Prime Life Limited

# Holmes House Care Home

## 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

Holmes House Care Home is a residential care home providing personal care to 44 people some of whom were living with dementia at the time of our inspection. The service can support up to 49 people in one large building across two floors.

People's experience of using this service and what we found
Risks relating to people's environment had not been fully assessed and placed people at risk of harm. Medicines were not consistently managed safely, and people were at risk of not receiving their prescribed medicines. Infection prevention control measures in place were not effective and required further development to ensure people were protected from the risk of infection. Staff reported and recognised safeguarding incidents however action was not always taken to prevent incidents from reoccurring meaning lessons were not always learnt and there was an increased risk incidents would be repeated.

Governance systems and processes had improved following a recent change in management. However, the provider had not always highlighted areas for improvement. At the time of our inspection the providers senior leadership team were supporting the service to make changes in order to improve the quality and safety of care. Relatives told us they were not consistently involved in planning and reviewing peoples care. The service referred to health and social care professionals when needed. However, feedback relating to communication from professionals was mixed.

Staff were recruited safely and there were enough staff to safely meet people's assessed needs. Staff told us they felt supported in their roles and felt the recent change in management had implemented positive changes.

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
The last rating for this service was good (published 10 January 2018).

Why we inspected
The inspection was prompted in part due to concerns received about the management of incidents and overall management of the service. A decision was made for us to inspect and examine those risks.

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.

We received concerns in relation to the management of incidents and overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to infection control, medicines management, the environment and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

**Requires Improvement**

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Details are in our well-led findings below.

# Holmes House Care Home

**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 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 care service.

Service and service type
Holmes House Care Home 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. Holmes House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

At the time of our inspection there was a registered manager registered with CQC, however they had ceased working at the service shortly before our inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service about their experience of the care provided and 12 relatives. We spoke with 9 members of staff including the deputy manager, operations manager, senior care workers, kitchen staff and care workers. We spoke with 3 professionals about their experience of the care provided at the home. We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records, policies and procedures were reviewed.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has 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.

Using medicines safely

- Medicines were not managed safely. This placed people at risk of not receiving their prescribed medicines safely.
- Prescribed topical creams and liquid medicines were not all dated upon opening, meaning it was unclear whether these would still be effective or safe to use.
- We found a prescribed medicine for an infectious medical condition to be in a person's bedroom, staff did not know why it was there or how long it had been there. This placed people at risk of not receiving their prescribed treatment.
- Medicine stock counts were not correct. This meant the provider could not be assured people had received their medicines as prescribed as there were either too many medicines in stock or not enough.

The provider failed to ensure medicines were managed safely which placed people at risk of harm, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training in medicines management and only staff assessed as competent administered medicines.
- During day two of our inspection the provider's medicines lead commenced an audit to address the issues we found.

Preventing and controlling infection

- People were at risk of infection due to poor infection prevention and control practices.
- Areas of the home and furniture were both visibly dirty. Whilst the provider had completed an audit two weeks prior to our inspection, insufficient action had been taken to address the issues found.
- There was not an up to date infection prevention policy in place and staff did not work according to the providers own policy. For example, we observed a number of staff to be wearing multiple items of jewellery, we also found pillows and cushions, which were in use, to be stained and not fit for purpose.
- Rust was present on radiator covers, window frames and toilet flush pull cords. This meant these areas could not be effectively cleaned which placed people at risk of infection.
- There was no hot water available in the building during the first day of our inspection. This meant people or staff could not effectively wash their hands, staff had not fed this back to the management team. We fed this back and action was taken immediately to address the issue.

Systems had not been established to ensure infection prevention control measures were effective. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider told us during the inspection they had contacted the external cleaning contractors they used and obtained extra cleaning staff to address the issues we found.

Visiting in care homes
●The provider was facilitating visiting in line with current guidance.

Assessing risk, safety monitoring and management
● Risks associated with the environment were not assessed, managed or monitored in order to keep people safe from harm.
● Windows had not been maintained, we found some would not lock and another window that was broken and fell off the frame when opened. Staff were unaware of this which placed people at risk of harm.
● Taps and exposed pipes had limescale present. This increased the risk of scalding, legionella and other water-borne pathogens. Whilst the provider did checks on water temperatures and legionella, the limescale present had not been addressed. Limescale build up offers a hospitable environment for legionella and other water-borne pathogens, this posed a risk to people.
● Radiator covers and doors had not been maintained, many were broken and posed a risk to people. For example, we found one door to have a silver metal board along the bottom half to have come loose, this had a sharp edge and posed a risk to people.
● Risks associated with people's health needs had been assessed, however staff did not always follow guidance. For example, we reviewed an incident involving an altercation between two people living at the service. Whilst risk reduction measures were implemented such as 15 minute observations and redirection, staff did not always follow this as throughout our inspection both people were left alone for long periods of time.

