

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Holm Lodge is a residential care home providing accommodation and personal care for up to 26 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 24 people using the service.

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

Infection prevention and control risks were not always managed safely. Areas of the home which included communal areas and people's bedrooms were not clean on the day of our inspection. The registered manager told us there had not been a cleaner at the service the day before our inspection. However, some of the cleaning required appeared to have been a longer standing issue. There was a lack of oversight of maintenance and infection control issues around the building. Processes were needed to identify and record areas of the home that required cleaning or decoration in order for issues to be addressed in a timely way.

Staffing levels had improved and staff were safely recruited. People told us that staff were available to support them whenever they needed them. There were systems in place to keep people safe from the risk of harm and abuse. Risks to people had been assessed and managed by staff. Medicines were stored and managed safely.

Staff treated people with kindness and respect. People were happy to be at the home and enjoyed the time they spent with staff. Staff told us they felt supported by the management team. The registered manager was open and honest about issues that we found during this inspection and took on board our suggestions for improvement.

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 8 September 2021.) A breach was identified in relation to staffing levels. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, concerns were raised around infection control that needed improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the premises. Please see the action we have told the provider to take at the end of this 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 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?

The service was not always safe.

Details are in our safe 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. 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 two 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 August 2022 and ended on 24 August 2022. We visited the location's service

on 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection

We spent time with people at the home and observed staff interactions with people. We spoke to four people that used the service. We spoke to five members of staff which included both registered managers, a senior carer and carers. We looked at four people's care plans and multiple medication records. We made observations of the environment and looked at documents relating to the quality assurance monitoring of the service.



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 for this key question has remained requires improvement. 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.

Preventing and controlling infection

- We identified issues with infection control. The home was currently using agency staff for cleaning at the home. Areas of the home which included people's bedrooms and bathrooms were not clean on the day of our inspection. The registered manager agreed that standards of cleaning had been difficult to maintain and was an area that needed improvement. A cleaner had called in sick the day before our inspection.
- Due to a lack of storage, areas of different communal rooms were cluttered with cardboard boxes and other items. This made it difficult to ensure that areas were cleaned effectively. We discussed this with the registered manager who told us the provider had agreed during the inspection to purchase a shed for storage in the garden.
- There were strong odours around areas of the home, particularly in some people's bedrooms. The provider was in the process of replacing people's carpets for hard floors but this was being done slowly as rooms became vacant.
- Some bathrooms had calcium build up in the bath, sink and toilets which created a surface that was difficult to keep clean. The registered manager told us this was due to the hard water in the area. Rooms and bathrooms needed to be deep cleaned.

The provider had failed to ensure that all premises and equipment were clean. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of infection control were well managed. Staff were wearing personal protective equipment (PPE) appropriately, following government guidance. Staff cleaned frequently touched surfaces such as light switches, door handles and grab rails four times a day and recorded this.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were sufficient numbers of trained staff available to support people during the evening and night. This was a breach of Regulation 18 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 18.

- There were enough staff to support people safely. Staff did not appear rushed and were able to spend meaningful time with people throughout the day.
- Changes had been made to staffing since the last inspection. An additional member of staff worked

between 19.00 and 22.00 to support people who wished to go to bed at these times. People told us there were enough staff at night and that staff responded to them quickly when they called them. There were plans in place for extra staff who lived on the site to support with fire evacuation during the night if needed.

- Staff were recruited safely. The provider carried out appropriate checks before people started working at the service. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although accidents and incidents had been recorded by staff, we found that this was not always consistent. For example, one person we spoke to showed us a bruise on their leg. This bruise had been identified by staff and recorded on a body check chart but had not been recorded on an incident form. The person told us they had knocked their leg on a chair. This was actioned by staff when we raised it with them.

- Risks to people were well managed. People had risk assessments that were specific to them and provided staff with information on how to support that person. Staff were knowledgeable about risks to people and the care they provided reflected information found in people's care plans.

- People's health conditions had been assessed and care plans contained clear guidance for staff on how to support the person to manage their health conditions safely. For example, for people with diabetes, there was guidance around how to recognise if the person's blood sugar was too high or too low and what staff should do to support the person if this happened.

- People at risk of falls had measures in place to protect them such as sensor mats to alert staff if the person tried to stand up in their bedroom without support. Falls risk assessments identified whether people were at risk and were updated regularly.

- Regular safety checks had been made by staff on the environment. We saw that certificates relating to the safety of the building such as gas and fire systems were up to date.

- People at risk of skin damage had checks in place for staff to regularly record any new marks or redness to a person's pressure areas. The registered manager told us that this enhanced monitoring had been put in place following a person who previously had a pressure sore. The registered manager had assessed that paperwork needed to reflect people's skin conditions in greater detail and had ensured staff had done this.

