

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?

Good 

Is the service responsive?

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 care for up to 26 people. Some people living at the home were living with dementia. Others had support needs associated with older age for example, limited mobility and others had health problems such as diabetes. Accommodation was split over two floors with a lift connecting each floor. At the time of the inspection the home had 26 people living there.

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

Since the last inspection there had been an increase in the number of staff working during the day but the number of night staff remained insufficient to meet people's needs. Most people needed support with personal care leading to bedtime, having just two members of staff meant that some people were kept waiting for up to two hours. Sometimes people required PRN medicines during the night but staff trained in giving medicines were not always working at night. The contingency was to wake a live-in member of staff but there was no on call system in place and on occasion other staff had to be called in from home to help with medicines. There were several people living at the home at high risk of falls. Falls were happening during night-time which put a further strain on staffing. Care plans were not easy for staff to navigate in order to have the guidance they needed to provide consistent support and care. They were not cross referenced with other key documents, for example records of falls. Staff reading care plans would not therefore always have the most up to date information about incidents. Risk assessments were not regularly reviewed.

The management and auditing of falls was not effective. Although falls were recorded and some referrals had been made to the local authority falls team nothing had been done to understand the root causes of why people were falling. The auditing process did not identify the type and frequency of falls to identify if falls could be reduced over time with some people experiencing up to 12 falls in a three-month period.

A safeguarding policy was in place and staff told us the steps they would take if they had any concerns. Medicines were stored and administered safely. Infection prevention and control procedures were followed although we signposted the registered manager to best practice relating to staff changing before and following their shift and the use of agency staff.

The registered manager had made improvements to the décor of the home and had increased the amount and variety of opportunities to take part in activities for people. Everyone spoke well of the registered manager who provided visible leadership. Staff, people and relatives were all given opportunities to feedback about the home and everyone told us that the registered manager was responsive to issues raised. The registered manager kept themselves and staff up to date with important messages and had fostered positive working relationships with other professionals.

Thorough pre-assessments were carried out with people before they moved into the home to ensure that staff had the appropriate skills to support people. Several people living at the home lived with dementia and

staff had been trained in this area and were able to tell us the important aspects of supporting people. Staff induction was effective and opportunities to shadow more experienced staff and time spent getting to know people was in place. People nutrition and hydration needs were met. Staff were supported with their health and social care needs. 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.

During the day, care was delivered in a person-centred way. Staff demonstrated a good knowledge and understanding about people and their needs. People's likes and dislikes were considered and efforts were made to make everyone's day a 'a good day.' Independence was promoted and some people were able to go into the community for walks and visits with minimal support. People's communication needs were met. A complaints policy was in place and accessible to all, complaints being dealt with promptly by the provider. Care for people towards the end of their lives had been reviewed and documented.

Rating at last inspection and update

The last rating for this service was requires improvement (report published 18 October 2019) and there were two breaches of regulation related to staffing and fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement. The service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. This enabled us to review the previous ratings.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. This is 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Care Act 2014.

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 one inspector.

Service and service type

Service and service type Holm Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they 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 reviewed the information, we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that were involved with the service. We looked at the notifications we had received from the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection

We spoke to five people who lived at the home and one relative who was visiting their loved one. We spoke with five members of staff including the registered manager, senior health care assistant, health care assistants and a member of the catering staff. We looked at different areas of the home and met people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people. We reviewed a range of records including safeguarding, accident and incident reports and three care plans. We looked at three staff personnel files, training records and documents relating to auditing and medicines.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to four relatives and two professionals.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant 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.

Staffing and recruitment

At the last comprehensive inspection the provider had failed to ensure there were sufficient numbers of trained staff available to support people during mealtimes, during personal care and during the night shift. This constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection. Enough staff were now working during the day however, further improvements were needed to ensure there were enough staff working each night. Since the inspection a new member of staff has been recruited to cover a twilight shift to support the night staff. The registered manager was in the process of recruiting more staff to ensure cover every day.

- The night shift consisted of two members of staff, covering a 12-hour shift between 1900 and 0700. This was not enough staff to meet people's needs. We were shown a dependency tool, a calculation of how many staff were needed at different times of the day to support people. This concluded that two members of staff were enough, however, no risk assessment had been completed to reflect this. Consideration had not been given to personal emergency evacuation plans (PEEPS).
- Several people were living with dementia and required help with personal care during the evening. The registered manager told us that 15 people required support with personal care during the evening. This included washing and dressing for bed.
- The night shift was often busy and staff struggled to meet needs. A person told us, "I see very few staff up here at night." A staff member said, "People often shout out that they want to go to bed. Two staff can't manage."
- Between 1900 and 0700 there were two members of staff caring for everyone. Records showed that people were experiencing falls between these times. A contingency of 'extra monitoring', meaning increasing the number of visits to people, was not possible with only two staff. A member of staff told us, "Two staff at night is not enough. (person) had a fall, we could not monitor them as we had so much else to do. One of us then had to wait with them until the paramedics arrived. This left one person looking after everyone else." Staffing numbers during the day had increased but the number of staff at night was an area where improvement is required.

