Bupa Care Homes (BNH) Limited

Holyport Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 31 May 2017 and 1 June 2017 and unannounced.

Holyport Lodge Care Home provides accommodation and nursing care to younger and older adults, people with sensory impairments or physical disabilities and people with dementia. The service provided ongoing care as well as respite stays. Part of the Bupa brand, the service is located in Holyport, a village near Maidenhead in Berkshire. The service is registered to accommodate a maximum of 40 people. On the days of our inspection there were 25 people who used the service.

The service must have a registered manager.

At the time of the inspection, there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 27, 28 and 29 April 2016, we asked the provider to take action to make improvements regarding people's consent, staffing deployment, staff training and support, people's nutrition and hydration and the governance of the service and these actions have been completed.

Although we found further improvements were needed, the service had made positive changes and were sustaining positive improvement.

We made recommendations about staff deployment, communication with people and their families and the workplace culture.

People received safe care and treatment, although further improvement was required in staff deployment and medicines management. There were appropriate personal risk assessments in place for people's care. People were protected from abuse and neglect.

Staff training and support had improved. There was a better focus on improving staff knowledge, experience and skills to provide good care for people. The service had achieved compliance with the Mental Capacity Act 2005 and associated practices. People's nutrition and hydration was effective. Access to community healthcare professionals was available. A refurbishment plan had commenced to modernise the building.

Staff provided compassionate care. People and relatives were able to participate in care planning and reviews, but some decisions were made by staff in people's best interests. People's right to privacy and dignity was respected.

Care plans were detailed, personalised and reviewed regularly. There was a robust complaints system in

place which included the ability for people and others to escalate complaints or report them to external bodies.

There was an increased focus on the safety and quality of people's care. Systems and processes were examined more by the management to check for ways of improving the care experience for people. Staff felt the workplace culture of the service had improved.

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.

Staffing deployment was not always safe.

People's medicines were not always safely managed.

People felt that they lived in a safe environment and received safe care.

People were protected from abuse and neglect.

People's personal risks were assessed and managed to ensure safe care.

Is the service effective?

Good

The service was effective.

Staff training, supervisions and performance appraisals had increased.

The service complied with the provisions of the Mental Capacity Act 2005.

People were supported to maintain a healthy, balanced diet.

People were supported to have access to healthcare services and receive ongoing support from community professionals.

Is the service caring?

Good

The service was caring.

People were treated by staff with a kind approach.

People's feedback was considered in the operation of the service.

People's dignity was respected.

People's privacy was maintained.

People's confidential personal information was protected.

Is the service responsive?

Good

The service was responsive.

People's care was tailored to their individual needs.

There was a robust complaints system in place.

Is the service well-led?

Good

The service was well-led.

There was an increased focus on the safety and quality of people's care.

More checks of the care were completed to determine areas for improvement.

The service demonstrated continuity of management.

A better workplace culture had developed.

Holyport Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 31 May 2017 and 1 June 2017 and unannounced.

Our inspection was completed by an adult social care inspector, a pharmacist inspector a specialist advisor 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. Our Expert by Experience was familiar with the care of older people with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public, the local authority, the clinical commissioning group (CCG) and the fire authority.

During the inspection we spoke with the regional director, regional support manager, registered manager and deputy manager. We also spoke with four registered nurses, 8 care workers, the maintenance person, the receptionist, the administrator, two kitchen staff and two activities coordinators.

We spoke with five people who used the service and two relatives. We looked at 12 sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at five staff personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection and these were included as part of the evidence we collected.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 27, 28 and 29 April 2016, we rated this key question as 'requires improvement.' This was because we found insufficient staff deployment, and unsafe medicines management. We served requirement notices against the provider for breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was required to send an action plan and we received this. We have checked these regulations at our inspection and found that the service took steps to improve and sustain the protection of people from harm. We consider the service is compliant with the previous breaches of the regulations. However, medicines management and staffing deployment require improvement. Our rating for this key question has therefore remained at 'requires improvement'.