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. We saw staff offered people choices about day to day decisions such as how they wanted to spend their time and what they wanted to eat and drink. Staff supported people to make their own choices.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and report abuse. Staff told us the action they would take if they were

concerned about abuse. One staff member told us, "If there was a safeguarding, I would go to the manager to raise concerns and if nothing happened I would report it externally." Staff knew how to report safeguarding concerns externally with the local authority safeguarding team.

- The registered manager was aware of their responsibilities around safeguarding and how to raise a safeguarding concern. Although there had been no recent safeguarding concerns, the registered manager discussed previous safeguarding concerns with us and demonstrated they had taken the correct action.
- People told us they felt safe living at the home. One person told us, "I feel really safe here as there are plenty of people around, so I feel safe, and not frightened."

Using medicines safely

- Medicines were stored and managed safely.
- Some people had medication prescribed to be taken when needed (PRN). People had PRN protocols in place which provided guidance for staff on when the person should take the medicine and how staff would recognise that the person required this medicine.
- Staff received training before administering medication. This included a practical session and competency check to ensure that staff understood the process and supported people in accordance with their medication administration records (MAR).
- People were supported to administer their own medicine where they were able to and chose to. There were measures in place to ensure that this was being done safely.

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. At this inspection the rating for 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

- Aspects of the environment which required improvement had not been identified in any quality assurance or auditing process. Recent issues with cleanliness and lack of storage had not been identified through infection control audits. Although infection control audits were completed monthly, more frequent checks were required to ensure the ongoing daily cleanliness of the home. For some people's bedrooms, cleaning had not been recorded to have been completed at all in the month of August. Oversight of records relating to cleaning required improvement.
- There were no systems in place for regularly checking the environment for items of clutter, items that needed storing or removing from areas. During our inspection we walked around the building with the registered manager and discussed items that needed to be removed or put away, but this had not been identified outside of the inspection process to action. Some items were found in front of fire exits and stair wells. These items were removed immediately upon us raising this concern.
- Although the registered manager acknowledged that many of the bedrooms required decoration and this was being done as rooms became vacant, there was not a plan which identified what needed doing in each room and a timescale to make improvements.

This was an area that required improvement.

- Although we found issues with the environment, most people seemed happy with how the home was. One person told us, "It's a little bit run down here, but so what? It's not posh but they are caring, and I would rather be here. They (staff) care about you."
- At the last inspection, falls analyses were not effective in identifying trends and themes to prevent people from falling. Improvements had been made and falls were analysed effectively and thoroughly. However, we identified that other incidents such as bruising or injuries had not been analysed for themes and trends. The registered manager acknowledged that this hadn't been done and assured us they would include these types of incidents in their analysis going forward. We will follow up on this.
- At the last inspection there had been issues with care plans and risk assessments not being up to date. At this inspection, improvements had been made and care plans and risk assessments were updated monthly and when things changed for the person.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The atmosphere in the home was calm and cheerful. People in communal areas looked happy, smiled at staff and enjoyed spending time with each other and staff. People who spent time in their rooms said they were happy with how they were supported and that their choice to remain in their rooms was respected. One person told us, "I love staying in my room because it's quiet and peaceful. Staff come and check on me, which is nice, but I get to enjoy the quiet."
- Staff interacted with people in a positive and friendly way and we saw staff make people smile and laugh. Staff spent time speaking with people and reassured people if they were worried. People were engaged in activities that they chose to participate in throughout the day.
- Staff had started recording small interactions they had with people in a 'random acts of kindness' folder. Examples in the folder showed times when staff had; styled someone's hair, bought the person some chocolate, sung to a person, made someone laugh and had a dance with a person.

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 provider and registered manager were aware of their responsibilities around duty of candour.
- Notifications the provider was required to submit to CQC to inform us of specific events had been completed as required.
- The registered manager was open and honest throughout the inspection and agreed with the issues we raised.

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

- Staff, people and their relatives had been invited to complete surveys on the quality of the care provided. Where people needed support to read and record their answers, staff had supported people to give their views.
- People and their relatives were positive in their surveys about the support provided to people by staff. Comments included, "The staff are excellent and friendly." And "We have always been confident that [person] is very well looked after. We have a genuine feeling of affection about the home."

Continuous learning and improving care; Working in partnership with others

- The provider undertook regular visits to the service and completed audits about the support provided to people. This included checking accident records for appropriate actions, environmental risks such as fire alarms and ongoing improvements to people's bedrooms.
- The registered manager received regular updates regarding care practice from the local authority and from CQC.

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 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure that all premises and equipment were clean. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>