Mrs Barbara Marlow

Holwell Villa Residential 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 2nd and 3rd May 2018. Holwell Villa 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.

Holwell Villa is registered to provide personal care and support for up to 17 older people some of whom may be living with dementia, physical frailty or have needs relating to their mental health. The home does not provide nursing care; people living there would receive nursing care through the local community health teams. At the time of the inspection there were 16 people living at the home.

Holwell Villa was previously inspected in May 2017, when the home was rated as 'requires improvement' overall. Following that inspection, the registered manager sent us a plan describing the actions they had taken to improve. At this inspection, May 2018, we found improvements had been made in relation to the environment, fire management and care planning. However, we found other improvements were still needed.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

The home's quality assurance and governance systems were not effective. Although some systems were working well and some improvements had been made since the last inspection, other systems had not identified the concerns we found during this inspection.

Some improvements were needed to the homes recruitment procedures to ensure people were kept safe. We looked at the recruitment files for four staff. We found some recruitment checks had been carried out, but others had not. For example, two members of staff did not have a valid DBS certificate in place. Following the inspection, the manager assured the Commission the required DBS checks were now in place.

Some people's care and support was not always appropriate, did not meet their assessed needs, or reflect their personal preferences. We visited the home at 7.45am on the 3rd May and found 11 people were up, washed and dressed. We asked what time staff had started to assist people. One member of staff said, they had started at 5.30am. We asked why they had started so early. A staff member said this was the normal routine, records we saw confirmed this. We discussed what we found with the manager who told us people were free to choose when they wanted to get up and go to bed and assured us that she would address what we had found with all staff.

Risks to people's health and wellbeing were not always managed safely and the systems in place to reduce risks to people were not always understood by staff. Where risks had been identified, action had not always been taken to minimise these risks. For example, where people had been identified as needing specialist equipment this had not always been provided. This placed people at increased risk of developing pressure ulcers.

People received their medicines when they needed them and in a safe way. People were cared for and supported by staff who knew them well. Staff were kind, caring, treated people with respect and maintained their dignity. The manager and staff understood their roles and responsibilities to keep people safe from harm; protect people from discrimination and ensure people's rights were protected.

People were encouraged to make choices and were involved in the care and support they received. Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) in ensuring people's rights to make choices where they had the capacity to do so were respected.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider and manager welcomed comments and complaints and we saw where concerns had been received these had been investigated in line with the homes policy and procedures.

People, relatives and staff told us they were encouraged to share their views and spoke positively about the leadership of the home and consistently told us the home was well managed. The manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.

The home was clean and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the home was regularly serviced to help ensure it remained safe to use.

We found 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

Some aspects of the home were not always safe.

Risks to people's health, safety and well-being were not always being effectively managed.

People were not protected from receiving care from staff that may not be suitable to work in the care profession. Safe recruitment practices and relevant checks were not always followed before staff commenced work.

Staff were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

People received their medicines as prescribed.

Is the service effective?

Good

The home was effective

People's consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 were followed.

People were cared for by skilled and experienced staff who received regular training and supervision and were knowledgeable about people's needs.

People were referred to healthcare services and professionals were involved in the regular monitoring of their health.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The home was caring.

People were positive about the care and support they received

and felt staff were kind, caring and treated them with respect.

People were encouraged to be involved in their care and supported daily to make choices.

Staff supported people to remain as independent as possible.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Requires Improvement

Some aspects of the home were not always responsive.

People were at risk of not having their care needs met in a consistent way that respected their wishes and preferences.

Care plans did not provide easily accessible information for staff about people's care needs and how people wished to be supported.

People enjoyed a variety of social activities.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement

Some aspects of the home were not always well-led.

Action plans identified to address concerns from the last inspection had not been effective in making the changes needed or meeting regulations.

Although some quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen during the inspection.

People's care records were not always accurate or kept up to date.

There was an open, transparent culture and staff felt supported by the homes management team.

The home had notified the CQC of incidents as required by law.

Holwell Villa Residential 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 was 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 home under the Care Act 2014.