During our inspection we looked at the systems in place for managing medicines. We spoke to staff involved in the governance and administration of medicines, observed medicine administration for five people and examined eight people's medicines administration records (MARs).

Medicines were stored securely in medicine trolleys and rooms. Staff recorded fridge and room temperatures daily. The service had a clear process for ordering and checking stock that made sure medicines were available for people. Medicines no longer required were clearly separated from other stock and disposed of in pharmaceutical waste bins.

Medicines that required additional controls because of their potential for abuse (controlled drugs), were stored in a suitable cupboard, however the key was not held securely. When a controlled drug was administered, the records showed the signature of the person administering the medicine and a witness signature. Staff completed regular stock checks.

Registered nurses administered medicines in a safe and caring way. We saw staff followed a safe method for giving and recording medicines administration. The service provided regular medicines training and conducted competency assessments for staff.

The dispensing pharmacy supplied the MARs and the nurses completed the MARs accurately to show what medicines people took. For medicines administered as and when required (PRN), there were clear protocols detailing how and when to give the medicines. However, the MARs used to record the administrations of creams and ointments frequently had details missing. For example, we found the instructions on how and when to apply and body maps were incomplete. One person had a cream prescribed for application twice a day. The administration record showed that it had only been administered once a day for 31 days in April and May and had not been administered at all on three days in April and May. This meant the person did not have the cream applied in line with their individual needs.

While personal details and allergy status were consistently recorded on the MARs, we saw one person had a medicine prescribed that was listed in their allergy status. Staff had not noticed the error prior to our inspection. This was highlighted to the nursing team on the day of our inspection. They immediately addressed the concern and the GP cancelled the medicine from the MAR. This could have lead to an allergic

reaction if the person was given the medicine.

Some medicine care plans lacked the detail required to administer medicines safely. For example, the care plan for a medicine given in an acute medical situation detailed that it should be given 'as prescribed'. The MAR chart stated it should be given 'as directed'. The staff could not tell us the prescriber's directions for the safe and effective administration of the medicine.

The staff did not always have a clear understanding of covert administration of medicines. The care plan for one resident indicated that they were receiving their medicines covertly, although staff said the person was knowingly taking their medicine. This led to the possibility that some staff administered the medicine to the person differently to other staff . Although the service had improved their usage of covert medicines, further improvement was required to ensure safe medicines management.

The service liaised regularly with the dispensing pharmacy and GP surgery to discuss medicines management and we saw the staff strived for continuous improvement. The management had introduced a medicines audit programme. The nurses peer-reviewed the MARs after each shift and conducted weekly medicines audits. The management team completed a monthly medicine audit. There was good evidence that the audits identified areas for improvement and that action was taken to make the improvements.

We found medicines and patient safety alerts were received and actioned. However, the deputy manager could not tell us how they received clinical updates. For example they did not know recent updates to national guidance. We also found only three medicines incident reports for the past 12 months. However, the deputy manager told us about another error where a morphine prescription was written for the wrong person. This did not indicate that all medicines incidents or prescribing or supply issues were adequately recorded.

We examined safe staffing deployment using a variety of different evidence. At our inspection, the second floor of the building was closed for refurbishment. This meant less people used the service because bedrooms were closed, and therefore staffing levels of registered nurses and care workers were appropriately adjusted to account for the decrease in the overall number of people. The registered manager explained that some changes in shift start and end times were trialled; some with success whilst others were not useful changes. They were aware from their own observation and from staff feedback of what improvements were sustainable or required adjustments.

The service used dependency assessments as the basis for calculation of staffing levels that provided care to people. This was an appropriate method for determining safe staff deployment. People's dependency for staff assistance with their activities of daily living was assessed and recorded on a monthly basis. This gave an overall calculation to the weekly number of registered nurse and care worker hours. The staffing hours for workers who provided care were spread evenly across the days of the week, with changes only occurring for different shifts (for example late and night shifts). People's needs were taken into account in the calculation of staff provided to care for them.

