

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Holmwood Residential Home

37 Upper Olland Street, Bungay, NR35 1BE

Tel: 01986892561

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr Nicholas Sheldrake
Registered Manager	Mrs. Sandra O'Grady
Overview of the service	Holmwood Residential Care Home provides accommodation and support to older people including those living with dementia. The service can accommodate a maximum of 32 people. The service also provides a domiciliary care service to people living in their own homes.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with 14 people who lived in the service and two people who used the domiciliary care service, about their experiences of the service they were provided with. People told us that they were happy with the service they received. One person who lived in the service said, "I find it is very pleasant." Another person said, "Everything is good, I can't find anything wrong." Another said, "They are very nice, very welcoming." One person who used the domiciliary care service said, "I am very happy with my carer and they come bang on time." Another said, "I am happy, they are wonderful."

We looked at the care records of eight people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

Staff personnel records that were seen showed that staff were trained and supported to meet the needs of the people who used the service.

We found that the provider's infection control procedures and processes ensured that people were protected from the risks of cross infection.

We found that the provider had systems in place to assess and monitor the service provided to people. People's concerns and complaints were listened to and acted upon.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We observed, in the residential service, that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. This included asking for people's permission before they were supported with their personal care needs and to allow us to see their bedrooms.

We saw the care records of eight people who used the service. These records included documents which stated that people had been consulted about their care, had consented to the terms and conditions of the service, consented to their next of kin, where appropriate, to be contacted about their care and that they consented to their needs to be discussed with health professionals, where needed. These records had been signed by the people who used the service, or where appropriate, their representatives.

The care records included evidence which showed that people had participated in their care planning. People's care plans included information about their capacity to make decisions, their likes and dislikes, preferences about how they wanted to be supported and cared for.

We looked at the care records of five people who used the residential service. These care records included people's decisions about end of life care, including if they wished to be resuscitated and advanced care decisions. The daily care records showed where people had been asked for their consent in their day to day care and where people had refused, their wishes were respected. For example, one person had received advice regarding their diet and had chosen not to act on the advice they had been given.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the residential service told us that they were happy living in the service. One person said, "I find it is very pleasant." Another person said, "Everything is good, I can't find anything wrong." Another person said, "I am happy here, I am quite comfortable."

We looked at the care records of five people who used the residential service and found their needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People's care plans included information about the care and support provided to people. This included support with their personal care needs, mobility, behaviours and medication. The records identified people's diverse needs and how they were met and the areas of their care that people could attend to independently. The records advised staff to ensure that people's dignity was respected at all times.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with pressure area care and prevention and moving and handling.

Daily records identified the care and support that people had been provided with on each shift, their wellbeing and the activities that they had participated in. Where issues with people's wellbeing were identified support and guidance was sought from health care professionals. Where people had been treated by health care professionals the outcomes were clearly recorded in their care records. This told us that people's health care needs were identified and actions taken to ensure that they were met.

We saw the activity programme in the residential service which showed that people were provided with the opportunity to participate in activities which interested them. These activities included armchair exercises, Holy Communion and games. We saw pieces of art work that people had done that were displayed in the service. The registered manager told us that the service had recently held an art exhibition to show this art work.

People told us that they were provided with enough to do. One person said, "I am never bored." Another person said, "There is just enough, us old ones need time to relax and we like to talk to each other." Another person said, "When they don't have anything on we always find something to do, look around, some talk to each other, knitting, reading, lots to keep us occupied." Another person said, "I can go out if I want to, we are lucky we have a lovely garden."

During our inspection we saw people sitting outside on a bench, reading books and newspapers, talking to each other and entertaining their guests.

People who used the domiciliary care service told us that they were happy with the service they were provided with. One person said, "I am very happy with my carer and they come bang on time." Another said, "I am happy, they are wonderful, they are very very kind and always here on time which is wonderful."

We looked at the care records of three people who used the domiciliary care service which explained people's needs and how they were met. This included in areas such as their mobility and personal care. There were risk assessments in place which identified how the risks in people's care were minimised, such as when supporting people with their mobility. There were also risk assessments in place which identified how the risks in people's home environment were minimised.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw a notice in the entrance of the residential service which asked visitors to wash their hands when they arrived and left the service. When we arrived to the service a staff member asked us to wash our hands. This meant that appropriate actions were taken to reduce the risks of cross infection.

People told us that the residential service was always clean and tidy and that their bedrooms were kept clean. One person said, "It is always spotless." Another person said, "It is always clean." Another said, "I like to do it myself, they help me with the parts I cannot reach." Another said, "I try to do as much as I can in my own room." This meant that people's independence was respected.

A person's visitor told us, "As far as I can see it is always clean and tidy."