This unannounced comprehensive inspection took place on 2 and 3 May 2018. This meant the provider did not know we were coming. One adult social care inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia. They spoke to people and relatives to gain their opinions and views of the home.

Prior to the inspection, we reviewed information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also reviewed the homes action plan, which was sent to the Commission following the inspection in May 2017. This set out how they would resolve the issues identified at that inspection. During the inspection, we met most people and spoke individually with 12 people living at the home as well as three relatives; six staff members, the deputy and registered manager, and the provider. We asked the local authority who commissions services from the home for their views on the care and support given. We also received feedback from a two visiting healthcare professionals who wished to share their views of the home with us.

To help us assess and understand how people's care needs were being met, we reviewed five people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included four staff recruitment files, training records, and systems for monitoring the quality of the services provided.

We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Requires Improvement

Is the service safe?

Our findings

Holwell Villa was previously inspected in May 2017; we rated this key question as 'requires improvement'. We found risks to people's needs had not always been assessed or planned for, and fire safety arrangements were not robust.

At this inspection, we found fire safety had improved and people's individual needs were now assessed and planned for. Further improvements were needed, as risks associated with providing people's care were not managed effectively and people were not protected by safe recruitment procedures.

Systems in place to help reduce and minimise risks to people's health and safety were not always effective. Further improvements were required to help ensure staff understood people's needs and to ensure appropriate action was taken to reduce the risk of harm. For instance, we reviewed the care records for four people who had been identified as being at 'very high risk' of developing pressure ulcers. Records showed staff completed risk assessments and recorded that all four people had been provided with specialist pressure relieving airflow mattresses and cushions. We checked people's rooms and found two of the four people did not have a specialist pressure relieving airflow mattress in place. Staff were unable to tell us if either of these people required specialist pressure reliving equipment. When asked staff confirmed that none of the people identified were sat on a pressure relieving cushion.

Where people had been provided with specialist pressure relieving equipment, we found it had not been set correctly for their weight. For example, one person's mattress was set for a person of 127kgs; records showed the person using the mattress had weighed 67.5kgs in April 2018. Another person's mattress was set for a person of 60kgs; records showed the person using the mattress had weighed 37.6kgs in April 2018.

We brought this to the attention of the registered manager who was unable to tell us how this had happened. They arranged for the settings of all pressure relieving equipment in use within the home to be checked. The registered manager assured us, where people had been identified as needing specialist pressure relieving equipment, this would be provided. There was no evidence that people had been adversely affected because of lack for specialist equipment or by being set incorrectly. However, these types of mattresses must be set at the correct pressure for the individual in order to minimise the risk of skin damage.

The provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigates risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Safe care and treatment).

Safe recruitment processes did not always protect people. We looked at the recruitment files for four staff members who were providing care to people. Whilst some recruitment checks had been carried out, others had not. For example, we found disclosure and barring (police) checks had not been completed on all staff before they provided care and support to people or before they worked unsupervised, as they should be.

The disclosure and barring service helps employers make safer recruitment decisions and helps to prevent unsuitable people working with people who may be potentially vulnerable. Records showed a new member of staff had been appointed and started working at the home in November 2017. There were no records to demonstrate that the home had applied for a DBS certificate or references and they were working unsupervised. Records for another staff member showed they had left the homes employment approximately six months prior to our inspection and had recently returned. The manager had not carried out any additional employment checks upon their return.

We raised our concerns with the registered manager and asked them to provide the Commission with evidence the provider was in receipt of a valid DBS certificates or put in place suitable management arrangements until they had been obtained. Following the inspection the manager confirmed that the both staffs DBS certificates were now in place.

The failure to complete necessary checks before allowing staff to provide care had exposed people to unnecessary risk. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People said they felt safe and well cared for at Holwell Villa, their comments included "I do feel safe" and "I'm very happy here." One person said, "all my needs are met, I'm happy". Relatives told us they did not have any concerns about people's safety. One relative said, "People are well looked after and I haven't had any concerns about [relatives name] safety."

