

Derbyshire County Council

Holmlea Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Holmlea Care Home on 21 September 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Holmlea Care Home provides personal care and accommodation for up to 40 people in one single storey building across four wings. The service provides a permanent residence for people and short-term care beds are available for people to access. At the time of the inspection there were five community specialist beds that were funded by the NHS. These beds were used to provide step - up or step-down beds for people living in the community. The beds were to prevent people requiring hospital admission or support people following hospital discharge before returning home. People using the community specialist beds were supported by a multi-disciplinary team of staff including health care professionals. On the day of our visit a total of 35 people were using the service.

At the last inspection in December 2015, the service was rated 'Good' in all the key questions. At this inspection, we found the fundamental care standards were not being fully met, resulting in the rating for the service changing to 'Requires Improvement.'

At the time of our inspection there was a registered manager in post and they were present during the day of the inspection. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons". Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

People's daily social needs were not always met. People did not always receive their meals in a timely way and some people did not receive sufficient support or have adaptations made available to them, to support them with eating. People's dignity and preferences regarding how they received support were not always considered. Staff received an induction and ongoing training, but had not received regular opportunities to formally review their work and this was being addressed by the registered manager. Quality monitoring systems were in place to support the manager in driving improvement. However, they had not, at the time of the inspection identified the improvements that were needed at meal times and to the daily social opportunities available for people.

Staff were clear about what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People received their medicine in a safe way and when they needed it. Recruitment checks were done before staff started working at the home to check they were suitable to support people.

Risks to people's health and safety were assessed and care plans directed staff on how to reduce identified

risks. Staff had the equipment needed to assist people safely and understood about people's individual risks. The provider checked that equipment was regularly serviced to ensure it was safe to use. The checks in place for the prevention and control of infection were effective in reducing the risk of cross contamination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems in the service supported this practice. People's capacity to consent to their care and treatment had been considered where required. Information about independent advocacy services was available.

The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met.

People received a choice of meals and their nutritional care needs had been assessed and planned for, but some staff's understanding of this was limited; this had the potential impact of people not receiving meals that were suitable for them. The environment met people's individual needs.

People's right to maintain relationships with those that were important to them was respected and promoted. People's right to confidentiality was respected. People and their representatives were involved in decisions relating to the planning of their care and were supported to raise any concerns they had.

People and their representatives were supported to express their views and opinions about the service provided and felt the home was managed well. The registered manager and provider understood their responsibilities around registration and worked in partnership with other agencies to meet people's needs.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The deployment of staff did not ensure people's needs were always met in accordance to their preferences. People were supported by staff who understood their responsibilities to report any concerns. To minimise the risk of injury to people, risk assessments were in place and updated as needed. People received support to take their medicines in a safe way. The recruitment procedures in place checked staff's suitability to work with people. Systems were in place to ensure good infection control and hygiene standards. When improvements had been identified the provider had taken action to address these.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People were provided with sufficient amounts to eat and drink but improvements were needed to ensure people received their meals in a timely way or receive the support and adaptations they needed to enhance their mealtime experience. People received support from staff who felt supported by the registered manager. People's rights to make their own decisions were respected. The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's dignity and preferences were not always considered. People's right to maintain relationships with people that were important to them was respected and promoted. People's right to confidentiality was respected.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Improvements were needed to ensure people were provided with opportunities to socialise and participate in activities that were of interest to them on a regular basis. A complaints procedure was in place for people and their representatives. People and their representatives contributed to the assessment and development of their care plans.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but these had not been effective in identifying the improvements that were needed to ensure that people received effective and personalised care that consistently ensured their dignity and rights. People were asked how the service could be improved and actions had and were being taken to address this. Staff felt supported in their role. The provider and registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies to enable people's needs to be met.

Requires Improvement 

Holmlea Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 September 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was informed by the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used all of this information to inform our inspection plan.

We spoke with 13 people that used the service and five people's visitors, the service manager, registered manager, deputy manager, a relief deputy, two care staff, a relief cook who also worked as a member of the care staff team and a visiting professional. We also observed the support provide to people by staff in communal areas.

We looked at all or parts of four people's care records and checked that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the systems the provider had in place, to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

We asked the registered manager to email copies of their service improvement and development plan, so that we could see how the provider monitored the service to drive improvements. The registered manager sent this to us within the required timeframe.

Is the service safe?

Our findings

The manager told us they used a staffing tool to help determine the numbers of staff needed to provide people's care. Although there was sufficient staff on duty to meet people's safety; we saw that staff did not always support people in a timely way at meal times. Further information regarding this is reported under the Effective and Caring sections of this report. A relative also told us they didn't feel that there were enough staff available during busy periods of the day such as mornings and meal times. This was reflected in the comments made by one person, who told us they had a bath once a week. They said they had requested to have more but this hadn't happened. The care staff's role included supporting people with social activities on a day to day basis. Discussions with people, relatives and staff and our observations indicated that the deployment of staff did not ensure people's daily social needs were met. This meant we could not be assured that people received the support they needed to meet their preferences. Further information regarding this is reported on under the Responsive section of this report. We discussed our findings with the service manager. They told us that the tool used for determining staffing levels was under review at the time of the inspection and confirmed that the current staffing tool used did not take into consideration the layout of the building. This meant that the provider had identified that improvements were needed; to ensure the tool used was effective in ensuring sufficient staff were available to support people.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required employment checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. This demonstrated that the systems in place supported safe recruitment practices.

People felt safe with the support provided to them by the staff team. One person said, "I definitely feel safe with the staff. They never rush me." Staff could describe what to do in the event of any alleged or suspected abuse of any person using the service. A staff member said, "I would report concerns to the person in charge of the shift or the service manager." Staff told us they received training in safeguarding people from abuse and had access to the provider's related policies and procedures for further guidance. Information sent to us from the provider and registered manager demonstrated that they understood their regulatory responsibilities to refer people to the local authority safeguarding team, if they were concerned they might be at risk of harm.

Risks to people's safety associated with their health condition were assessed and reviewed as needed, to ensure they remained relevant. Staff could tell us about risks for people and the actions they took to help to minimise these risks to maintain people's safety. For example, a risk assessment was in place for a person who was at risk of falls because of reduced mobility. This detailed the level of support and equipment they required to help them move safely and minimise the risk. We saw staff supporting people to move using specialised equipment and this was done safely. Staff supported people with care and respect and worked at the person's own pace. A relative told us, "[Name] is safer here, at home they had plenty of falls, they were

unsteady on their feet and now need a wheelchair and rotunda. I've seen the staff move [Name] into the wheelchair and they do it carefully, no rush." Where people had been assessed for specialist equipment to help them maintain healthy skin, specialist mattresses and cushions were in place for them.

Plans were in place to respond to emergencies, with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required their evacuation from the home. The information recorded was specific to each person's individual needs.

Medicines were stored securely and were not accessible to anyone unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why. When people had medicines that were on an 'as required' basis, written protocols were provided for staff to follow. This helped to ensure people received their 'as required' medicines consistently and safely. Staff told us they received training and had competency checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. For example, daily medicines audits were undertaken for everyone that was supported with their medicine.

The provider had been rated a five star by the food standards agency in September 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and all staff that handled food wore personal protective equipment to ensure hygiene standards were maintained.

There was personal protective equipment available and we saw staff used this when needed; such as disposable gloves and aprons. We saw that infection prevention and control audits were undertaken to identify any areas for improvement. Where areas for improvement had been identified these were recorded, and included the actions taken. For example, purchasing new equipment, such as commodes and bedding.

We saw that accidents and incidents were reviewed and actions taken as needed, to ensure people received the appropriate support. For example, people were referred to the falls team when needed.

Is the service effective?

