

Holsworthy Health Care Limited

# Bodmeyrick Residential Home

## Inspection report

North Road  
Holsworthy  
Devon  
EX22 6HB

Tel: 01409253970

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04 February 2021

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Bodmeyrick Residential Home is a residential care home providing personal care to 27 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

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

We had received information of concern regards to how people's risks were being managed, in particular falls, moving and handling and in relation to hydration, nutrition and swallowing. These concerns were not substantiated. People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.

Where people's needs changed there was timely contact and involvement of relevant health and social care professionals. One professional commented: "Staff contact the surgery by a variety of methods depending on the urgency of the problem.... I have always found the staff to be knowledgeable regarding the residents.... This has a positive effect on the holistic response to residents changing needs."

We had received information regarding the heating and hot water systems not working properly. We asked the registered manager to look into these concerns. They carried out temperature checks over a period of time. It was found that room temperatures were fine and would continue to be monitored. There had been a problem with the hot water which was remedied by the maintenance team and electrician on 20 January 2021 with the thermostat being replaced.

We had also received information about a fire at the service. We established that staff followed the correct evacuation procedures to keep people safe. We contacted the fire service, who confirmed that the premises were safe, stating, "From the information held on our system, it seems that these premises are well managed."

People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

We had received information of concern about people's needs not being met and staffing numbers being low. Also, that some staff have not had the required training to do their role safely and competently. These concerns were not substantiated. We raised these with the registered manager. The registered manager provided us with evidence that people's needs were being met in a timely way according to their assessed care and support needs. People we spoke to in general felt their needs were being met and had no concerns about staffing levels and staff competence to support them appropriately. We observed people's needs being met during our visit in an unhurried manner. For example, call bells were responded to in a

timely manner and staff were seen spending time with people engaging in meaningful conversations.

We were assured that the infection control measures, Personal Protective Equipment (PPE) and guidance on working in a pandemic were being followed to keep people safe.

We had received information of concern stating that staff did not feel able to raise concerns with the management team, felt unsupported, undervalued and felt focus was on negatives leading to staff feeling bullied. However, during this inspection staff we met and spoke with gave a different view. Staff commented: "Morale is good. The managers are very supportive. I can always speak to them, doors always open and you can talk about anything. We are always thanked at the end of our shifts" and "I love it here. I have been supported from the start. I have never felt bullied and everyone seems to enjoy working at Bodmeyrick."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Good (report published in December 2019).

#### Why we inspected

We undertook the targeted inspection to check on specific concerns we had which related to the safe care and treatment of people, specifically the number of staff on duty and how risks were managed and how the management team supported their staff.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bodmeyrick Residential Home on our website at [www.cqc.org.uk](http://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?**

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Bodmeyrick Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had which related to the safe care and treatment of people, specifically the number of staff on duty and how risks were managed and how the management team supported their staff.

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

Bodmeyrick Residential Home 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

#### During the inspection

We spoke to four people living at the home and with five members of staff, which included the registered manager. We spent time observing the interactions between people and staff. We also reviewed feedback from a relative which was sent to the staff team.

We also requested documents to be sent to us, including care plans and risk assessments, the training matrix, staff rotas and various documents with regards to the running of the service. For example, certain audits, meeting minutes, and health and safety checks.

After the inspection

Following the inspection, we spoke with/emailed four professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- We had received information of concern regards to how people's risks were being managed, in particular falls, moving and handling and around eating and drinking. These concerns were not substantiated.
- People's individual risks were identified, and extensive risk assessment reviews had been carried out to identify ways to keep people safe. For example, risk assessments for falls management, moving and handling and eating and drinking. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- Measures to mitigate falls were in place to keep people safe. For example, pressure mats were in place for people at risk of falls to alert staff if they got up from their chair or bed and regular checks carried out to ensure their safety. Pressure mats were routinely checked as part of people's personal care routines to ensure they were working before leaving them. Monthly falls audits were carried out to oversee falls, including where they happened and at what time. Actions were taken where necessary, for example timely involvement of health professionals, medicines reviews and people placed on fluid charts to monitor input.
- Appropriate moving and handling equipment was in place to support people safely. Where a person's needs changed as a result of further assessments, the correct moving and handling equipment was put in place as advised from health and social care professionals. The least restrictive equipment was used to aid people's independence but ensuring their safety was paramount.
- Individual dietary needs were safely managed. Timely referrals were made to the Speech and Language Therapy Team (SALT) when a person's eating and drinking changed to ensure they received the right consistency of food and fluids to ensure their nutrition and hydration. Staff have had training on how to support people appropriately with eating and drinking and further refresher training was due to take place provided by the north Devon care homes team.
- Where people's needs changed there was timely contact and involvement of relevant health and social care professionals. Professionals commented: "Staff contact the surgery by a variety of methods depending on the urgency of the problem. . . . I have always found the staff to be knowledgeable regarding the residents. . . . This has a positive effect on the holistic response to residents changing needs" and "I have no concerns about Bodmeyrick. Staff always refer appropriately when there are changes in people's needs."
- A relative had sent a thank you email to the service, which stated: "Since (relative) moved to Bodmeyrick both you (registered manager) and the rest of the staff have worked tirelessly to ensure that the transition was as smooth as possible, and the fact that he has settled in so well is testimony to this. I am also impressed with the level of communication. . . .and feel very confident that I am kept entirely informed regarding how (relative) is doing. . . .Keep up the good work."
- We had received information regarding the heating and hot water systems not working properly. We asked

the registered manager to look into these concerns. They carried out temperature checks over a period of time. It was found that room temperatures were fine and would continue to be monitored. There had been a problem with the hot water which was remedied by the maintenance team and electrician on 20 January 2021 with the thermostat being replaced. Audits are completed monthly of the water system and water temperatures.

- We had received information about a fire at the service. We established that staff followed the correct evacuation procedures to keep people safe. We contacted the fire service, who confirmed that the premises were safe, stating 'from the information held on our system, it seems that these premises are well managed.' Following this event, we were notified appropriately by the service that the fire service had to attend the home on 15 January 2021 due to the fire alarm sounding which was located to smoke coming from the lift.
- The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks.
- People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.

#### Staffing and recruitment

- We had received information of concern about people's needs not being met and staffing numbers being low. Also, that some staff have not had the required training to do their role safely and competently. These concerns were not substantiated. People we spoke to in general felt their needs were being met and had no concerns about staffing levels and staff competence to support them appropriately.
- We raised these concerns with the registered manager. The registered manager provided us with their dependency tool which demonstrated that they had the correct staffing levels to sufficiently meet the needs of each person living at Bodmeyrick. We observed people's needs being met appropriately during our visit in an unhurried manner. For example, call bells were responded to in a timely manner and staff were seen spending time with people engaging in meaningful conversations.
- There had been one occasion where a senior night staff member was unable to work at short notice due to a personal situation. Measures were put in place to ensure a senior member of staff from the afternoon shift stayed on to administer medicines and ensure people were appropriately supported to bed before finishing their shift. The 'twilight' member of staff started a little later to ensure there were two-night members of staff throughout the night and the deputy manager was on-call should there be any issues or the need for medicines to be prescribed during the night.
- Staffing arrangements met people's needs. Staff confirmed people's needs were met promptly, and there were sufficient numbers of staff on duty. Unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.

#### Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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 was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# 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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

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

- We had received information of concern stating that staff did not feel able to raise concerns with the management team, felt unsupported, undervalued and felt focus was on negatives leading to staff feeling bullied. Staff we met and spoke with at our visit held a different view.
- On receiving this information, we asked the provider to look into these concerns. They acted upon this as a matter of urgency and provided us with a report of their findings. The provider spoke to staff across all departments of the home, with the outcome being that staff did feel well supported by the management team. Comments included: "treated well"; "love it at Bodmeyrick" and "management always there to help and support." The provider assured us that they would continue to monitor the service.
- During our inspection we spoke confidentially to staff about how they felt working at Bodmeyrick, whether they felt supported by the management team and what staff morale was like generally. Comments included: "Morale is good. The managers are very supportive. I can always speak to them, doors always open and you can talk about anything. We are always thanked at the end of our shifts" and "I love it here. I have been supported from the start. I have never felt bullied and everyone seems to enjoy working at Bodmeyrick."
- The registered manager gave us several examples of how they and their deputy manager valued every member of staff. For example, the introduction of employee of the month, staff room changed and updated to enable a more relaxing environment for staff to be on their breaks and personal support for staff offering external counselling and mental health support.