There remained concerns about sufficient staffing levels during the night to meet people's assessed needs. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

- Staffing levels during the day had improved. An increase in staff numbers during the day meant that people's needs were met in a timely way for example, not having to wait for meals to be served. We observed lunch being served. Some people preferred to have lunch in a communal dining area and some people preferred to have lunch in their own rooms. In the dining area we saw two members of staff bringing food to people and a third who remained in the dining area to support people when required. Other staff were tasked with taking meals to people's rooms. Although the entire lunchtime process took around an hour, no one was kept waiting and we saw that any requests were dealt with immediately. For example, one person changed their mind about the main course they had initially asked for, a replacement of a different meal was provided straight away.
- People told us that there were enough staff available during the day to support them. A person said, "Staff are attentive and look after me." A relative told us, "There is always someone on hand," and "Whenever I hear a buzzer go, they (staff) respond."

At the last inspection the provider had failed to ensure that staff had been recruited safely. Staff files were missing appropriate references, photographs of staff and staff application forms lacked detail of employment and education history and contained unexplained gaps. Some staff were living in staff accommodation at the home before a Disclosure and Barring Service (DBS) check, had been verified. DBS checks look at any previous convictions or cautions that may prevent them from being employed. This constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19. References, photographs, DBS and employment histories had been updated in staff files.

- Staff had been recruited safely. We looked at personnel files which contained in date DBS documents, references, staff application forms including previous employment histories, educational and professional qualifications. Files contained photographic identification documents and training certificates. Any gaps in employment had been accounted for.

Assessing risk, safety monitoring and management

- At the last inspection some risk assessments had not been completed regarding ongoing building work and people's access to unsafe areas. The provider offered assurances that care plans and risk assessments were being reviewed and updated. The building work had finished. At this inspection there had been little improvement to care plans. People continued to experience frequent falls, the cause and outcomes of which were not fully assessed and recorded in care plans. The registered manager told us that care plans were only reviewed when an incident occurred, not as a part of a regular process. Regular reviews of care plans and risk assessments were areas that were identified for improvement.
- A fire inspection report had been produced a few months before our inspection and we saw that actions had been completed in response to issues raised. Equipment for example, fire extinguishers, fire doors and smoke alarms had been tested regularly. Personal emergency evacuation plans (PEEPS) were in place for each person and were easily accessible in the event of an emergency.
- Equipment and utility supplies had been regularly serviced. For example, stair lifts, wheelchairs, personal call bells and walking aids. Gas, electricity and plumbing certificates were up to date. Temperature checks in the kitchen of electrical equipment and food were recorded.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm. A safeguarding policy that had been regularly reviewed was in place and a simple flow chart was on the wall of the staff office, clearly accessible to all staff.
- Staff had had training in safeguarding and told us they felt confident in identifying risks and in taking appropriate action. One member of staff told us, "Make sure the person is safe and report to the manager or supervisor." Another said, "We can go to social services, CQC or the police if we need to."
- People and relatives told us they had confidence in the staff and that they felt safe. Comments from people included, "I feel safe," and "Staff are very good, they look after me." A relative said, "I don't feel they are anything other than safe."
- Staff were aware of the service whistleblowing policy. Whistleblowing allows staff anonymity when raising issues and concerns.

Using medicines safely

- Staff who administered medicines had been trained and had regular competency checks to ensure their knowledge and skills were up to date.
- Medicines were stored in two trolleys in a locked room. A separate safe was used for storing controlled medicines and a small fridge was in place and was kept at an appropriate temperature.
- Medicines were administered safely. We observed a medicine round and the member of staff wore a tabard showing they were giving medicines so as not to be disturbed with other tasks. Medication administration records (MAR), were completed individually during the round. MAR charts included a clear key which showed medicines had been given, or a reason why not and had the name and signature of the staff member.
- A separate protocol was in place for 'as required' (PRN) medicines for example pain relief. Staff were able to tell us the process they went through. A staff member said, "We use a pain score / scale when providing PRN medicines. We'll always record what we give and make sure the manager knows."

