Holm Lodge

Holm Lodge

Inspection report

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Date of inspection visit:
10 July 2023

Date of publication:
18 August 2023

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Holm Lodge is a residential care home providing personal and nursing care up to a maximum of 26 people. The service provides support to older people living with a variety of health conditions including, dementia, diabetes, depression and alcohol dependence. At the time of our inspection there were 23 people using the service.

People's experience of using this service and what we found
People's care plans contained risk assessments that sometimes contained conflicting information. People were given an opportunity to provide feedback about the service but this was inconsistent and it was unclear if any learning or improvement had taken place as a result of what had been fed back. Some audits were found to be lacking detail, with some a series of tick boxes with no commentary or explanation. As a result of inconsistent auditing processes, some issues within the kitchen had not been identified and some themes relating to accidents and incidents had been overlooked.

People and their relatives spoke well of the registered manager and they and their staff presented a visible and helpful presence at the service.

People told us they felt safe and policies and procedures were in place to protect people from the risk of harm. People were supported by a staff team who had been recruited safely and who knew people well. There were enough staff on duty to ensure everyone's care and support needs were met. Medicines were stored, administered and recorded correctly. Some PRN, as required, medicine protocols were missing but this was immediately addressed by the registered manager. The service was clean and a cyclical process of re-decoration was in place. Accidents and incidents had been recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 23 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an unannounced focussed inspection of this service on 23 August 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they

would do and by when to improve the cleanliness, tidiness and décor of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holm Lodge on our website at www.cqc.org.uk.

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 COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Holm Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 was carried out by 2 inspectors.

Service and service type
Holm Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holm lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered manager's in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time looking around the service and talking to people who lived there. We spoke with 8 people who lived at the home and 7 members of staff, including the registered manager, the deputy manager, a member of domestic staff and 4 carers.

We looked at a range of documents including 7 care plans and associated documents relating risk management. We looked at medicine administration records (MARs) and documents relating to staff recruitment, auditing processes, quality assurance and the management of infection prevention and control. After the inspection we spoke with 3 relatives and 3 professionals.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At the last inspection the provider had failed to ensure that the service was clean throughout and free from unpleasant odours. Due to a lack of storage space some communal areas were cluttered, presenting potential trip and other hazards. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 15.

● The service was clean throughout and staff followed safe infection prevention and control processes. 2 domestic staff were employed covering everyday to clean the service. People's bedrooms and all communal and office areas were cleaned. A relative told us, "Whenever I visit it always seems to be clean." Bath and shower rooms were clean although we found 1 bath with a stained area. This was brought to the attention of the registered manager and the area was immediately cleaned.
● The provider was in the process of replacing carpets and decorating bedrooms as they became vacant. Although this was a slow process, a lot had been completed since the last inspection and the service had the overall appearance of being in decorative order. There were no unpleasant odours detected during the inspection.
● There had been improvements with reducing the amount of boxes and other items from communal areas. Communal areas were now free from items being stored in these areas and had resulted in domestic staff being able to thoroughly clean all areas. The removal of these items also reduced the risk of trip and other hazards.
● There were no restrictions in place for visitors to the service. Throughout the recent Covid-19 pandemic the service had followed Government guidelines and updated people and their loved ones as the guidance changed. A relative told us, "Visiting has never been an issue. They make you feel at home and said to me, 'pop in anytime, no problem.'"

Systems and processes to safeguard people from the risk of abuse
● People lived safely at the service and were protected from harm. People and their relatives told us they were safe. A person said, "They make me feel safe."
● Safeguarding policies were in place and staff had received training. Staff were able to describe the steps they would take if they thought someone was at risk of harm. A relative said, "They were not safe when living on their own. They are looked after now and are 100% safe."
● The service had a whistleblowing policy and staff told us they were confident to use this process if needed. Whistleblowing allows staff to raise concerns anonymously. A staff member said, "I'd follow the guidelines,

go to the manager or bigger boss and if an emergency can always contact CQC."
● The registered manager was supported with safeguarding issues by the local authority and kept records of all safeguarding's raised. These records were reviewed by the registered manager to ensure correct actions had been taken and any learning and steps taken to minimise the recurrence of risks were managed.

Assessing risk, safety monitoring and management
● Care plans had details of identified risks and assessments to guide staff in how to manage those risks. Risk assessments were reviewed monthly or more frequently following any incident or change in people's care and support needs. Risk assessments were in place for example, to manage, people at increased risk of falls, people using electric wheelchairs and people living with diabetes or dementia. (See our well-led section for more about risk Assessments.)
● Personal emergency evacuation plans (PEEPs) were in place and were located in an easily accessible part of the service. PEEPs provided details of the support people needed during an emergency evacuation or re-location from the building.
● Safety certificates were held for equipment used at the service for example, wheelchairs, hoists and stairlifts. Fire safety checks had been completed and all fire equipment was in date. Certificates were in place for gas, electricity and for legionella testing.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

● Staff were aware of the importance of gaining consent from people and worked within the principles of MCA. A staff member told us, "I ask them. Go through the process, 'would you like to wash your face,' and show them the flannel. Sometimes I have to try a few times and sometimes they just don't want it."
● Staff had received training in dementia care and effective communication and knew people well. Staff knew the importance of providing options to people. A staff member said, "We use different methods of communication and give people choices. I always get a second opinion if unsure."
● Mental capacity assessments that were decision specific had been completed where necessary. Some people had legally imposed restrictions applied to ensure their ongoing safety. These restrictions were appropriately applied for and were subject to regular reviews by the registered manager.

Staffing and recruitment
● There were enough staff employed at the service to meet people's support needs. Call bells and people asking for help, were all responded to in a timely way. Staff had enough time in-between essential care tasks to sit and chat with people and to help with activities. Staffing rotas confirmed there were enough staff on duty for every shift.
● Similarly, there were enough staff in support roles for example, laundry, cleaning, maintenance and

kitchen staff. The service had 2 registered managers and an experienced senior staff member who acted as deputy manager when needed. Staff supporting people with their day to day care were themselves supported by managers and staff in other roles.

● Staff had been recruited safely. We looked at 4 staff files and each contained documents and identification evidence needed for safe recruitment. Documents included references, photographic identification, interview notes and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People received their medicines from trained staff, safely. Medicine administration was recorded on medicine administration records (MARs), which showed the date, time, running count of medicines remaining and were signed by the staff member involved. There were some gaps in 'as required' (PRN) medicine records and protocols regarding these medicines were missing from some care plans. This was brought to the attention of the registered manager who put the plans in place during our inspection.

● Medicine rounds were carried out safely with people receiving their medicines one at a time from a trolly that was kept locked in-between. People were happy with the way they received their medicines. A person told us, "I get my pills and I see the doctor. I get all I need."

● Staff trained in medicine administration knew the steps to take if a medicine was spoilt or if a person refused their medicines. People's GP's were contacted if medicines were refused more than once.

Learning lessons when things go wrong

● Accident and incident reports were reviewed monthly by the registered manager. There had been very few reports completed recently and most of these related to falls. The registered manger did conduct audits, however, we found issues with these. Please see our well led section for more about auditing accident and incidents.

● Accidents and incidents were recorded. Copies of reports were kept in a separate folder with reference made to the event in people's care plans. Reports contained details of the incident and any immediate steps taken to support people.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Some risk assessments contained conflicting information. Care plans and associated risk assessments were handwritten and information sometimes did not match. For example, a person living with alcohol dependency had recently increased their consumption following a change in personal circumstances which had lowered their mood. A separate risk assessment, updated the same month, stated the person's mood was unchanged.

● Accidents and incidents had been recorded but there had been no analysis of the longer-term data and therefore no trends or themes had been identified. It was clear for example, that over several months most falls had occurred in people's bedrooms at night. This had not been highlighted by auditing the data.

● Auditing processes were not always effective. The registered manager audited key areas of the service monthly, however some audits had not identified some issues. For example, in January before the inspection, the Food Standards department had rated the kitchen as scoring 3 out of 5. Some issues had been identified with equipment and cleanliness. The registered manager's kitchen audit covering the same period of time, had not identified any concerns.

● Some auditing involved a tick list of areas that had been checked. The lack of any commentary or description of the audit process resulted in each month's audit being identical to the last. In some audits this resulted in no trends or patterns being identified and no information to then share with staff.

● Opportunities for people and staff to provide feedback about the service were inconsistent. The most recent surveys carried out were from November 2022. There was no record of how the information provided in these surveys was used to improve the service. Some people and their relatives told us they had never been asked to provide feedback

The provider had not ensured risk assessments were accurate and some contained conflicting information. Auditing processes were not always effective and had failed to identify trends with accidents and incidents and concerns raised relating to the kitchen. There was no consistent ways of capturing feedback and acting on information provided. These failings were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The service had 2 registered managers and a deputy / head of care. Staff were supported during their

shifts by managers who could be approached for advice whenever needed.
● Staff told us that team meetings were held every 2 to 3 months and that they were an opportunity to raise issues and concerns. These meetings were minuted and shared with all staff.
● People's equality characteristics and those of staff were respected. Some people had cultural and religious beliefs that were an important part of their day to day lives and these were recorded in care plans and were celebrated by staff. A staff member told us, "I've never witnessed any disrespect of faith or culture. Everyone is respected all of the time; I can say that with certainty."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager had fostered a positive culture at the service and there was a homely feel to the service during our inspection. Staff spent time sitting and talking with people and supporting them with activities. A person said, "It's homely, that's what I like. I can smoke and the staff are my friends."
● Staff were positive about the culture at the service and the positive impact it had on people. Relatives were positive about the staff approach and how this achieved positive outcomes for people. Relatives told us they felt the service was homely and welcoming. A relative commented, "[Person] loves the food and the staff are friendly. It's the happiest I've seen her in years."
● The registered manager knew people well and responded to any changes in people's health and care and support needs. Liaising with other health and social care professionals to ensure people received the care and support they needed. A staff member told us, "They are always there. They encourage us to call if we need to and their door is open all of the time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibilities under the duty of candour. Managers have a legal duty to inform the local authority and the CQC of certain significant events that happen at their service. This obligation had been met.
● The registered manager was open an honest with us during the inspection and was quick to respond to any issues we raised or questions that we asked. The registered manager demonstrated a desire and drive to improve the service and to continue to achieve good outcomes for people based on their learning, experience and development.
● Copies of the most recent CQC reports were displayed in an accessible part of the service. A link to the most recent report was found on the service website.

Continuous learning and improving care. Working in partnership with others
● Both registered managers had been employed at the service for several years and were committed to improving the service. Managers kept themselves up to date with changes in health and social care by reading bulletins from the local authority, CQC and the government website.
● The service worked well with other professionals involved with the service. Specialists were called into the service to support people when needed and professionals we spoke with, spoke well of the registered manager. A professional said, "[Staff] are aware of the risks and tries hard to advocate for people and raise concerns where necessary."

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured risk assessments were accurate and some contained conflicting information. Auditing processes were not always effective and had failed to identify trends with accidents and incidents and concerns raised relating to the kitchen. There was no consistent ways of capturing feedback and acting on information provided. T