People were protected from the risk of abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Other areas of risk management had improved and were being well managed. We had previously identified that guidance for staff in the management of risk was not always clear. Records had not demonstrated the care and support people needed to mitigate risks. At this inspection we found improvements had been made in reducing risks to people's well-being. Including those associated with people's behaviours, not eating and drinking enough to maintain their health, falls and mobility had all been assessed. For example, one person had been identified as being at increased risk of choking and had been seen by the Speech and Language Team (SALT). Their care plan provided staff with guidance about the consistency of food and drinks as well as how to support this person to eat safely; we saw this was how they were being supported during the inspection.

People's medicines were managed safely. At the previous inspection, we found the system in place did not always allow for a full audit trail, as staff were not consistently recording when one or two tablets were given in accordance with a variable prescription. At this inspection, we found the provider had started using a new electronic system for recording medicine administration. We observed medicines being administered, staff had to check the supply of medicines using barcodes when administering, which reduced the risk of the wrong medicine being administered and provided a complete audit trail of what medicines had been administered and by whom. Staff explained what they were doing, sought people's consent and made sure people had swallowed tablets and liquids before leaving them. Where people were prescribed topical applications, such as creams and records showed these had been applied consistently and as prescribed. Staff had received training in the safe administration of medicines and records confirmed this. We checked the quantities of a sample of medicines against the records and found them to be correct.

Where people were prescribed medicines they only needed to take occasionally "when required," such as for the management of pain or anxiety. We saw the electronic medicine recording system did not contain individual guidance relating to the person to assist staff with their decision-making as to when these should be used to help ensure those medicines were administered in a consistent way. We bought this to the attention of the manager who told us they would explore if this could be added to the electronic system.

We had previously identified the home's fire safety precautions had not been robust and risks relating to the environment had not always been identified. At this inspection, we found the provider in conjunction with Devon and Somerset Fire Service had addressed concerns relating to fire exits. Records showed routine checks on fire, premises safety were being completed and the provider now had in place a Fire Risk Assessment, which is a legal requirement under The Fire Safety Order. We did not identify any additional concerns relating to the environment at this inspection.

Accidents and incidents were recorded and reviewed by the manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

The home was clean, and there were no unpleasant odours. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control.

Good

Is the service effective?

Our findings

People received effective care and support from well-trained staff. People and relatives told us the staff were knowledgeable and competent. Their comments included, "very good" and "they know what they are doing." One relative said, "I would say they are well trained." Another said, "I have confidence in the staff supporting [person's name]".

We looked at training, induction and supervision records for four staff. Records showed that all new staff were required to undertake an induction, which was linked to the Care Certificate. This is an identified set of standards care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. Following the completion of their induction there was a system in place to support staff, which included regular one to one supervision and annual appraisals. All the staff we spoke with told us they felt supported by the homes management team. Comments included "We are supported", "You can talk to them about anything," "The manager is available when you need them you don't have to wait" One staff member said, "You never feel like you're on your own."

There was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, food hygiene, safeguarding, and Mental Capacity (MCA). Other more specialist training included palliative care [care of people who are terminally ill] and pressure sore prevention. One staff member said, "There's lots of training and it's really good."

Most of the people who lived at Holwell Villa were living with a form of dementia or had needs relating to mental frailty, which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). Staff had undertaken regular training to help ensure their knowledge remained up to date and we observed staff putting their training into practice by offering people choices and respecting their decisions. For example, staff were aware of people's right to refuse support. We found where a person's capacity to make a decision was in doubt or they lacked capacity to make complex choices. Records showed that the person's capacity to consent had been assessed and records indicated where best interests' decisions had been made. For example, with regard to taking medicines, receiving treatment or deciding whom they would like to visit them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified that some aspects of people's care and support was potentially restrictive for instance; constant supervision or they were not able to leave the home unescorted in order to keep them safe. Where this was the case, we saw the registered manager had made the appropriate DoLS applications to the local authority.

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's care plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner.

For instance, records showed where people had needed the specialist advice of dietician's or speech and language therapy (SALT); referrals had been made in a timely manner. Following the inspection a visiting health care professional told us they had no concerns about the care provided by the home and said staff made referrals quickly when people's needs had changed.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent", "fresh," and "plenty, you can have more if you wish.", "if you don't like it, they will get you something else". One person said, "My son's a chef and I think it's better than his." People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. In the morning, we saw the chef asked each person what he or she would like to have for his or her lunch.

