

Holm Lodge

Holm Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Holm Lodge is a residential care home that provides accommodation and support for up to 26 older people. On the day of our inspection there were 24 people living at the home. Some people had illnesses or disabilities associated with old age such as limited mobility, physical frailty or lived with health problems such as diabetes. Some people lived with dementia and sensory impairment. Accommodation was arranged over two floors with stairs and a stair lift connecting each level.

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

People told us, "I'm fine here, wasn't safe for me to live at home, but I am safe here," and "I feel safe and looked after."

Quality assurance systems were in place and were continuing to be developed and improved. There were areas that still needed to be developed and embedded into everyday practice. Environmental audits and risk assessments needed to reflect that issues identified had been noted and initial action taken to keep people safe, and the full action was delayed due to the pandemic. For example, the replacement of carpets that were rucked. Another area to be developed was the care documentation, to ensure a more person-centred approach to individual risk. At present the approach was generic and not person specific. Staff knew people very well and described how they safely supported people in their daily lives. This however needs to be reflected within the documentation to ensure new and agency staff could provide consistent safe care.

People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. Staff understood the risks associated with the people they supported. Risk assessments provided generic guidance for staff about individual and environmental risks to their health and well-being. People received their medicines safely, when they needed them. However, improvements were needed in ensuring as required medicines (PRN) were supported by protocols and pain charts.

There were enough suitably trained staff to meet people's needs at the time of the visit. Staffing levels were regularly reviewed following falls or changes in a person's health condition.

We requested COVID-19 infection procedures and policies during the inspection. These reflected current guidance and we were told they were updated regularly. All staff were aware of the government guidance and confirmed that they received updates daily. Staff were all wearing protective personal equipment (PPE).

Staff told us that they felt well supported by the management team and received regular supervision and wellbeing meetings. They felt that improvements to the service had been made and were still being implemented.

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

Rating at last inspection

The last rating for this service was Requires Improvement. (published 18 October 2019)

Why we inspected:

The inspection was prompted due to concerns received about peoples' safety and well-being, medicine management and staffing. A decision was made for us to inspect and examine those risks.

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.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

We have not rated this key question as we have only looked at the areas we had specific concerns about.

Details are in our safe findings below

Inspected but not rated

Is the service well-led?

We have not rated this key question as we have only looked at the areas we had specific concerns about.

Details are in our well-led findings below

Inspected but not rated

Holm Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about peoples safety and well-being, medicine management and staffing.

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 inspection team consisted of two inspectors.

Service and service type

Holm Lodge 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service. We spoke with six members of staff including briefly the registered provider. We spent a short time in the home. This allowed us to safely look at areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

We reviewed a range of records. This included people's care records, medicine records, two staff files in relation to recruitment and further records relating to the quality assurance of the service, including accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback following the inspection from one staff member, and three health professionals.

Is the service safe?

Our findings

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

We have not rated this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about risk management, medicine administration and staffing. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Each person had an individual care plan. Care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. For example, the use of bed rails, specialist nutritional needs and the use of moving and handling equipment.
- People who lived with diabetes had care plans and guidance of how to manage their diabetes safely. There was generic guidance attached to the care plan about the management of the diabetes, eye and foot care, signs of high and low blood sugars and how to manage these safely.
- Moving and handling risk assessments were undertaken on all people to identify risk and to ensure the right equipment was used. There were people who relied on staff to move them with equipment aids specifically assessed for them.
- People at risk of falls or whose mobility was decreasing had safety measures in place to minimise risk of trips and falls, this included the use of sensor mats and lowered beds.
- Staff were very knowledgeable of peoples' needs and committed to ensuring safe care. However, the care documentation and risk assessments mentioned above needed to improve to introduce a more specific person-centred approach. We were informed there were plans to introduce a computerised care planning system which had been put on hold due to the pandemic.

Staffing and recruitment

- During the inspection people received care and support in an unrushed personalised way. Comments from people included, "Staff are kind and treat me very well," and "No complaints at all, I'm safe and well cared for."
- During the inspection we noted that people had the choice of getting up or staying in bed. We saw that some people were offered a late breakfast as they had had a lie in.
- Rota's confirmed staffing levels were stable and the skill mix appropriate. However, during the site visit the staffing situation changed significantly due to staff testing positive to Covid-19. . This was managed effectively by the provider and registered managers with the use of agency staff as required. The service was sign posted to the local authority for support.
- Staff told us that they felt supported by the management team and felt confident in assisting people safely. One staff member said, "I wouldn't do something that I didn't know how to do properly." Another said, "The training here is very good, we also get support from seniors if we are unsure or struggling."