Our findings

We observed the support provided to people at the lunch time meal and saw that choices were available for people. We saw food for specific diets were available, which included people requiring a soft diet, diabetic diet and gluten free diet. One person told us the manager had gone out of their way to provide food that was suitable for them. However, we were not confident that all staff understood what the person could eat. For example, the person was not confident that the chips at the lunch time meal, that had been purchased from the local fish and chips shop were suitable for them. We heard them ask a staff member if the chips had been cooked in the same oil as the battered fish as they would be unable to eat them if this was the case due to their food intolerance. The staff member told the person they didn't think so but couldn't be sure. This resulted in the person deciding not to eat the chips. When the dessert was served this person was not offered the peaches and cream option and was offered a piece of cake that was suitable for them. The person then told the staff member they could eat the peaches and cream and requested some which was then provided for them. This showed us that staff's competency on their understanding of suitable foods for this person, needed to be assessed by the registered manager.

The organisation of the lunch time meal being served was not always efficient or timely. In one of the dining rooms we saw that some people were waiting for their lunch, whilst others had started eating their meal. One person told us "It's particularly difficult at meal times, you are sitting around waiting to be served." One person said, "It looks like we will be last again." Another person said, "Its taking a long while, might as well go home if there is no dinner." Another person said, "The lunch was not very nice, normally the fish and chips are much nicer." Another person said, "The fish was overcooked today." Most people we spoke with told us the quality of meals was usually very good. On the day of the inspection the cook was not available and a relief cook who also worked as a member of the care staff team was in the kitchen. The deputy manager told us it was this member of staffs first day in the kitchen as the relief cook.

People were provided with sufficient amounts of food and drink throughout the day. However, we saw that staff were not always attentive to people's needs during the lunch time meal, in both dining areas we saw staff left the dining room after serving the meal to begin washing the pots. This resulted in some people struggling to cut up their meal. For example, we saw that some people required support to cut up their food but there was no staff available to provide this support. This resulted in one person that used the service cutting up the peaches for another person, who due to their limited vision was unable to do this.

Although the deputy manager advised us that specialist equipment was available to support people to eat independently; we observed that this equipment was not made available to some people who may benefit from this. For example, one person told us they needed a plate guard to enable them to eat independently and confirmed that they always used one at home. They told us they had asked for one but this had not been provided for them.

Another person with a visual impairment told us they required help with eating because they were unable see what is on their plate. However, during the lunch time meal no member of staff sat with them to provide

support. We saw that they did not have any specialist equipment that may have supported them to eat independently, such as a high contrast plate for people who are visually impaired. This meant we could not be assured people were provided with the support and equipment they needed at meal times, to enhance their meal time experience and support their independence.

Although call systems were in place to enable people to call for staff support, we identified that staff were not always mindful in ensuring people's call bells were within their reach; so that they could call for staff support when needed. For example, we saw that one person's call bell was out of reach; as it was on the floor under their chair. This person had two supporting pillows which should have been under their arm were but they were not in place. They told us they couldn't reach their call bell to ask a staff member to replace the pillows for them. Another person's relative told us that their relation did not always have their call bell within their reach when they visited them.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relief cook could tell us about people individual dietary needs. For example, they told us that a person followed a vegetarian diet and the options they were given at meal times. We saw that people were provided with drinks and snacks to ensure they had enough to eat and drink. One person said, "We get enough drinks and snacks through the day."

The home was a single storey building which enabled people to access all areas. The registered manager advised us that the garden area, which was extensive, was not enclosed. They told us of the plans in place to fence off areas of the garden to provide a secure area that people could access independently.

People and their visitors were positive about the arrangements for their care. One person's relative told us they were happy with the support their relation received from the staff team and confirmed they were kept updated regarding any changes in their health. Another person's relative told us, "The staff treat [Name] really well. They understand the support that [Name] needs and how they like to spend their time."