The chef told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen for instance low sugar or high calorie. We heard staff offering people choices during meal times and tea, coffee, soft drinks as well as snacks such as biscuits or cakes were freely available throughout the day. Where people were unable to have biscuits because of a risk of choking, we saw several alternatives were available.

We observed the breakfast and lunchtime meals; people sat in small groups and staff sat with people providing assistance where necessary. Where people needed assistance, this was provided appropriately and discreetly. Meals times were relaxed, social occasions where people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people required a soft or pureed diet, this was being provided. Each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

Holwell Villa is a period property set over three floors, which meant in many ways it was not an ideal environment for the needs of the older people living there, although there was a lift to the upper floors. At the previous inspection in 2017, the registered manager and deputy had told us of the plan to build a small extension to the rear, which would provide new en-suite rooms closer to the ground floor with improved access through the building. In conjunction with the new extension, there were plans to revamp the interior of the main building. Patterned carpets were to be replaced with plain ones and the colour scheme was to be improved to reduce risks of sensory overload for people living with dementia. At this inspection we found works to build the new extension had not yet started and the provider had not made significant steps to improve the interior of the home to make this more dementia friendly. Some easy read signage was in place to support people to find toilets, bathrooms and dining room etc. However, some areas of the building were in need of redecoration and maintenance for example we saw marked walls, and frayed carpets. We brought this to the attention of the registered manager and provider who accepted they had not made the improvements they had hoped. Following the inspection the registered manager informed us that a decision had be made to cancel the proposed extension and they had been given a substantial budget to make the necessary improvements to the environment in order make the home dementia friendly.

Good

Is the service caring?

Our findings

People who were able and wanted to share their experiences with us told us they were happy living at Holwell Villa. One person said, "I wouldn't want to go nowhere else, I think it's wonderful." Other comments included, "The staff are kind and helpful," "All the girls [staff] are very good and do their best for you" and "It's a very friendly, homely place to live."

Healthcare professionals spoke positively about the care and support people received and relatives told us how staff always put people first. One relative said, "If mum wants anything from the shop any of the staff would pop out in their lunch break and get it for her without a second thought." Since the last inspection, the home had received a number of thank you cards from relatives of people the home had cared for. People commented that staff were kind, caring and compassionate. One person wrote, "We have been taken back by how affectionate you were with [person's name]. Another person wrote, "Thank you for all your care and compassion for my [person's name] you went out of your way to look after her"

There was a relaxed and friendly atmosphere within the home. When we asked staff to tell us about the people they supported, they spoke fondly about people and with kindness and compassion. They were able to describe people's needs and preferences well. There was warmth between staff and people they supported and throughout the inspections; we saw some very kind, calm and positive interactions between staff and people. Staff told us how much they enjoyed working at the home. Comments included "it's a really good place to work", "everybody chips in and it feels like a home." One staff member said, "I love my job and I love working here."

People felt their views were listened to, and told us staff treated them with dignity and encouraged them to remain as independent as possible. When people needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported. Staff spoke with them in a calm, respectful manner, and allowed people the time they needed to carry out tasks at their own pace. People told us they were involved in making everyday decisions about their care and made choices each day about what they wanted to do and how they spent their time. One person said, "Staff never just assume what I need, they always ask if I need help."

During our inspection, we saw all the staff took time to speak with people and listened to what they said. People shared jokes joined in when some people expressed a desire to dance and sing to music, which was playing in the background. Staff clearly knew how to engage with the people they supported. For example, one person had become slightly upset because they had felt left out of a conversation. A staff member recognised this, spoke with them, and arranged to come in before their shift to take them for fish and chips on sea front, which was something they enjoyed to do. Later we heard this person tell their relative and expressed how lovely the staff member had been.

People told us staff respected their privacy and we saw staff knocked on people's doors and waited for their response before entering their rooms. People's bedrooms were personalised and furnished with things that were meaningful to them. For instance, photographs of family members, treasured ornaments, or pieces of

furniture. People were encouraged and supported to maintain contact with their relatives and others who were important to them. Staff were supportive, professional, and remained objective when there were conflicts. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones.