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. PPE was worn appropriately but we found a lack of consistency in staff changing at the start and end of shifts. An area was available for staff to change but some were seen to remain in the clothes they had travelled to work in. We spoke to the registered manager and steps were taken to address this issue.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Agency staff were regularly used at the service but arrangements had not been made to ensure agency staff worked exclusively at the service which would reduce the risk of infection. We spoke to the registered manager about this issue and steps were taken to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach to infection prevention and control.

Learning lessons when things go wrong

- Accidents and incidents had been documented and recorded on forms designed for that purpose. Some action had been taken in response to people falling and recorded contained actions including, putting a crash mat in place, referral to GP's and increased monitoring by staff. Any serious incidents resulting in harm to people had been referred to the local authority and the CQC.
- The registered manager had introduced a process for recording details when pressure areas were developing. These were very detailed body maps with specific details of skin reddening shown. This early identification and recording had reduced the number of pressure sores developing.

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.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we asked the provider to make improvements in relation to staff support. Staff induction paperwork was incomplete, supervision meetings and training were inconsistent. At this inspection we found improvements had been made. Staff induction, supervision meetings and training were documented in detail.

- New members of staff had a three-month induction before being signed off by the registered manager. Staff files did not always reflect the length of the induction process with most skills tests being signed off in the first week. The registered manager assured us that the induction process was ongoing and that staff were signed off as competent at the completion of the three month process
- Staff told us that the first days of the induction process involved health and safety and emergency plans followed by an introduction to all the people living at the service. Opportunities were given for new staff to shadow more experienced staff and a comprehensive initial training program was followed. A staff member confirmed, "We had to know all about people before being able to look after them. I had lots of shadowing sessions."
- Staff support was ongoing through supervision meetings and annual appraisals. These were recorded in staff personnel files.
- Staff received training in all key areas for example, dementia, moving and handling and equality and diversity. A training matrix was colour coded to clearly indicate those who had completed training refreshers and those where it was due. This was overseen by the registered manager. A relative said, "Staff have all the skills. That's what I've seen."

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

At the last inspection we asked the provider to make improvements in relation to the design and decoration of the home. There were no grab rails on slopes or the stairs. There was no call bell near to the lift. Some carpets were ripped and a door handle was missing from the lounge door. Bathrooms needed redecorating and the second floor where some staff lived, was accessible to people. At this inspection we found these improvements had been made.

- Since the last inspection and as part of the refurbishment plan, some decoration had been completed and a plain coloured carpet had been put in place throughout communal areas. A lot of improvement was noted and the service now met the needs of those living with dementia.

- The service was split over three floors and there was an annex, the 'Hidden Cottage', which contained further bedrooms. The upper floor was used for staff accommodation which was not accessible to people. The ground floor had dining rooms, a conservatory and communal areas. There was also a garden area with patios which people could use weather permitting. The ground floor areas were accessible for those using wheelchairs or walking aids.
- The first floor could be accessed using a stairlift. Grabrails were in place to support people as they moved around the home. A call bell had been installed near to the lift.
- People were able to personalise their rooms and to bring in their own items of furniture, pictures and photographs.

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

- Pre-assessments were carried out by managers on anyone moving into the service. Assessments covered all aspects of people's care and support needs and the managers were careful to ensure these needs could be met by the staff employed at the service.
- During the pandemic pre-assessments had been carried out over the phone but had always involved professionals for example, the local authority and family members. A relative told us, "I was there at the pre-assessment at her home." Another said, "I was able to contribute at the assessment and have done so at reviews."
- The pre-assessment records formed the basis of the care plans. Care plans followed a template and recorded people's social and medical background and current care and support needs. Care plans contained photographs of people and a section indicating likes and dislikes including any dietary needs.
- Several people living at the service were living with dementia. The registered manager ensured that all staff had been trained in caring for people living with dementia. This was confirmed in training records.

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

- People were supported to maintain a healthy diet with a choice of food available at each mealtime and drinks and snacks offered throughout the day. A seasonal menu was offered that changed each day. We observed lunch being served and enjoyed by people in a dining area. The chef had worked at the service for several years and knew people's likes and dislikes.
- People could choose where to have their meals. The service had two dining areas. Some people chose to remain in the lounge to eat while others preferred to stay in their bedrooms. Lunchtime was relaxed and provided an opportunity for people to socialise if they wished. Enough staff were available to respond to everyone's needs.
- People's views about the food varied. Comments included, "It's ok," "Food is alright but never great" and "I have no complaints about the food." A relative said, "They can change their mind. They'll make them a sandwich if they don't fancy what's on offer." Another relative said, "They never complain about the food."
- Care plans had details of monthly weight and Body Mass Index (BMI) checks which were then recorded within a malnutrition universal screening tool (MUST). The MUST tool measures a person's nutritional intake and indicates whether people are at risk from either over or under consumption. Nutritional experts were consulted if the need arose.

