

Holm Lodge

Holm Lodge

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

People's experience of using this service:

The home was not always safe. The recruitment of new staff was not always in line with current regulation, and paperwork around the control of infection was not complete. The design of the home and lack of dementia friendly decoration added risk for people living with dementia.

Despite this, people felt safe at the home and told us so. Family and friends all spoke highly of the care and the attitude of the staff. We saw staff speak to people politely. People had very few complaints about the home. People told us they were encouraged to bring in their own things to personalise their rooms and make their personal space feel like home. One person told us their relative had spent three weeks in the home following a hospital admission and a quick discharge from hospital. They said "the care was marvellous, and I have no hesitation in using it again if needed. The staff were marvellous".

People enjoyed the food at the home, one person told us "the food is good here with lots of homemade things." However, particularly at mealtimes there were not always enough staff to support those people that needed help to eat.

People who were less able to plan their own days could be left with nothing to occupy them. One person told us "I don't go to the lounge as there are only five seats to see the T.V from and I don't like aerobics or the activities." However, people who could, felt able to organise their own time and felt that the staff supported that. One person told us "Staff are so good and so nice and can't do enough for you. I go to the shop each day and tell staff when I am going. I go to the shop and there and back takes about half an hour."

People were supported to be as independent as possible but given help where it was needed. This allowed people to enjoy their time at Holm Lodge without worries. One person told us, "The reason I wasn't managing at home was because I forgot to take my medication and so I am pleased not to have the worry". Another person told us, "the staff are very helpful, and kind and I am not at all worried living here."

Staff knew people well and were welcoming to visitors and family members. One person told us "My family come every week and are always made welcome."

Staff all told us they enjoyed working at the home. They told us that they felt part of a good team, and all said that the manager supported them in their roles; more information is in the full report

Rating at last inspection: At the last inspection the service was rated Good. (Published 16 December 2016)

Why we inspected: This was a planned inspection based on the rating of the last inspection.

Enforcement : Action we told provider to take (refer to end of full report)

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

The inspection team consisted of one Inspector, one Inspection Manager 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 service.

Service and service type: Holm Lodge is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Holm Lodge accommodates up to 26 people in one building over two floors.

The service had a manager registered with the Care Quality Commission. However the manager registered with the Care Quality Commission had recently left the service and a new manager was in the process of being registered. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided

Notice of inspection: This inspection was unannounced

What we did:

Before the inspection we looked at information about the service that we had received, this included the Provider Information Return. Providers are required to send up key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications we received from the service.

During the inspection we looked at completed surveys from people who used the service; five people's care

records; records of accidents, incidents and complaints; and audits and quality assurance reports. We also spoke to 19 people using the service and two of their visitors. We interviewed four members of staff, a visiting health professional and the two registered managers.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had been trained in safeguarding and understood its importance. Staff knew what to look for that might indicate abuse, such as changes in physical or emotional health and they knew who to report concerns to.
- People knew how to raise a complaint and who to speak to if they had a concern. However, the people we spoke with, and their friends and relatives, told us they were happy with the care and had no cause to complain. One visiting friend said "I am very pleased [person] lives here. We have no worries about his care and know he is safe."

Assessing risk, safety monitoring and management

- At the previous inspection it was noted that risk assessments were not always being carried out. We found that some risks remained, and the risk assessments were not always updated. Some areas of the home were in poor repair and where work was being done to fix this there were no risk assessments or warning notices in place. The provider said that they had plans to update paperwork and risk assessments, but we identified this as an area that needed improvement.
- There were Personal Emergency Evacuation Plans (PEEPS) in place. These are individual 'escape plans' for people who may not be able to evacuate the building unaided or very quickly in the event of any emergency. PEEPS detail a step by step evacuation procedure to clearly explain what assistance the person would need.

Staffing and recruitment

- There were not always sufficient staff available to support the people that needed it. At lunchtime some people had to wait for over twenty minutes for their food after they sat down at the dining table and people that needed help did not always get it. The provider said that they had plans to employ more staff to support the deployment of staff during lunch time, this as an area that required improvement
- People did not always get the help they needed when they wanted it. A person told us "When I want to go to the loo I have to wait and wait and wait for someone to take me".
- At night there were two staff on duty and this was not always enough. Staff told us it was not quiet at night and while they usually coped it could be busy. One person told us "We only have two staff at night and sometimes it takes them a bit longer to get here." The provider told us they had plans to audit call bell response times, but we identified staffing and response times at night as an area that required improvement.