Requires Improvement

Is the service responsive?

Our findings

At the previous inspection in May 2017, we recommended that the provider should seek advice from a reputable source on the inclusion of more detail in people's care plans to better reflect their needs and wishes. At this inspection we looked at the care records for five people and found whilst the provider had made some improvements further improvements were still required.

On the first day of the inspection, we looked at one person's care records and found they did not contain sufficient information to guide staff in how to support the person during times of increased anxiety. We saw staff were constantly moving this person from one room to the next. On at least two occasions, we saw this person had been seated in the hallway; one of these occasions was to have their lunch. It was clear the person was becoming increasingly unhappy. When we asked staff why this person was being moved and why they had had their lunch in the hallway. We were told the person could become disruptive especially during meals and displayed behaviours that others may find challenging. Due to the lack of guidance in care records, staff were providing care, which was inconsistent and not person centred. We shared our concerns with the registered manager who assured us they would take action to address what we had seen and said they would review the guidance provided.

Care was not always person centred. On the second day of the inspection, we visited the home at approximately 7.45am, as we wanted to observe the morning handover. Upon arrival, we noticed a number people were up, dressed but asleep in the lounge and dining room. During the morning handover, night staff confirmed 11 people had been assisted to get up, washed, dressed, and were waiting for breakfast. We asked what time they started to assist people. One member of staff said they had started at 5.30am this morning. When we asked why they had started so early, we were told this was their normal routine and records we saw confirmed this. We asked what would happen if people did not want to get up. One staff member said, "we normally go floor by floor, we try not to get the same people up each day." We asked if people had been offered anything to eat or drink and were told people had been offered a cup of tea about 7.30am. We noted breakfast was not served until 8.15am this meant some people had been up for nearly three hours without being offered anything to eat. We discussed what we found with the manager who told us people were free to choose when they wanted to get up and go to bed. They assured us that they would address what we had found with all staff.

People's care and support records contained information about people's health and social care needs. They were written using the person's preferred name but were not always reflective of how people wished to receive their care. Some people's care plans were personalised and provided staff with detailed guidance about each person's specific needs, others were not detailed enough. For instance, one person's care plan stated 'I will need the assistance of 1 HCA (health care assistant) with all my personal care needs. Although at times I can become both verbally and physically aggressive and will then need the assistance of 2'. This person's care plan did not contain any instruction or guide staff on how to assist this person with their personal care, how to reduce any anxieties that may be associated with providing personal care or what assistance the second member of staff should provide.

Failing to provide care and support in a way that meets people's needs and reflects their personal preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person – centred care.

People, relatives and staff told us they were involved in identifying their needs and developing their care. Records we saw did not always reflect this. People's needs were assessed prior to coming to live at the home. This formed the basis of a support plan, which was further developed after the person moved in and staff had got to know the person better.

The manager was aware of the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all homes from 1 November 2017. People's communication needs were clearly recorded as part of the home's assessment and care planning process. For instance where people may experience a level of confusion that might affect their ability to communicate. Staff were guided to speak slowly and allow the person time understand what had been asked and to answer.

People's care plans were easy to follow and regularly reviewed. Although there was no one currently receiving end of life care, the manager and staff told how people were supported at the end of their life to have a comfortable, dignified and pain-free death. We reviewed people's care records relating to their end of life care wishes and preferences. Where people had chosen to have this conversation, their end of life wishes had been recorded. Records showed where the registered manager had worked closely with GP's, palliative care team and the local hospice to ensure people had access to support, equipment and medicines as necessary. Staff described how they had recently supported one person who did not want to be on their own. One member of staff told us how they had stayed after their shift had ended to sit with them, as they knew they enjoyed their company.