We saw that staff new to care had commenced the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from non-professional care staff within a care environment. There were no new staff on duty on the day of the inspection. Staff told us they received training but felt they would benefit from additional training to support people with dementia, mental health and delirium. Delirium is a state of mental confusion that can happen when people become medically unwell. We fed this information back to the management team who confirmed they would address this.

Staff confirmed they received support from the management team, but told us they had not had formal individual supervision for some time. One member of staff said, I haven't had an actual supervision for a while but the manager is very good. She wants us to try new things, like the rolling breakfasts; which means that people who get up early aren't sitting waiting for their breakfast. She has also improved the induction. When I started it wasn't as good as it is now because the manager wasn't in post then. Now the manager does the induction differently and new staff get a lot more shadowing opportunity so they are much better prepared."

At the time of the inspection five beds were funded by the NHS and were classed as community specialist beds. These beds were used as either step-up beds to prevent people living at home needing hospital admission, or step-down beds to support people that were ready for hospital discharge but needed some additional support and assessment before returning home. A multi-disciplinary team of staff supported people who received this type of care. This included an external clinical nurse specialist, occupational

therapist and physio therapist and senior support workers and support workers. We looked at the care records for a person that was at the home for rehabilitation, which detailed the level of support the person required and their goals. We saw that the physiotherapist had been working with the person to improve their mobility and achieve their goals.

We saw that people had access to health care professionals including, doctors, dentist, optician and chiropodist. One relative said, "Staff will ring the GP if necessary." They told us their relative had access to other health professionals like the chiropodist. We spoke with a visiting professional who told us, "I visit every Friday. I don't visit the people in the community specialist beds. I visit the people with acute illnesses. I think this is a very good home. The staff follow my direction and there is good communication. They do what I ask them to do." This showed us that staff worked in consultation with external health professionals; to support people's health.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that mental capacity assessments were in place where people needed support to make specific decisions about their care. The information in people's assessments and care plans reflected their mental capacity when they needed support to make decisions. Staff confirmed they were provided with training to support their understanding around the Act. Discussions with staff demonstrated they understood the principles of the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people had restrictions placed on them as they needed support for their safety. We saw that applications to lawfully restrict their liberty had been made and approved. This demonstrated that where people were being restricted this was done accordance with the act, to ensure their rights were protected. Where people had capacity to make decisions staff understood their responsibilities for supporting them to make their own decisions and obtaining their consent before providing care. For example, one person told us the staff always asked for their consent before applying their prescribed cream to their legs.

Is the service caring?

Our findings

In their provider information return the registered manager told us that Holmlea had gained a Dignity and Respect Award in 2017. We saw some good examples of staff supporting people to maintain their dignity. Such as staff supporting people discreetly to use the bathroom. However, some other practices seen or discussed with people, demonstrated that people's dignity and preferences were not always considered. For example, we saw one member of staff assisting two people with their evening meal at the same time. The member of staff was observed giving one person a spoonful of soup. They put this person's spoon down then picked up another spoon and started assisting a second person with their soup. This practice continued for a while until the staff member encouraged the second person to eat independently, which they did with verbal prompts. Supporting two people at the same time demonstrated that the staff member had not considered the impact this had on both people's dignity.

One person told us that during the previous night they needed support to use the bathroom and that this support was provided by a male member of staff. The person told us, "It was a shock, it upset me and I didn't like it. I prefer female staff to help me but no one had asked me if I prefer a male or female member of staff." This demonstrated that people's preferences were not always sought to ensure their rights were maintained.

Another person told us and we saw they were given their lunch time medicine whilst they were sat in the dining room. They told us, "I don't like taking my medicine at dinner time in front of everybody. I think it should be done in private but no one has asked me what I prefer." This demonstrated that people's preferences were not always considered to promote their dignity.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they found the staff to be kind and caring. One person said, "I have no grumble with the staff, they are caring." A relative told us, "[Name] likes the atmosphere as staff don't 'talk down' to [Name]."

Staff communicated with people effectively and used different ways of enhancing communication, for example, by touch and altering the tone of their voice appropriately. People confirmed the staff supported them to make decisions and maintain their sense of self and well-being. One person said, "The staff will ask me what I want to wear when they help me in the mornings." Another person who liked to spend time sitting outside told us, "The staff are always checking on me when I'm outside and ask me if I want anything and check I'm warm enough."

The registered manager confirmed that people were supported to make decisions using independent advocates when needed. The type of advocate was dependent on the support the person required. For example, an Independent Mental Capacity Advocate was used to support people who lacked the mental capacity to make specific decisions regarding their care. Advocacy is about enabling people who have

difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

People were supported to maintain relationships that were important to them. During the inspection visit we observed some people received visitors. A person said, "My friends have visited today, which I have enjoyed." Visitors told us that the staff always made them feel welcome. One visitor said, "They [staff] are all lovely here. We are always offered a drink and asked how we are." A visitor whose relation was accessing the service for a short stay told us, "Visiting is open but I don't tend to visit, as the whole point of [Name] being here is to give us both a break from each other and the staff understand that, plus [Name] isn't here for long. If there are any problems I know the staff will ring me and they always tell me how [Name] has been when I come to pick them up."

We saw that care records and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

People told us they could follow their preferred daily living routine. Some people decided to spend their time in their rooms, whilst others sat in communal areas. We found there was a relaxed atmosphere at Holmlea Care Home. We saw that some people were sitting in the lounges with the television on, some people had visitors and others spent time in their rooms. However, some people felt that they did not have much to do, as there were no organised social activities provided daily. A staff member said, "We could improve on having a bit more time with the residents, as they need more social stimulation." One person said, "There is not enough to do." Another person told us, "There's not enough to do here. They're all sitting around in the lounge falling asleep because there's not enough stimulation. I don't like to go in there."

The registered manager confirmed there was no activity co-ordinator post; therefore, care staff were responsible for organising and providing activities on a day to day basis. On the day of the inspection no activities took place and we saw that staff spent limited time socialising with people. This had the resulting effect; several people were sat in the lounge and spent long periods of time asleep. Although the television was on no one appeared to be watching it.

People told us of trips out and events that had taken place, such as a recent trip to Matlock. Some people told us the information provided to them about planned trips or external entertainers had not been described adequately to them, which resulted in them choosing not to attend. For example, one person said that the entertainment provided the night before the inspection was described to them as a pantomime; so, they had chosen not to attend. They found out afterwards that it was a singer, which they told us they would have attended if they had known. Another person told us they had declined a trip out, as they were under the impression everyone would be getting off the transport to have a walk around. They were told after the trip that everyone went for a ride out and then returned. They told us they would have enjoyed this and gone if that had been made clear to them. This indicated that the communication regarding entertainment and trips out could be improved, to ensure people could make an informed choice.

Care plans included information about people's health and social care needs and people and relatives we spoke with confirmed they had been involved in these. We looked at the care records for a person at the home for rehabilitation, which detailed the level of support the person required and their goals. We saw that the physiotherapist had been working with the person to improve their mobility. Care plans contained information regarding their protected characteristics, for example their race, religion and belief. We saw that church services were provided monthly for anyone wishing to attend. People confirmed that their preferences were met regarding their daily routines. For example, one person told us were offered a drink they particularly liked each evening. Their relative told us that staff knew their relation well, including their likes and dislikes. We saw that people could personalise their bedrooms with photographs and personal belongings. One person said, "I have everything I need with me."

The provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

We saw that people's communication needs were included within the care planning process to ensure that information was provided in an alternative format when needed. The service manager confirmed that information could be provided in accessible formats for people such as large print, pictorial or audio. One person used audio books as part of their leisure time. We heard them telling another person about them and suggesting they tried them. We fed this back to the deputy manager who confirmed they would organise this for the person through the local library who visited the home.