We noted the service continued to use a high number of agency hours to provide nursing care. The registered nurses from the agency were booked on a 'block' basis, meaning they were treated as regular staff would be for the purpose of rostering. Although the service and provider had ongoing attempts at recruitment of more registered nurses, this had not succeeded to full the whole time equivalent necessary to run the service. Some mitigating factors, such as physical location, meant recruitment of nurses was difficult. People's needs were appropriately met by agency workers and these staff had a good knowledge of the people they cared for.

We discussed rotas and daily staffing deployment with the deputy manager. We looked at a large number of recent rotas to determine if any gaps, patterns or unsafe situations with staffing levels had occurred. We were unable to find any evidence of this. All planned shifts were covered by the service, sometimes using agency workers and at other times by the permanent staff undertaking extra shifts. A new 'hostess' role had commenced, approximately three weeks before our inspection. The purpose of the role was to entirely attend to people's needs in the dining room at lunch. On both days of our inspection, we observed the function of the new position. We noted the increase in staff available at lunch to attend to people in the dining room and in their bedrooms. We saw that people from our prior inspection who waited for long periods to receive their meals were attended to in a more timely fashion. This meant the increase in staffing levels at lunch had a positive effect on the care of people.

Our observations of the morning shift at the service found there were periods when staff were busy and not always readily available. On both days of our inspection, we noted that no people were in the lounge, dining room or communal spaces until after 9am. Although people may have still been asleep or chosen not to leave their bedrooms, care and nursing staff were also not visible throughout the communal areas. They were engaged with providing care to people, including helping them with personal hygiene. As all care and nursing staff were busy, taking people to communal areas before this time was more difficult. This meant if people chose to go to the dining room for their breakfast, there would be a delay as staff were otherwise occupied. We also noted that the calls for assistance from people during this period were increased, as they woke up and needed help with their care. We found that the preparation for lunch time was also delayed until 12.30pm as many people wanted to have their meal in the dining room. People only entered the dining room at this time with the assistance of staff, although they may have wished to be seated or have their meal earlier than others.

We recommend that the service reviews shift deployment for care and nursing staff.

We wanted to check that people's requests for help were answered promptly, especially if they were located in their bedroom. Two weeks prior to our inspection, we asked the registered manager to submit call bell records to us for analysis. We looked at the information from 10 to 16 May 2017. We noted that the majority of call bells were answered by staff within three minutes. We found limited exceptions, such as one person who waited for 13 minutes before staff arrived to attend to them. At our inspection, we again examined call bell waiting times. This time we looked at the records from 17 May 2017 to the first day of our inspection. We found call bells were answered within five minutes for the majority of people's requests for assistance. There were some instances where call bells were not answered within 10 minutes. We noted since our last inspection, the service commenced closer monitoring of call bell data. This was via staff reviewing call bell reports from the prior 24 hour period and recording general information about whether requests for assistance were within a reasonable period. This was discussed at the afternoon shift handover. This ensured there was better monitoring of staff responses to people's requests for help. However, further improvement was required to ensure trends and patterns of records were analysed, and that concerns were always escalated to management staff.

We asked people their perception of staffing deployment and availability. We received mixed feedback. One person told us, "Yes mostly (enough staff). If I use the call bell it is usually answered within 4 minutes. I don't think there is much difference on night or weekends." However another person commented, "No. There are not enough staff to wheel people around. They are short of carers. At night there are [not enough]. The next person told us, "The junior staff are not as good as the [more experienced] people. I have no difficulty. Staff are pretty good. Nurses are OK. The carers and cleaners can be a slight problem. It seems quite consistent day and night." The final person we spoke with said, "Never enough (staff). They need much more. They can be rushed off their feet. [I] often have to wait." People's opinions about sufficient staff varied based on their

own experiences of care. Our observations showed that at certain times of the day, staff were busy which meant people did have to wait for assistance. We raised this with the registered manager and they told us that although some changes in staffing had occurred, they felt more staff were required on morning shifts. They showed us how they would trial this by changing the start time and pattern of the morning shift.

We reviewed staff recruitment. We looked at the documents required by the regulation in four staff personal files. We found most of the necessary documents such as references from prior employment, criminal history checks and proof of workers' identities were available. In the staff job histories or CVs, there were some unexplained gaps in employment and a full work history was not always recorded. We also noted that where a staff member had relevant qualifications to the role they performed, these were not copied and saved in the personnel files. We made a recommendation at our last inspection regarding staff right to work in the UK. We checked staff had the authority to work and found no issues. A small number of staff had visas which entitled them to work in the UK.

People were safe from abuse and neglect. Staff at the service were trained in the protection of adults at risk and received ongoing refresher training at set intervals. When we spoke with staff they were knowledgeable about what to report and who they would report incidents to. The registered manager maintained a satisfactory register of all safeguarding concerns, kept evidence, interviewed staff and reported all matters to us and the local authority. There was an appropriate safeguarding and whistleblowing policy and procedure in place. Staff had access to the documents if they needed to check the detail or steps involved. Appropriate signage and guidance was also observed at staff stations and offices.

We looked at three people's risk assessments stored within their care folders. The service used the provider's series of forms designed for the purpose of assessing, mitigating and reviewing people's individual risks for care. We found pre-admission assessments were completed in all instances and contained relevant information such as likes and dislikes along with baseline observations such as people's blood pressure and pulse. We saw along with physical and social information, each person's pre-existing medical history was obtained from their GP. This helped staff know about the person's medical conditions before they started to live at the service and throughout their stay.

In all of the care files reviewed, we found appropriate risk assessments which included falls risks, malnutrition scores (MUST), moving and handling assessments, pressure ulcer risk scores (Waterlow) as well as others. In all instances these had been reviewed on a monthly basis. Care plans also indicated the people's interest in activities. People's weights were recorded and were monitored on a monthly basis and where necessary, on a weekly basis. People's risk for malnutrition ranged from low to very high risk and where needed there was involvement of the GP and dietetic professional.

At our previous inspection, we made a recommendation about Legionella prevention and control. We checked records and found that the service had acted on our recommendation. Legionella water testing was completed and there was no presence detected. This ensured people were safe from potential infections. At our inspection, preparatory works by contractors took place before the ongoing refurbishment of the building. We noted that in a corridor, electrical works took place on both days of our inspection. During this time, the contractors had left wiring, supplies and a ladder exposed without any form of protection or barrier around the area of work. There was a risk that people, visitors or staff call trip and fall over the objects left in the corridor. We notified the registered manager immediately, who liaised with the contractor to ensure a barrier was in place around the works. We also looked at the normal maintenance processes of the premises and found this was satisfactory.

Five people we spoke with told us they felt safe and received appropriate care at Holyport Lodge Care

Home. Comments to us included, "Looked after very well", "I like that I can have my lunch in my room", "Very happy. I'm well looked after 100%", I have a lovely room...I probably have the best room in the house" and, "I'm very happy. They (the staff) put up with a lot. I've made some good friends".

Good

Is the service effective?

Our findings

At our last inspection on 27, 28 and 29 April 2016, we rated this key question as 'requires improvement.' This was because we found non-compliance with the provisions of the Mental Capacity Act 2005, insufficient staff training and supervision, and issues with people's nutrition and hydration. We served requirement notices against the provider for breaches of Regulation 11, Regulation 14 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was required to send an action plan and we received this. We have checked these regulations at our inspection and found that the service took steps to improve and sustain changes in care and support to people. We consider the service is compliant with the previous breaches of the regulations. Our rating for this key question has therefore changed to 'good'.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We looked at 10 care files for evidence about consent, capacity, best-interest decisions and DoLS. People's consent was appropriately obtained and recorded. The service had made improvements to ensure that where the person themselves was unable to consent (someone without mental capacity), that a legally-authorised representative consented in lieu. We checked this by asking the service for a list of people who had enduring or lasting power of attorneys in place. The service had a list which was accurate, current and contained the correct information. When we checked this with care files, we found the information was in place about people's attorney or deputyship. When people could not consent and there was no representative to consent for them, staff made best-interest decisions regarding care or treatment. The best interest decisions were recorded with satisfactory details.