The provider failed to ensure the environment of the service was sufficiently maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider also failed to ensure risks relating to people's needs were always managed effectively this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risks relating to falls and pressure area care were assessed and managed well. For example, specialist equipment to reduce the risk of falls was in place where required.
● Staff undertook fire evacuation training and all people had personal emergency evacuation plans in place which detailed vital information in case of an emergency occurring.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People and their relatives told us they felt safe living at the service. However, lessons were not always learnt following safeguarding incidents. This meant there was an increased risk incidents could be repeated.

● Staff documented and reported safeguarding concerns. However, whilst incidents were reported to the local authority safeguarding team and CQC not all incidents had been followed up by the management team. For example, we reviewed incidents where people had been involved in altercations with one another, these incidents had not been reviewed meaning incidents had been repeated. The provider told us they were reviewing all past incidents following the recent change in management to ensure lessons could be learnt.
● People told us they felt the support staff gave them kept them safe. For example, a relative we spoke with told us, "My [relative] is very safe, staff always inform me and let me know what is going on."
● Staff received training in safeguarding and felt confident to raise concerns about the people they cared for.

Staffing and recruitment
● There were enough suitably trained staff deployed to safely meet people's needs.
● People and their relatives told us, "Staff are always busy, but generally there is always someone there when you need them."
● Staff received training and induction prior to commencing work at the service. Staff told us they were trained and supported to ensure they could care for people safely. For example, staff told us, "I feel well trained and if I needed extra help, I would speak to the management team."
● Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. 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.

Requires Improvement

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a lack of effective managerial oversight of risk. The internal quality assurance processes had not been used to monitor the service effectively which resulted in an increased risk of avoidable harm.
- Audits were not always effective at identifying areas where care needed to improve. For example, the concerns we identified about the maintenance of the building and issues with medicines were not always picked up in audits.
- Other audits in place were not consistently effective at identifying issues so action could be taken. For example, a recent infection control audit had picked up some of the issues we found, however issues such as the extensive rust we found, and disrepair of cushions had been missed entirely.
- The provider was not always aware of their legal requirement to notify CQC of events and incidents which impact people. We found a number of incidents which the provider failed to notify us about. We also found incidents which had not been reviewed. This meant lessons were not learnt and there were missed opportunities to improve the quality and safety of care.

The provider failed to monitor and drive service improvement in order to provide safe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had taken some action prior to our inspection to address the management of the service. For example, they had started to complete new audits and review past incidents in order to improve the quality and safety of care.

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

- People and their relatives were not always involved in shaping the service. Whilst people and their relatives told us they were kept informed of changes by the staff at the home, none of them had been asked their opinions on what improvements they would like to see.
- Staff supervisions were held to encourage staff to raise issues. Staff told us they felt confident in raising concerns and felt there had been improvements following the recent change in management.
- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

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

● Feedback we received from relatives was mixed and some we spoke with felt they could be included more in their relative's care. For example, one relative told us, "We're not overly involved, we had a little bit of a chat about their likes and dislikes. I've not actually sat down with anyone in the home to talk about their care." Whereas another relative we spoke with told us, "We were involved at the beginning and now we get phone calls to go over things."

● Staff were clear about their roles and spoke positively about the recent change in management. For example, staff we spoke with told us, "The seniors and management team are hands on and have acted when I've raised anything, it's got much better recently."

Working in partnership with others

● Feedback we received from health and social care professionals was mixed, one professional we spoke with told us, "Staff were proactive in seeking them out to pass on information." Whereas another told us, "Communication could be better, there are issues at times ensuring the right information is passed on." The provider told us; they were working with external professionals in order to improve communication.

● Care plans we reviewed evidenced specialist advice had been sought when required. For example, referrals were made to the specialist dementia outreach team.

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 senior leadership team understood their responsibility to be open and honest with people and had acted when things went wrong.

● Relatives we spoke with told us they were informed when things went wrong. For example, one relative told us, "They tell me if something happens, I know the outcome, I am kept fully informed. They tell me what they have put in place to stop it happening again."

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to monitor and drive service improvement in order to provide safe care. |