People and their visitors told us they would speak to the registered manager if they had any concerns or complaints. One person told us, "I can speak for myself and if I have a problem I go straight to the manager. I had a problem and I told the manager and it was resolved." A complaints procedure was in place and guidance was available on how to express a concern or raise a complaint. A system was in place to record the complaints received and we saw these were addressed promptly.

Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.

Is the service well-led?

Our findings

Although the provider had a service improvement development plan in place, this had not identified the issues we found in relation to the way staff were deployed and the impact this had at meal times and in relation to the social opportunities and activities available to people. Following the inspection, the registered manager told us they were monitoring meal times to address the improvements needed.

We saw from the audits undertaken and from discussions with people and staff, that improvements had been made since the registered manager had been in post. For example, the number of permanent staff in post had increased which had reduced the homes reliance on agency staff.

We saw from provider's service improvement development plan that the prevention and control of infection standards had improved. This had been achieved through promoting the infection control procedures with staff and the purchase of new equipment such as new commodes. The induction for new staff had improved allowing them more time to 'shadow' experienced staff at the beginning of their employment and commence the care certificate.

Some areas of the home were in need of redecoration or repair. We saw that plans were in place to renovate the home such as replacing carpets and curtains in some of the bedrooms and lounges. One lounge had been renovated at the time of our inspection which included all new furniture.

The staff we spoke with were positive about the registered manager. One said, "The manager is approachable and is doing her best for staff and the residents. We are much better staffed now, things are looking up." However, comments from staff indicated that not all staff worked together as a team. One member of staff told us "There are enough staff now. Some work harder than others, it's not easy to work with someone with poor work ethics, as it doubles your work." Another one said, "It depends who you are on shift with, some days are better than others. The majority of staff are fine but there are a few that lack initiative." These comments echoed our observations of the lunch time meal which lacked organisation and resulted in a slow service being provided to people.

The provider's service improvement development plan confirmed that prior to the registered manager commencing post, staff meetings had not taken place in line with the providers policy. We saw that the registered manager had addressed this and a staff meeting had taken place. A further staff meeting was planned for September 2018. The registered manager had an action plan in place to address staff supervisions. Discussions sheets had been put in place as part of the supervision process.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff felt able to raise any concerns with the registered manager and were confident that they would be addressed. Staff told us they would not hesitate to raise concerns and felt they would be protected by the whistleblowing policy.

People told us they were happy living at Holmlea. One person said, "I would recommend this home because it's clean and tidy, it's all on one level and the staff are good." Another person confirmed "Yes, I would recommend this place, it's not like being in your own home, but the staff are nice." A visitor said, "It's very friendly here. The staff have helped me as well, it's a brilliant place." The visiting health professional we spoke with told us, "I think this is a very good home. I have no concerns."

The views of the people living at the home were sought on a regular basis through reviews of care and satisfaction surveys. The provider's service improvement development plan showed that some questionnaires completed by people that lived at the home on a permanent basis felt improvements could be made. For example, some people said they felt rushed with their meals. The registered manager had introduced flexibreakfasts which enabled people to eat their breakfasts at a time that suited them.

People were supported to access and develop links with the local community. For example, the local library provided a variety of books for people. Local school children also visited the home to sing at Christmas and the people that used the service were supported to get involved with the harvest festival. Church services were provided monthly and seasonal Fayre's were organised at the home and the local community were invited to join in with these.

The provider and registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken. We saw that the rating of the last inspection was on display in the home and on the providers website as required.

The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals. For people that had used the community specialist beds, additional support was available for them when they returned home, as there were additional care staff, that worked in the community provided ongoing support to people upon discharge from the home. The registered manager and a visiting professional confirmed a positive working relationship was in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive their meals in a timely way or receive the support and adaptations they needed to enhance their mealtime experience and promote their independence.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's dignity and preferences were not always considered to ensure their rights were upheld.