

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

## Holmwood Nursing Home

Warminster Road, Norton Lees, Sheffield, S8  
9BN

Tel: 01142509588

Date of Inspection: 22 January 2013

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2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Christine Hockley
Overview of the service	Holmwood Nursing Home is a purpose built care home located on the outskirts of Sheffield. The home provides accommodation for up to 41 people on two floors. The care provided is for people who have needs associated with those of older people, particularly relating to dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We were unable to gain the views of all the people who were at the home. Therefore we observed how care was provided, reviewed records and spoke with staff and visitors to help us understand their experiences.

We spoke with four people who used the service and two visitors. They told us staff asked them what they wanted and respected their decisions. If anyone was unable to give consent, systems were in place to consult other people to make sure things were carried out in their best interest.

People's comments indicated staff provided the care and support people needed and they were happy with how staff delivered care. One person said, "I'd give them 15 out of 10, it's great here."

We saw that people were provided with a choice of suitable and nutritious food and drink. They told us they enjoyed the meals available and confirmed they offered variety and choice.

We saw the premises were in a satisfactory state of repair and was designed to promote independence and safety. The people we spoke with told us they were happy with the home's facilities.

Staff had access to a varied training programme which they said helped them meet the needs of the people they supported. A visitor commented, "They are good at their job and speedy to tend to him."

We saw the complaints procedure was available to people who used and visited the service. People told us they had no complaints, but said they would feel comfortable taking any concerns to the manager.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### 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.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People who used the service and the two visitors we spoke with told us staff respected their decisions and included them in deciding how they wanted their care provided. One person told us, "They ask us what we want."

We saw when people could not sign their care files to show they agreed with the planned care their relatives had been involved in making decisions. We also saw consent forms had been completed where needed.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They described to us how they asked people what they wanted and looked at their body language to see if they were happy with what was taking place. One care worker told us, "If someone can't tell us what they want we always involve families and it would be written in their care plan." Another care worker gave examples of how they offered people options. They added, "We ask people and listen to what they tell us."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The manager told us about what actions would be taken if someone could not make an informed decision about something. She explained how other people would be involved in looking at what was in their best interest and said this would be clearly recorded in their file. For example where a person had no-one to represent them, best interest meetings had taken place with the GP to decide if they needed a flu vaccination. These decisions had been then been recorded.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was delivered in line with their individual care plan. We saw each person had a care file which was stored securely. We checked three people's files and found plans contained detailed information about the areas they needed support with and any risks associated with their care.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Care plans and assessment tools had been reviewed regularly and reflected changes in people's needs.

People's needs and preferences were in most cases clearly recorded in the care plans we checked. However, the provider may find it useful to note that not all of the plans reflected people's preferences comprehensively.

We spoke with four people who used the service and two visitors. They all said they were happy with the care provided. One person told us, "I'd give them 15 out of 10, it's great here." A visitor commented about the good communication they had with staff adding, "They always react quickly to changes in his needs."

The home had a dedicated social activities coordinator. We saw there was a themed activities programme that people told us met their needs. This included ball games, beauty days, reminiscence therapy and sing-a-longs. On the day we visited the activities person was on leave but care workers were playing a reminiscence quiz game with some people using a ball to increase the interaction. We also saw outside entertainers had visited regularly and a mini bus was available to take people out into the community.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They said they had received the training they needed to do their job well.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

There were arrangements in place to deal with foreseeable emergencies. The manager told us they had contingency plans in place to manage any emergencies, this included things like fires and floods.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed lunch being served in the downstairs dining room so we could look at the meals provided and see how staff supported people. We saw the nurse served meals from a hot trolley while staff helped people to eat their food. Each person was asked which food option they preferred. Aids, such as plate guards, were made available so people could eat their meal independently.

