

Sidmouth Care Limited

Holmesley Care Home

Inspection report

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Sidmouth
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holmesley Nursing Home is a 'care home' providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 55 people. The service provides accommodation over two floors, with access provided by a passenger lift. Many bedrooms have en-suite facilities and patios leading to the mature and well planted gardens.

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

This focused inspection was the first inspection of this service since it was newly registered on 30 August 2019. We do not look at all five key questions at a focused inspection. At this inspection we looked at Safe and Well-led.

People living in the home, staff and most relatives we spoke with praised the provider and management team for the improvements they had made. Comments included, "I have nothing but deepest, heartfelt praise for Holmesley. I cannot find enough adjectives to thank them", and "It's wonderful. It's the only place in the world that would be good for her. They understand her".

There were sufficient staff employed to meet people's needs safely. There had been a higher than usual staff turnover in the first half of 2020. New staff had been carefully recruited and trained. Staff we spoke with said there was a very happy and positive attitude among the staff team. Comments included, "It's lovely. We've come out the other end – it's super. You can tell – the atmosphere is happy" and "I feel blessed to work in this home. We work as a team". Relatives felt the staff team were now stable, and were satisfied there were sufficient staff. Comments included, "I am really happy, the carers there are lovely. They seem to maintain staff. There's not a quick turnover".

Improvements had been made to the admissions procedures, care planning and risk assessments. Staff understood the risks to each person's health and personal safety and the actions they needed to take. A relative told us, "I have seen evidence of better recording. For example, lists on the bathroom door about checks made of oral hygiene". We found medicines were stored and administered safely. The home had worked with the local pharmacy and health professionals to ensure people's medicines were regularly reviewed.

Communication with people and their families had increased. This was particularly appreciated by relatives during the Covid-19 pandemic. A visitors' room had been set up with a Perspex screen to enable visitors to enter from the outside and sit and talk with their loved-ones safely. This facility was widely appreciated by people in the home and their relatives. A relative told us, "They communicate individually with people. We got an explanation of the set-up, so they've been exceedingly safe".

The home was well managed. Staff and relatives told us the new management team were approachable, willing to listen and open to suggestions and ideas on how to improve the service. Comments included,

"Wonderful changes under {registered manager} and {deputy manager}. They are brilliant. When I say something, they will listen to me".

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. We found care was taken to ensure people were safeguarded from the risk of infection. There was a team of housekeepers who took a pride in their work. All areas of the home were regularly cleaned. There were sufficient stocks of personal protective equipment and staff took all precautions needed to keep people safe.

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 30/08/2018 and this is the first inspection. The last rating for the service under the previous provider was Requires improvement, published on 10/01/2019

Why we inspected

The service was due to be inspected in the spring of 2020 as part of our regular planned inspections. However, due to the Covid-19 pandemic the inspection was postponed. During the first few months of 2020 we received concerns about falls, staffing, care planning and risk assessment. The service was the subject of a whole service safeguarding investigation led by the local authority and involving a range of health and social care professionals. We were given assurances that actions were being taken to improve the service. A decision was made for us to inspect and examine those risks at the earliest opportunity, when it was safe for us to visit the home.

We undertook a focussed inspection to review the key questions of Safe and Well Led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We found no evidence during this inspection that people were at risk of harm from the concerns raised earlier in the year. Please see the Safe and Well-led sections of this full report for further details of our findings.

The overall rating for the service remains unrated.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holmesley Care Home

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.

We carried out an announced focused inspection of this service on 18 September 2020. This was the first inspection of this service since it was newly registered on 30 August 2019. We do not look at all five key questions at a focused inspection. We always look at the well led key question and any other key question that may be relevant and award them a rating. At this inspection we also looked at Safe. We are unable to award an overall rating because we did not look at all five key questions.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The site inspection was carried out by one inspector and one specialist nursing advisor. An Expert by Experience spoke with relatives by telephone. 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

Holmesley Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave a short period notice of the inspection due to the Covid-19 pandemic. We wanted to be certain we followed safe precautions in line with the service's own infection control procedures before we arrived.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection-