We looked around the residential service and found it to be clean and hygienic throughout and we noted that there were no offensive odours. This showed that the staff took appropriate actions to ensure that spills of body fluids were cleaned effectively. We saw that bathrooms, toilets and the laundry were provided with liquid hand wash and disposable towels for use to minimise the risks of cross infection. We saw that there were procedures in place which advised staff on how to wash their hands effectively.

We spoke with a member of the domestic staff who was knowledgeable about their roles and responsibilities relating to infection control. They showed us cleaning schedules, which showed when areas in the service and equipment had been cleaned and deep cleaned. They told us that they regularly undertook 'spot checks' in people's bedrooms to check that they had been cleaned to the required standard.

Two staff members told us that they were provided with adequate stocks of equipment such as disposable gloves and aprons for staff to use when supporting people in areas including personal care to minimise the risks of cross infection. During our inspection we saw the staff using gloves and aprons when preparing to support people with their personal care needs and cleaning. We looked around the service and found that there were gloves and aprons available in areas such as toilets, bathrooms and the laundry for staff to use.

We spoke with the domiciliary care manager who showed us a box which was provided to all domiciliary care workers. This box included gloves, aprons and hand sanitiser to use to minimise the risks of cross infection. They told us that staff could collect further gloves and aprons when needed.

We looked at the training records of six staff members which showed that they were provided with training in infection control and food hygiene. A member of the kitchen staff confirmed that they had been provided with this training.

We saw the provider's infection control policy which explained the actions that staff should take to minimise the risks associated with cross infection.

We saw the provider's legionella risk assessment and records of checks that were in place to ensure that the risks of legionella bacteria in the water system in the residential service were minimised.

A staff member told us that the food hygiene in the residential service had been inspected in 2012 and they were awarded a rating of 5, which was the highest rating available. During our inspection a food and safety officer undertook the food hygiene inspection for 2013. The registered manager showed us the report which they had been given at the end of this inspection which showed that they had been awarded a rating of 5. This meant that people were protected by the service's food hygiene procedures and processes.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service were complimentary about the approach of the staff who supported them. They told us that the staff treated them respect and kindness. One person who used the residential service said, "They are very good." Another person said, "They are very nice, very welcoming." We saw that the staff interacted with people in a caring, respectful and professional manner.

One person who used the domiciliary care service said, "I am very happy with my carers." Another said, "They are very very kind."

Staff were able, from time to time, to obtain further relevant qualifications. We saw the personnel records of six staff members which showed that they were supported to undertake industry recognised qualifications including a National Vocational Qualification (NVQ) in health and social care or the Qualifications and Credit Framework (QCF) diploma.

Staff received appropriate professional development. Four staff members told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. We saw the training records of six staff members. These records showed that staff were provided with training such as health and safety, infection control, food hygiene, safeguarding vulnerable adults from abuse, fire safety, Mental Capacity Act 2005 and moving and handling. We saw that staff were provided with refresher training where required.

We saw records which showed that staff were provided with one to one supervision meetings which provided them with the opportunity to discuss the ways that they were working and to receive feedback on their work practice. We also saw the minutes from staff meetings where staff discussed the support provided to people who used the service. Three staff members told us that they felt that they were supported to undertake their role effectively and safely.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and they were acted on.

We saw the results from satisfaction questionnaires which were completed by people who used the service. We saw the minutes from a staff meeting which showed that the results to the satisfaction surveys were discussed and ways that the service provided to people could be improved. This meant that people's comments were listened to and addressed.

People were further provided with the opportunity to express their views about the service provision in the residential service in 'resident's meetings.' We saw the minutes from these meetings which showed that people discussed their satisfaction and made decisions about the service provided. They also discussed their preferences relating to the menu and activities. We looked at the care records of five people who used the residential service which showed that people were included in their care reviews.

We saw the care records of three people who used the domiciliary care service. These records showed that the service regularly contacted them to ask if they were satisfied with the service. We saw records which identified that the care manager undertook 'spot checks' on the domiciliary care workers. These checks were observations on the domiciliary care workers when they were supporting people who used the service to ensure that they were working to the required standard. This meant that there were systems in place to assess and monitor the service that people received.

We saw records of audits which were undertaken to ensure that people were provided with safe and effective care. These audits included falls, pressure areas and health and safety.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw the provider's complaints procedure which explained how people could raise complaints and how they were managed.

People told us that they knew how to make a complaint if they were not happy with the service provided. None of the people we spoke with had made a formal complaint. One person said, "I could complain if I wanted to, but I have no quarrels at all." Another person said, "Everything is good, I can't find anything wrong." Another said, "I've got nothing to moan about."

We looked at the complaints and incidents records which showed how complaints were managed. We found that people's complaints had been fully investigated and resolved, where possible, to their satisfaction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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