People were provided with a choice of suitable and nutritious food and drink. We saw menus contained well balanced meals which offered people choice. People we spoke with commented positively about the quality of the food served. They told us they enjoyed their meals and raised no concerns. One person said, "The food is good with choice and plenty to eat." Another person commented, "The food is very filling and we get drinks in between meal times."

We saw, and people told us, drinks were offered with and between meals. The staff demonstrated a good awareness of the need to make sure people ate and drank enough. We saw staff had used forms to monitor people at risk to make sure they were getting sufficient to eat and drink.

The cook demonstrated a good understanding of people's different nutritional needs. She discussed the new company menus which had recently been introduced and said if someone did not want anything from the set menu an alternative could always be provided.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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During our visit we looked around the home and asked people if there was anything they were not happy with. All the people we spoke with confirmed they liked the accommodation and could not tell us anything they wanted to improve. The two visitors we spoke with were also complimentary about the facilities at the home.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. People's rooms had been personalised to reflect their choices, this included personal mementos, pictures and small items of furniture. We saw the hairdressing room had recently been redecorated and the manager told us that the next stage of the planned improvements included the corridors.

The environment was designed to stimulate and keep safe people with dementia. We saw keypads were used to provide safe areas for people to move about in. Corridors and communal rooms were decorated with reminiscence memorabilia such as a post box, bus stop and themed interactive pictures they could touch. This included a seaside theme in the dining room.

During our tour of the home we also saw there was a mock pub and a tea room, where people could sit and have tea and cake.

A handyman was employed to maintain the building. Staff told us how they reported any areas needing attention in a book. They added that these were always dealt with quickly.

We were told, and saw, that risk assessments had been completed in relation to the premises and actions had been taken to monitor and minimise identified areas of risk. This included checks and regular maintenance of things like fire safety equipment.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The people we spoke with said staff were supportive and helpful and we received only positive comments about how they delivered care. A visitor commented, "They are good at their job and speedy to tend to him."

During our visit we saw staff supporting people in an inclusive way. We also saw them moving people safely and helping them to eat their meals in an appropriate way. They appeared competent and confident in their roles.

Staff received appropriate professional development. The manager told us staff had received the essential training they needed to do their jobs well. We saw the majority of training was computer based. A training area had been set up with a computer so staff could sit and complete the training at work. Other training had been classroom based, such as moving people safely. The staff we spoke with felt they had received satisfactory training and support for their job roles.

We saw the company's computerised system identified any shortfalls in staff training or when update sessions were due. There were some gaps in the training spreadsheet provided to us but the manager said as the system was new this did not reflect training carried out previously. She added that staff were working through the list of e-learning training and she was monitoring their progress. Records and staff comments showed training completed included health and safety, food hygiene, dementia care, fire awareness, nutrition, and moving people safely.

Staff described to us their induction to the home and we saw there was a booklet to be completed as well as essential training. Staff indicated this had been carried out in a timely manner and provided the knowledge and information they needed.

Staff were able, from time to time, to obtain further relevant qualifications. For example we were told some care workers had completed a nationally recognised care qualification. The staff we spoke with also said they had completed training about managing people with challenging behaviour.

We saw staff support sessions had taken place either at group sessions or on a one to one basis. Records and staff comments confirmed this. The staff we spoke with commented

about the good support they had received from the manager. However they said they had not received an appraisal of their work last year. We saw these were planned for the near future.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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People were made aware of the complaints system. We saw the home had a complaints procedure which was available to people who lived and visited there. The people we spoke with said they had no complaints about the standard of care or the home's general facilities. However they told us they would feel comfortable speaking to the manager, or any of the staff, if they were not happy about something.

We saw there was a system in place for people's complaints to be recorded and investigated. The manager told us there had been no complaints received recently and nothing was recorded in the complaints file since February 2012. The staff we spoke with demonstrated a satisfactory understanding about what they should do if anyone raised a concern with them.

People were given support by the provider to make a comment or complaint where they needed assistance. The staff we spoke with told us how they would voice concerns on behalf of people who were unable to do so themselves.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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