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

- People had been supported to access health and social care professionals. The local GP surgery was in regular contact including during the pandemic. A relative told us, "They get the doctor in the moment there is a problem."
- A professional said, "The carers act quickly to patient's health needs and seek medical reviews early."
- Some people were independent but others were supported to make appointments to see medical

professionals if needed. Other professionals for example, chiropodists and hairdressers, regularly attended the service to support people.

- Care plans contained details of people's appointments.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Several people living at the service were independent. Some were able to go out alone for walks and to visit local shops and amenities. Everyone living at the service was supported to make their own decisions and to be as independent as possible. For example, people were offered choice of food and drinks each day, were able to select which clothes they wanted to wear. People were offered choices relating to personal care, for example, whether they wanted to shower or bathe each day.
- Staff had been trained in and understood mental capacity and supported people with decision making. Staff knew the A member of staff told us, "It's person specific. You get to know people but always explain and offer choices." Another staff member said, "I always ask if they want breakfast or to dress first. One person changes their mind each day and that is fine."
- Where needed, care plans had mental capacity assessments that were decision specific. For example, consent to personal care. Where people were assessed as not having capacity, a best interest decision was recorded. We saw documents that showed relatives and professionals were involved in these decisions.
- Where restrictions were in a person's best interests DoLS applications had been submitted. This process had been followed correctly and was supported by records in people's care plans.
- The registered manager acknowledged that some people who had capacity sometimes made unwise decisions. Some people living at the home were on alcohol reduction programmes and they were supported by staff to safely manage their intake of alcohol.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we asked the provider to make improvements to ensure people's social needs were being met and ensure the layout of the home was dementia friendly. We found that as staffing numbers had improved, including an activity co-ordinator working full time, people's social needs were being met. Staff had more time to spend talking with people. Although the physical structure of the home had not changed, the décor had been improved and the home was suitable for those living with dementia.

- Care plans were person-centred. Staff knew people well and made sure any changes to people's needs were recorded in care plans. A staff member said, "We've done care plan training. I know how important our notes are."
- Care plans had a section describing likes, dislikes and what made a good or bad day for people. For example, a person who received a visit from family members had a good day and being alone meant a bad day. Staff knew these details and would ensure they spent time with people when loved ones were not visiting.
- The service employed an activities co-ordinator who worked six hours a day, five days a week. We observed a communal activities session where people were singing and playing games together. People were smiling and all were happy to be involved. People who chose to remain in their bedrooms were offered one to one activity if they wished. A member of staff told us, "We help with bingo and quizzes. We also just talk to people. We've started a 'chatter club'". A relative said, "I sit and read the newspaper and do the crossword with (relative). Someone from the home does this too on the days I'm not there."
- Some people were able to independently leave the home to go for walks in the village and some people were taken out on short trips by friends or relatives. The home had arranged day trips out for example, to the seaside. However, the pandemic had prevented these trips from happening recently. The home had a garden which was accessible to anyone living at the home.
- We saw photographs showing where birthdays and religious or cultural events had been celebrated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Some people living at the home were living with dementia. Most were able to verbally communicate but some required more time. Staff were aware of people's individual communication needs. A staff member said, "It's very person specific. I need to take more time with some than others." We observed staff taking time with people and talking with them in a clear voice.
- Care plans had a section that covered communication and provided information for staff if there were specific needs. For example, one plan described a person who was hard of hearing but did not like to wear hearing aids. Clear instruction was provided to staff to be aware of body language, to provide choices and to move close to the person and use visual prompts. Electronic handheld screens were also used to help people write messages.

Improving care quality in response to complaints or concerns

- The complaints policy was accessible in different formats including large print. People told us that issues they raised were dealt with. Similarly, relatives we spoke with told us that any issues raised were always dealt with in a timely way. A relative told us, "It's better now with the new manager. You ring up, always get a reply and things are sorted out quickly." Another said, "I would feel confident to complain if I needed to."
- The home had received a small number of complaints. We saw that these had been responded to in a timely way by the provider with explanations and apologies made where appropriate. Complaints were audited but due to the small number, no themes or trends were identifiable.

End of life care and support

- Care plans had details of end of life plans for those people and their loved ones who were happy to talk about this issue. A 'final days' form in care plans documented details of individual wishes.
- Although the record of training undertaken by staff did not contain details of end of life training for staff, staff told us that they had completed training in this area online. Staff we spoke with were able to tell us about the important aspects of people's care at this important time of their lives. A member of staff said, "Important to keep people comfortable, calm and make sure they do not feel alone. I also look for any skin discolouration and oral health care is very important."
- A professional told us, "The team took on board the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form and now refer to these when dealing with end of life or acute illnesses." ReSPECT forms provide specific information, agreed with people in advance, about their care in an emergency.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At the last inspection we asked the provider to make improvements in relation to recruitment paperwork. Staff were living at the home before DBS checks had been completed. Some audits relating to safety had not been completed, accessible information standards had not been considered and activities were not always appropriate for those living with dementia. At this inspection some audits were still not thorough enough to ensure that any shortfalls in practices could be quickly identified but that improvements had been made in other areas.

- Several people had experienced multiple falls including a person who had 12 falls in the past three months. Although auditing has taken place and some interventions had been introduced there was no analysis of why people were at risk of falls and no effective measures in place to minimise recurrence. There was no process in place to review and identify the causes of falls.
- It was established in one case that falls were occurring at night as well as during the day. This information was made available to us following our inspection. From the latest audit one of the interventions was, 'extra monitoring continued.' This meant increasing the number of times visited people in their bedrooms. This was not possible between 1900 and 0700 due to only two staff working.
- With the pattern of falls people were experiencing there was a need for a more thorough auditing process. The registered manager had oversight of existing processes but no patterns, times or causes had been analysed and consequently the number of falls at the home had not reduced in the past six months.
- Care plans were kept and updated on paper but were not always easy for staff to navigate. Care plans were not consistently cross-referenced with other key documents for example records of falls. This meant staff did not always have the most up to date information about people. A member of staff told us, "The paperwork is not up to date."
- Risk assessments were in place for people but were not regularly reviewed or audited. We saw risk assessments that had not been reviewed or updated for three months despite the person having experienced several falls during that time.
- There were no medication rounds at night but PRN medicines were sometimes needed. The contingency was to wake a member of live in staff if PRN medication was required, however there was no 'on call' system in place to guarantee a response. This issue had not been identified and therefore not rectified during auditing of medicines These were areas identified as requiring improvement.
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Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post for two years and in that time had made several improvements including a redecoration program, improving activities for people and increasing staffing levels during the day. They promoted a positive atmosphere and was a visible presence supporting staff and people. The care and support needs of people were at the forefront of the registered manager's daily focus.
- Everyone spoke highly about the registered manager. A person said, "They are very attentive." Comments from relatives included, "The manager always deals with things straight away," "The manager is very helpful" and "The registered manager is excellent." Staff told us, "They are very approachable, the home is well run" and "Best place I've worked in 20 years."

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

- Registered managers have a legal obligation to inform CQC of significant events that occur at their service. This is so we can check that appropriate action has been taken. This obligation had been fulfilled.
- The most recent CQC inspection ratings were displayed in a communal area of the service and the full report was accessible from the service website. The registered manager was open and honest with us throughout the inspection and was aware of their responsibilities under the duty of candour.

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

- Staff and people were given opportunities to feedback to the registered manager about the running of the service and were able to make suggestions and comments. Staff had regular supervision meetings which were documented. A staff member said, "I have regular supervisions and have a chance to raise issues if needed."
- Staff meetings were recorded and were well attended. Issues were raised by staff at these meetings for example, asking that medical cream charts were completed in more detail. Actions were taken and fed back at the next meeting. The registered manager ensured updates were given including the latest guidance relating to the pandemic.
- Regular residents meetings were held but everyone could not attend. The registered manager ensured that everyone was asked about any issues they had. Handheld electronic screens were used for some people to record their issues. The minutes reflected positive feedback from people.
- Compliments folder contained several cards and copies of messages, mainly from loved ones, thanking staff for their care and support.
- People's protected characteristics were explored during the pre-assessment process and then documented as part of care plans. For example, people were supported to attend a local church or to have access to online services during the pandemic. Others followed different faiths and were similarly supported.

Continuous learning and improving care. Working in partnership with others

- The registered manager kept themselves up to date with the latest guidance from the local authority, CQC and other professional bodies for example, the Care Homes Association. Key messages were cascaded to staff through e-mails and face to face meetings. We saw updates relating to the pandemic documented in team meeting minutes.
- There were positive links with professionals and statutory partners. A professional told us, "During the pandemic they made quick changes to working patterns and were very responsive to email contact and always responded."