This meant that people's needs were not always met in a timely manner. This constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment was not managed robustly. Some members of staff had been given references by current Holm Lodge staff rather than their previous employers. For some references the relationship of the referee to the employee was not clear. Not all references included full address details of the referee.
- Staff application forms were not always fully filled in and employment histories contained unexplained gaps or were not clear. Education histories were also incomplete in some staff files.
- Staff had completed UK Disclosure and Barring Service (DBS) checks before working with people at the home. The Disclosure and Barring Service helps employers make safer recruitment decisions. DBS also maintains the adults' and children's Barred Lists and makes considered decisions as to whether an individual should be included on one or both of these lists and barred from engaging in regulated activity. Some staff lived on the premises before their UK DBS checks cleared.
- Staff records did not all include a recent photograph of the employee. The provider told us they had plans to update the staff records, but we identified this as an area that required improvement.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were administered safely. Staff were trained to administer medicines and were knowledgeable about the medicines they managed. The medicines were stored in a locked room, in a locked trolley. There were limited keys and only trained staff had access to the keys.
- Medicines were stored securely and were ordered and received safely. Staff knew how to order the medicines to ensure people did not run out of their medicines. Staff were happy to contact the pharmacy when needed outside of the regular ordering days if someone needed a newly prescribed medicine.
- Medicines were not supplied in blister packs, and each person's medicines were kept together in a plastic container. Staff recorded the medicines administered and returned unused medicines to the pharmacy. Medicines that were refused were recorded.
- On the day we visited, the medicines room had a temperature of over 25 degrees, a thermometer in the room recorded this. This is above the recommended safe temperate storage range. When staff had this pointed out to them, ceiling vents were opened to cool the room. The temperature was recorded daily but we saw that it would rely on a member of staff entering the room while it was hot to notice the raised temperature. The provider told us they had plans to purchase both an air conditioning unit and a maximum and minimum thermometer, temperature monitoring is an area that needed improvement
- Staff told us if the fridge temperature was too high they would turn the fridge off and on again to reset it and this had always worked. The provider needed a clear policy in place to inform staff what to do if the medicines fridge broke down. We identified this as an area that needed improvement.

Preventing and controlling infection

- Safety checks on equipment in the home were carried out, but advice from professionals was not always followed or documented. Suggested work that should have been done to minimise the risk of legionella outbreaks had either not been completed or was undocumented. The provider told us the work had been completed but was undocumented. We identified documentation as an area that needed improvement.
- Food hygiene at the home was good. The rating from the Food Standards Agency was Good and there were systems and checks in place to ensure food hygiene.
- People were protected from the risk of infection. Staff used personal protective equipment such as aprons and gloves when caring for people.

Learning lessons when things go wrong

- We found some risks had not been addressed despite being noted at the previous inspection.

The carpets noted at the last inspection as being highly patterned were still in place. Highly patterned carpets are not considered dementia friendly and can cause confusion for people living with dementia. The provider told us they had plans to rectify this, but we identified this as an area that needed improvement.

- Dementia friendly signs, using large clear text or pictures, had been suggested at the last inspection but were not evident in the home. The provider told us they had plans to rectify this, but we identified this as an area that needed improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff were given induction training which was signed off by the manager. However, not all of the induction records were signed off by the staff to say they had received the training. We identified documentation as an area that needed improvement.
- Staff gave varying responses when asked about appraisals and 1:1 support. Some staff told us they had regular appraisals while others told us they couldn't remember or had not had one.
- Training was completed throughout the year. Some staff had fallen behind with the training the provider considered essential since the method of recording the training had changed. The manager told us they were reinstating the old system as it made reporting and checking who had completed their training easier.
- It is important that staff are kept up to date with training to ensure they are following current good practice to provide effective care. While there was no evidence that any harm had come to people, record keeping and ensuring training was kept up to date was identified as an area of practice that needed improvement.
- Staff told us they had training in specifics around caring for adults with behaviour that challenged. One staff member said "I have had training, I think now there is a policy. I would let them calm down and leave them for five minutes."
- Staff all felt supported by the manager and were confident to talk to them if they needed help.

Supporting people to eat and drink enough to maintain a balanced diet

- At mealtimes there were not always enough staff to help everyone when they needed it. We saw a person who became confused during the wait for her pudding and wandered away from the dining room. This person missed some of her meal because staff were not always there when needed. However, where people were supported to eat and drink, staff were polite and encouraging.
- People could choose where to sit and eat their lunch. The home had two dining areas and a lounge that some people preferred to sit in. Some people chose to eat in their rooms. Due to the layout of the home there were times when there was no member of staff in a room where people were eating. The provider told us they were recruiting more staff to help at busy times.
- People enjoyed the food and ate well. One person told us "I enjoy all the food. I have no complaints. We have morning coffee and biscuits and afternoon tea in between meals." People could request snacks between meals and had water jugs in their rooms for convenience.
- People were weighed monthly to ensure they remained at a healthy weight. Anyone at risk of losing weight was placed on a food and fluid chart so that staff could record what they ate and drank.