People had different opportunities to socialise and take part in activities if they wished to do so. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. People who wished to stay in their rooms were regularly visited by staff in order to avoid them becoming isolated. People enjoyed a variety of activities organised for including ball games, crafts, reminiscence, and baking. During our inspection, we observed people taking part in activities and showing enjoyment. The registered manager had also organised for external entertainers to visit and we saw the home had recently hosted a coffee morning to raise money for a local charity and to raise awareness of dementia. We received mixed views about the level of activities the home provided. Some people told us there was plenty to do and they enjoyed spending time with each other. One person said they loved the visits by the children from the local primary school and were looking forward to summer so they could get out and about. Another person said, "There is always something going on." Relatives were not as positive about the levels of activities provided. One relative said there is not enough for people to do and another said, I think staff are limited with what they can do.

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home's complaints procedure was freely accessible for people in the main entrance People we spoke with told us they had not needed to complain, but were confident the registered manager would take appropriate action should they need to. Following the last inspection, we saw the home had received one complaint. We look at this complaint as part of this inspection and found the registered manager had investigated the person's concerns and provided a response.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the home were not well led. This was the third inspection of Holwell Villa since April 2016. At each of these inspections, we found breaches of regulation and the home was rated overall as 'Requires Improvement'.

At this inspection we identified improvements were still required and there were breaches of Regulation 9, 12, 17 and 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches of Regulation 12 and 17 had also been identified at the inspections in May 2017, and May 2016.

Although the management team had made a number of improvements these had not been effective in addressing concerns identified by CQC during this and previous inspections. The registered manager was working hard to improve the quality of care provided by Holwell Villa; however, these changes had not been fully implemented and still needed time to embed.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. The provider used a variety of systems to monitor the home. These included a range of meetings, audits, and checks, for instance checks of the environment, medicines, infection control, health & safety, and accident and incidents. Although some systems were working well, others had not been effective, as they had not identified the concerns we found during this inspection. For instance, although people's care records were reviewed on a monthly basis, the system in place was ineffective. Staff had not identified that some records lacked detail or contained conflicting information and/or guidance.

Quality assurance systems had not identified where employment checks had not been completed. This meant they did not have a robust system in place to ensure all staff recruited were safe to work with people who were vulnerable due to their circumstances.

People were not always protected from the risk of harm, as the systems in place to manage and mitigate risks relating to people's pressure area care were not effective. People were not being provided with the appropriate pressure relieving equipment.

We found there was insufficient management oversight to ensure people received person centred care. Where staff displayed poor practice this was not always known or challenged by senior staff.

Failure to ensure systems were effective in assessing, monitoring and improving the home was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We met with the provider and manager following the inspection, and discussed what we had found. They fully acknowledged there was still some work to do to improve the quality and support being provided, but felt the home had made significant improvements over the last twelve months and shared with us their plans to continue to work with the local authorities quality assurance and improvement team to address

any concerns.

People and their relatives told us they felt the home was well led. People described the registered manager in positive terms and told us they had made a visible difference to the way Holwell Villa was run. Comments included, "very good," "Kind clearly cares about the people living here." One relative said, "The home is well run, we have no concerns, it's much better than it was."

The registered manager had a clear vision for the home, which was to provide and maintain a high standard of care in a warm and friendly environment. Staff had a clear understanding of the values and vision for the home, they spoke passionately about the people they supported and were proud of people's achievements and providing good quality care.

The management and staff structure provided clear lines of accountability and responsibility. Staff told us they enjoyed working for the home and felt supported by the management team. Staff knew whom they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. We saw the minutes from a recent meeting were people had discussed the homes new fire evacuation procedures, infection control as well as the impact handover might have on people living at the home.

The registered manager kept their knowledge of legislation up to date by using the internet and attending training sessions. They were aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm and had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

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's care and treatment was not appropriate, did not meet their needs, or reflect their preferences. Regulation 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Risks to people's health and safety had not been identified or mitigated. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to operate an effective recruitment procedure exposed people to unnecessary risk. Regulation 19(1)(a)(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to assess, monitor, and mitigate risks to people. Records were not accurate, up to date, complete, or maintained. Regulation 17 (1)(2)(a)(b)(c)(d)

The enforcement action we took:

Pursuant to Section 12(5)(b) of the Health and Social Care Act 2008 we imposed a positive condition on the providers registration: