes or risks.
- The manager and deputy carried out observations of staff practice and out of hours spot checks to ensure care was consistently and safely delivered over a 24 hour period.
- There had recently been a dignity and respect audit which looked at how staff delivered care with empathy and compassion. There had also been an equality and diversity audit which considered any barriers to caring and, if identified, ways to overcome these.
- There was a clear commitment to staff training and ensuring people had all the skills they needed to carry out their roles. Staff were supported and encouraged to develop their roles and to further their particular interests.

Working in partnership with others

- The service worked in partnership with local healthcare professionals to help provide consistent care for people. The manager had recently had experience of a person receiving a potentially poor discharge from hospital. They had raised this issue with the hospital concerned and escalated it to a high level. They were aware that other services in the area had had similar issues.
- One person who used the service had been encouraged to make a connection with a charity connected to their health condition. The service had supported them in their endeavour to raise awareness and to raise money for this charity. This was appreciated by the person and had a wider community benefit.
- The service had nursing students on placement and this worked very well. It was also part of a pilot to have students on a short placement before they started their medical training. This had proved beneficial for the people who used the service, with some of them making special mention of how much they enjoyed having the young people at the service. It also had a wider benefit as it was recognised as a very good grounding for medical students to have an understanding of the care role.