- The training programme identified that staff had completed the essential training and service specific training required to meet peoples' needs, such as moving and handling, and dementia. There were plans to secure training for managing alcohol addiction and behaviours that challenge in the near future, but the pandemic lock downs had impacted on some external training. At present an external agency supported staff with managing and person's addiction related needs.
- Recruitment folders included application forms, some details of employment history, and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. This included agency staff.
- Employment histories were an area that needed to be improved as they were sparse and did not cover gaps in employment history.

Using medicines safely

- Medicines were stored, administered and disposed of safely. The clinical room was well organised and all medicines were stored safely.
- We asked people if they had any concerns regarding their medicines. One person said, "I have no worries, I get my pills on time" and "My pills get given to me and I don't have to worry."
- All senior staff who administered medicines had had the relevant training and competency checks that ensured medicines were handled safely. It was noted that there were only four care staff trained to administer medicines. However, we were assured that the registered manager and registered provider were also competent and trained and would step in to cover an emergency situation.
- Some people had medicines administered on an 'as required' basis, some people had a protocol to support this, which described the circumstances and symptoms when the person needed this medicine. However, protocols were not in place for all people and there was not a consistent approach in the use of pain charts which monitored the effectiveness of the medicine. This was immediately rectified by staff.
- Medication audits were completed on a monthly basis. The manager had reviewed and analysed the findings of the audits to ensure action was taken to safeguard people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections and was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People were only admitted to the home if they had, had a negative Covid19 test result and were able to self-isolate for seven days.
- We were assured that the provider was using PPE effectively and safely. Staff were following the guidance in respect of wearing PPE and handwashing.
- We were assured that the provider was accessing testing for people using the service and staff. It was confirmed that staff were tested weekly and people monthly.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was adequately clean and tidy.
- 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.

We have also signposted the provider to resources to develop their approach to seek support if required from the Local Authority and GP.

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.

We have not rated this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs being met and the governance framework of the service to support people and staff.

We will assess all of the key question at the next comprehensive inspection of the service.

Understanding quality performance, risks and regulatory requirements

- For this targeted inspection we specifically looked at the management of risk and staffing. Whilst we found that there were areas to improve, they had not impacted negatively on safe care delivery at this time.
- The management team were working to ensure there was oversight and effective governance at the service. There were systems and processes to assess, monitor and improve the quality and safety of the service provided. This included health and safety, accidents, incidents, complaints, medication records and staff documentation.
- There had been concerns raised regarding unsafe moving and handling of people. Following discussion with staff and the registered manager and people we were assured that all options for safe moving and handling were tried and assessed and there was no manual moving of people by staff. Staff discussed how they supported one person on to their knees and on to a chair and then to a standing position as the person was terrified of the hoist. As discussed during the inspection process, documentation and risk assessments need to be developed to give clear safe directives.
- Accidents and incidents were followed up with an action plan to prevent a re-occurrence. There was a monthly analysis, which identified themes and triggers. Some improvements were needed in ensuring accident forms were completed in full. The registered manager had identified this and was working with staff to improve the documentation.
- Due to concerns regarding falls, we looked at the environment and identified that some carpets needed replacement and attention to broken handrails was needed. This had been identified through organisational audits in 2020, but due to the pandemic, these were still to be actioned. Carpets had been ordered and paid for but not yet fitted. Staff knew of these risks and worked as a team to ensure people's safety by monitoring those who walked independently with walking aids.

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

- The culture of the service was positive. Although we only spent a short time in the home, we saw that there was a relaxed atmosphere between people and staff. Staff spoke about people they supported with compassion. They told us of the importance of keeping people safe and well-looked after especially during the pandemic.

- Throughout the inspection, we saw kind and thoughtful interactions between staff and people. Staff were happy in their work and this impacted positively on people.
- The feedback from staff about the management of the service was positive. Staff told us, "I feel supported by the team and I really love my work," and "I have been here six years, love it here, it's my family."
- People told us, "Nice staff, always smiling and helpful," "I think they are all kind, I feel safe," and "The food is good."
- The management structure promoted an open-door policy. Staff confirmed they felt supported to bring in ideas, discuss what worked and what didn't work. One staff member said that the manager worked alongside the staff and this was appreciated by staff. Staff knew that there was a whistle-blower policy, but felt that they could approach the nominated individual or manager if they had a concern.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.