During the inspection we spoke with the registered manager, deputy manager and a senior member of the provider's management team. We also spoke (at a safe distance) with two people living in the home who were sat outside in the garden and four members of staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including training, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records supplied to us online by the registered manager. We spoke with nine members of staff on the telephone and one relative. The Expert by Experience spoke with ten relatives on the telephone. We also spoke with three health and social care professionals on the telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the start of 2020 safeguarding concerns were raised regarding the risk of falls resulting in serious injury. A safeguarding enquiry was held. Concerns were found in relation to the assessment of people before admittance to the home, care planning and risk assessment. The home received advice and guidance from external professionals and monitoring was carried out to ensure improvements were made. During this inspection we found admission procedures, care plans and risk assessments had improved, and the level of risk had reduced. The number of falls experienced by people living in the home had significantly decreased.
- People living in the home and their relatives told us they felt safe. A relative told us, "They have managed to keep her safe and happy. She would let us know if anything was bothering her but she's smiling, happy; it's wonderful. It's the only place in the world that would be good for her... they understand her". Another relative said, "Nothing is swept under the carpet" and "They report back".
- All staff received safeguarding training at the start of their employment and regular updates thereafter. Staff told us they would not hesitate to speak out if they had any concerns about abuse. They were confident they could speak with the manager or deputy manager and knew how to contact relevant external agencies if necessary.

Assessing risk, safety monitoring and management

- We looked at the records relating to specific health risks such as Diabetes, Parkinson's, and Huntingdon's Chorea. We also looked at risks associated with continence care, constipation, falls, and pressure wounds. We found the risks had been assessed and regularly reviewed. The care plans generally provided good information about each risk and the actions staff must follow to minimise those risks. Staff completed tick check lists to show when tasks had been carried out. We noted some aspects of the charts were generic and did not always provide sufficient evidence of tasks completed. This was discussed with the managers and they agreed to review their recording format and make improvements where needed.
- A relative told us about improvements in the home under the new management and, when asked about their loved-one's safety they told us "Much safer than it was... remarkably, notably". They went on to say that the staff "Know where they are and what's expected of them; they know the standards expected". They felt the managers took appropriate actions to make sure staff followed safe practice.
- There were systems in place to ensure all areas of the home were safe. A new maintenance person had recently been employed who had responsibility for general maintenance of the property. A maintenance book provided evidence of the tasks completed. This person had responsibility for routine checks on the safety measures in place including fire safety equipment, window restrictors, boilers and Legionella checks.

Staffing and recruitment

- In the first few months of 2020 the home experienced some staff changes following the change of

ownership at the end of 2019. A new registered manager began working in the home in January 2020 and a few months later a new deputy manager was also employed. Some staff resigned and new staff were recruited. At the time of this inspection almost all of the vacant posts had been filled. Staff we spoke with who had been recruited in 2020 told us they enjoyed their jobs and felt there was a happy and positive atmosphere within the staff team.

- A member of staff who started working in the home in 2019 told us "There has been a serious transformation in this home. This is now one of the best homes around". Another member of staff talked about the turnover of staff and said, "We now have a brilliant team. We are starting to see the light at the end of the tunnel".
- New staff were recruited safely. Checks and references were completed before new staff began working in the home. New staff received induction training on a range of essential health and safety related topics before they began working with people, including a full day in-house moving and handling training session. A relative said, "I feel they are being careful about whom they recruit".
- There were sufficient numbers of staff employed to meet the needs of the people living in the home. There were two care staff per wing during the day plus one floating in addition to the nursing staff. The home employed a team of staff such as maintenance, administration, housekeeping, cooks and activities organisers who provided a wide range of services to ensure people lived in a safe and comfortable home. We were assured people received care and support at times they requested and that staffing levels were sufficient at all times of the day.
- Most relatives we spoke with said they felt staffing levels were sufficient and they had noticed an increase in staffing levels since the new providers took over. Comments included, "The staffing levels are better now. There is more supervision of staff".
- During our inspection call bells were usually answered promptly. We heard there had been some changes to the way staff responded to call bells to ensure people received assistance quickly when they pressed their call bell. An additional member of the staff had been employed who worked across all areas of the home to support the care staff on each wing. This meant there was an additional member of staff available to answer call bells if other staff on the wing were busy.
- Staff we spoke with and the registered manager assured us they were now in a good position to cope with a second wave of the pandemic. We heard that all members of staff were willing to do extra shifts to cover for any colleagues who may need to be absent from the home for any reason. The management team were willing and able to step in to work alongside the staff team to ensure people received the care and services they needed.

Using medicines safely

- Medicines were administered safely by staff who were trained and competent. The service had worked closely with the local pharmacy and medical professionals to ensure each person's medicines were regularly reviewed. Medicine administration records were generally well recorded.
- We found some areas where improvements could be made. The management team assured us they had already identified these issues and were in the process of making changes. We also noted some areas of very good practice such as medicines that must be administered at specific times of the day, or before meals, were clearly planned and recorded. There were regular audits carried out on a daily, weekly and monthly basis by senior care staff and the management team to identify any errors or issues and ensure these were addressed promptly.

Preventing and controlling infection

- All areas of the home were clean. There was a team of housekeeping staff on duty each day who displayed a pride in their work. There were check lists in place to ensure all routine cleaning tasks were completed.
- Comments from relatives included, "It's a very nice home, very clean". Another relative told us that

regarding Covid-19 precautions they felt "Safety is 100%. Relatives told us they were satisfied staff always wore full protective equipment, for example, "Always, headgear, face masks, aprons, gloves" and "Staff are masked up. All protocols in place". Many relatives gave praise for the home locking down a week before the official ruling.

- Relatives praised the new visiting room which allowed them to see and speak with their loved ones through the safety of a Perspex screen. Comments included, "We got an explanation of the set-up, so they've been exceedingly safe".

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- When incidents occurred, or concerns were raised, the provider and management team notified us appropriately. They told us how they have investigated the matter and the actions they had taken to reduce the risk of recurrence. There was a culture of exploring issues with the whole staff team and considering the best way to address the matter. Staff told us the registered manager attended daily handover meetings. A member of staff told us, "Staff can raise concerns. We can go and talk to her. She makes sure she sorts things out. She listens – very open".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People we spoke with, staff and relatives praised the providers and management team for the open and positive culture in the home. A relative described the communication when their loved-one became ill. They said, "The manager kept us informed with weekly phone calls". Another relative said, "Even the staff say positive things" (about the new management). They pick up on staff issues. There's a new culture... discipline".

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

- The provider has notified CQC and all relevant agencies when issues or concerns have occurred. They have demonstrated a willingness to admit when mistakes have been made and to keep people informed of their actions.

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

- In the early months of 2020 concerns were raised about some aspects of the service including falls prevention, assessment and review of people's needs and care planning. The provider recognised the areas where improvements were needed and worked with local health and social care professionals to bring about the changes that were needed. They improved the structure of their senior management team to provide greater oversight of the management systems and to increase support to the registered manager and her team.
- Following the above concerns coming to light improvements were made to the assessment and care planning systems. We found the care plans provided a greater level of detail about most areas of each person's personal and healthcare needs. While we noted a few areas still needed further detail to ensure the care plans were fully personalised, this did not impact on the care people received. The management team told us they had already identified further where improvements were needed, and they told us these would be addressed in the near future.
- The Covid-19 pandemic had impacted on the management systems in the home earlier in the year. Things had settled down at the time of this inspection and routine management tasks were being carried out at regular intervals. There were audits carried out on all areas of risk, for example medicine administration, accidents and incidents, and infection control. There were checklists in place to ensure staff knew the care tasks they were expected to complete for each person. These were checked by senior staff at each handover.

There were detailed checklists in place for each cleaning task and these evidenced the high cleaning standards throughout the home.

- A relative stated there is "Evidence of better recording" for example, lists on the bathroom door about checks made on tasks such as oral hygiene. They described systems as "Much tighter, and personal safety is better". They went on to say "Security also improved. The door never used to be locked, now it is".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- People and their relatives were involved and consulted about the care and the services provided. They were asked to complete questionnaires to help the providers and management team consider where improvements were needed. People and relatives praised the new providers and management team for the way they informed and involved them, for example (before Covid-19) by holding relatives' meetings and by sending out e mails and updates. A relative told us, "We are kept informed". Relatives said they received emails in the pandemic to keep them updated. They felt they could easily contact the home if they had any queries. Relatives also told us, "When the new people took over in September (2019) there was a meeting".
- There was a culture of learning for all staff. The provider had ensured the management team kept up to date with all national and local guidance and information through the Covid-19 pandemic. They had improved the induction and ongoing training of staff to ensure staff had the knowledge and skills needed to meet people's needs safely.
- The management team and staff had worked with local health and social care professionals to ensure people received safe care and the service ran smoothly.