Adapting service, design, decoration to meet people's needs

- The home was not dementia friendly. People's needs were not always met by the decoration of the home.
- There were falls risks in the home. Slopes in the floor between wings of the home, and between some rooms were not clearly marked and there were no grab rails at these points. Some carpets in communal areas had become worn and threadbare and were not always stretched taught on the floors so that ridges were apparent. The provider told us there were plans to rectify this but this was identified as an area that needed improvement.
- The stairs were carpeted and because of the rail for the stair lift, were very narrow. Due to the design of the building, handrails on the stairs did not always go all the way to the top of each flight. Carpets were smooth, and stairs were narrow and without non-slip stair nosing so that there was a risk of slipping for anyone who was unsteady on their feet. We spoke with the manager about this and they told us that people used the stair lift to move between floors. However, people could not use the stair lift without help from staff and there was no call bell point near the stair lift to call staff to help with its operation, so this remained a risk. The provider told us there were plans to rectify this but this was identified as an area that needed improvement.
- A sliding door between the lounge and a conservatory was missing a handle and lock. The subsequent hole in the door was sharp and unsafe to use. The provider told us there were plans to rectify this but this was identified as an area that needed improvement.
- Bathrooms and toilets lacked clear colour differences. Not all toilets had grab rails and emergency cords did not always reach to the floor. The provider confirmed their plan to improve some aspects of the environment to aid orientation, for example painting bathroom walls a different colour. There was no evidence that any harm had come to people, but they were areas that needed improvement.
- There was a third floor to the home which was used as a staff living area. This was signposted as 'no entry, staff only' but the stairs were not restricted in any way. There was a risk that people could access the upstairs without staff realising where they were, this was identified as an area that needed improvement and the provider said they would install a door to restrict access to this private area.
- People could access a secure garden behind the home. A ramp allowed people in wheelchairs to access the garden. We saw people use the garden on the day of our visit.
- People could personalise their rooms with their own possessions and decoration, to make their rooms feel homely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care planning was personalised and included a photograph of the person. Care plans all followed a set template so that important information and choices were always recorded. Within the template each care plan was individual to the person.
- People had their choices to care recorded in their care plans. Care plans included information on whether people preferred male or female carers or whether they had no preference.
- Staff knew people's background and history as this was recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with the pharmacy to ensure continuation of medicine supply.
- Staff made appointments for people to see their doctors or other health professionals when required.
- People were satisfied with the health care given. One person told us "If I want to see the Doctor, I would ask." Another person said "[carer] looks after my hospital appointments and books transport for me. She is very good."

Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the MCA and people were helped to make decisions about their care.
- People were supported to be as independent as possible. One person who was at the home under DoLS had expressed a desire to go out, so the staff had accompanied them to do some shopping.
- People all said they had a choice of how and where to spend their day. One resident said he preferred to stay in his room. His partner said he had all his meals in his room by choice.
- Staff understood the importance of consent, they told us they always spoke to people about the care they gave, and that they asked for consent to personal care.
- We saw staff asking people if they wanted assistance before helping them at mealtimes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated. We saw positive interactions between staff and people in the home. People told us "I have no reason to complain, people are very kind to me." and "Staff are all very kind, they couldn't do more for me".
- Care plans had clear templates that prompted staff to ask questions around religion and sexuality and staff had equality training.
- The service did not have anyone with any special religious needs at the home when we visited, but the registered manager told us that in the past they had and that this had been catered for without any problem.
- Staff told us that they knew people well as they could read the care plans to learn about people.
- Staff enjoyed talking to people, one staff member told us "I sit with people and ask about their lives when they were younger" and another said, "I like the stories they tell."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Systems and processes were in place to allow people to have choices in their care, for example Staff spoke to people who had sight problems, to ensure they had choice at mealtimes. The provider told us there were plans to introduce large print and picture menus for people in the future
- People and their families were involved in the writing of the care plans. Care plans were updated regularly, and the registered manager told us that staff sit with people to review and update the care plans with their input where possible.
- People were encouraged to be independent where practical. Staff told us "it's people's choice, what they want, they pick their own clothes, we don't take over, we promote their independence" and a person told us "I get up and go to bed when I want, and staff help me when I need help." People could move freely about the home and people that needed them, had walking aids nearby.
- Staff used people's names when addressing them and were respectful. One person told us "The people here look after me wonderfully. I can't fault the care I am given".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- The home was not designed to meet the needs of people with dementia. The layout of the home was complicated as it was an old building, there were no signs, themes or colours used to orientate people. The provider told us there were plans to rectify this, but this was identified as an area that needed improvement.
- People could not always have the personalised care they needed as there were not always enough staff to support people. One person told us, "I was very unhappy this morning as nobody came to help me get up until 10am and I had been given no drink or breakfast and I was very hungry and thirsty. I didn't get breakfast until 11am." The provider told us there were plans to increase the staffing levels but this was identified as an area that needed improvement.
- We received mixed responses about people's needs being met. People all agreed the staff were caring but some people felt there was not enough to occupy them at the home.
- When we visited the activities coordinator was on leave and care staff were supplementing activities. We did not see any evidence of coordination of activities by the activities lead to enable other staff to provide suitable activities for people to take part in during their absence. Activities were only available to people in the lounge.
- Activities provided were not always suitable for people. The activities we saw were quizzes printed on paper and some people couldn't take part. One person said, "I am nearly blind and can't read it." However, staff did not help this person to join in. Another person said, "I have never watched [television show] and so won't know the answers." We identified activities were an area that needed improvement.
- People used the accessible garden during our visit. However, there were not always enough staff to enable everyone to do what they wanted to do if they needed support. One person told us "I would like to get out more. I am fed up with looking at the wall outside."
- People were supported to go out and to visit shops and cafes. People told us that they enjoyed these trips but that they would like more. One person told us "We went to Eastbourne on a trip in April but haven't been out since. I would like more visits out."
- We saw that the care plans included information regarding end of life choices.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display at the home and surveys were carried out but these were not in accessible formats. The provider had plans to rectify this, however, we identified this as an area that needed improvement.
- Complaints and concerns were audited and dealt with by the registered manager.
- The home had few complaints. Most complaints were minor and were addressed by the registered manager at the time.

- Suggestions around changes to care were communicated to staff via a communications book and handover meetings.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was supported by the provider. However, neither the registered manager nor the provider were clear about the regulations for employing staff.
- Employment files were not always complete, and staff records did not include a recent photograph of the employee.
- Where staff lived on the premises before their UK DBS checks cleared the registered manager had not ensured there were systems and processes in place to identify and mitigate any risks. This was an area that needed improvement.
- Safety audits and recommendations by contractors were not always up to date. We were told work had been completed but there was no paperwork to back this up. The provider had plans to rectify this but we identified documentation as an area that needed improvement.
- Since 2016, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a consistent approach to meeting the communication needs of people with a disability, impairment or sensory loss. The provider agreed this needed development and we identified this as an area that needed improvement.
- The home had dedicated staff in clearly defined roles. When staff were absent, for example due to illness, other staff were happy to fill in and help. However, it was not clear they were always trained for the role they took on, for example, staff who organised activities did not understand how to include all people that wanted to take part.
- Staff all told us they felt supported by the registered manager and that they would be happy to talk to the registered manager about any concerns they may have.
- The registered manager understood their role and was supportive of the staff. However, some audits were not being carried out regularly, staff training was recorded but the system for reporting on when staff were late with training the provider viewed as essential was unclear.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and the provider put care for people at the centre of the service.
- Accidents and incidents were recorded, and responses were noted and shared with staff.
- The registered manager knew their duty to inform CQC of notifiable events. Notifying the CQC is important so that we can check that appropriate action has been taken in response to incidents.
- The registered manager understood, and acted on, their duty of candour. This ensured that relatives were

notified of any incidents and were made aware of outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives and friends were asked to feed back on care at the service via surveys. The last survey was carried out in April. Feedback from staff and relatives was positive around the care of the home and the registered manager received very few complaints.
- The registered manager told us they had a visit from a local Brownie guides group and that they hoped to make this a regular occurrence. Intergenerational care has been shown to improve the wellbeing of people in care homes.
- Staff meetings were held but these were not held regularly, and staff relied more on handovers to exchange information.

Continuous learning and improving care; Working in partnership with others

- The provider told us they had membership with the Registered care Homes Association and they received publications monthly which they encouraged staff to read. These magazines promote best practice in care homes.
- The registered manager actively worked with other health care professionals when needed including GPs, district nurses and the speech and language therapy team.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing</p> <p>How the regulation was not being met</p> <p>Due to a lack of adequate staffing at some times of the day people's needs were not always met in a timely manner. This constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>