People were lawfully deprived of their liberty in some instances. This was either by physical methods like bed rails, or by doors to outside the service being locked. If people were under continuous supervision, some would not be safe to leave on their own. Where this happened, and the person lacked the capacity to decide, an application for DoLS was made. At our inspection the registered manager had improved records of which people had applications, which people had active authorisations and where people's DoLS were expired and awaiting renewal. When we checked with one local authority, we found the information they provided matched that held at the service for DoLS. The registered manager had adopted the provider's method of tracking people's restrictions of liberty, which led to better compliance with the MCA and associated principles of the legislation. We also saw registered nurses completed a care plan each time

someone had a DoLS authorisation, so staff that provided care were more aware of who was subject to restrictions. As a further check, we looked at 22 people's files for evidence about end of life choices. In all of the documents we reviewed, people's 'do not attempt resuscitation' orders (DNARs) were up-to-date, specific and valid. This meant the service had improved the process and documentation related to consent and DoLS.

We found there was a change in the amount of staff who had attended training, supervision sessions and performance appraisals. We looked at records from May 2017. This showed staff had completed more training in line with the provider's own requirements, and those set by relevant legislation. Further staff training was required to ensure a sustained level of support to staff with their knowledge and skill development. The registered manager showed us evidence that there was planned training and that staff from Holyport Lodge Care Home were booked to attend this. The completion rates of training were night time workers was less that than of staff deployed during the day shifts. This was an area the service needed to focus on. The registered manager agreed with our feedback about this at our inspection. We looked at records pertaining to staff supervision. We found staff received more frequent supervisions and that these were sustained over a longer period of time compared with our last inspection. In addition, 40 staff had commenced annual performance appraisals in April 2017. The service's increase in staff support meant that people could benefit from staff that had the right knowledge and skills to provide care.

People's opinions of food and drink at the service were mainly positive. We asked five people for their feedback. One person told us, "It's quite good but today I am having an omelette, because I didn't like what was on offer. There are always biscuits and drinks in the lounge." Another person stated, "It's OK, but they have no idea how to make a trifle. We decide the day before. Some people don't remember. I prefer to have my meals up here. My [relative] brings lots of snacks. They (snacks) are available if you want them." The next person said, "It's excellent. Good quality and plenty." Other comments included, "It's tolerable. Good variation although everything is served with mashed potatoes. We select the day before. Yes, plenty of drinks and snacks available if needed" and, "It's pretty good. I eat everything. You only have to ask if you want something different. Plenty of snacks and tea during the day." The use of mashed potatoes with meals was something the service had already considered based on previous feedback and complaints. On one of the days of the inspection, we noted boiled baby potatoes were also available.

We looked at people's access to nutrition and hydration. We found the dining experience during lunch remained fragmented. On both days of our inspection, we noted no single staff member took control of the lunch time service of food and drinks. During the lunch service, people were continuously attended to by different staff each time, meaning that the staff had no reasonable idea of what the person had consumed. Furthermore, people were not assisted to the dining room until 12.30pm, which meant that there was a pressure for staff to have completed the provision of meals within a condensed 45 minute period. We observed this occurred on both days of our inspection. Although a new 'hostess' role was introduced, this was only in place for three weeks prior to our inspection. This meant that more time was needed to determine what impact, if any, the role would bring to the management of the lunch time meal. The registered manager agreed with us at the time that further coaching and mentoring of the staff in the 'hostess' role was required to gain the intended benefit for people.

We found that people had adequate nutrition and hydration. During lunch, people attended the dining room or chose to stay in their bedroom. Staff attended to people's dining experience in both settings during the same time frame. Although at times rushed, we found there was good selection of food and drinks at lunch. People's preferences, likes and dislikes were taken into account. We saw staff offered people alternatives if they did not like what was offered. This included sandwiches and omelettes. The menus were rotated over a four week period and changed at least twice per year. Staff encouraged people to eat and

drink appropriate amounts to ensure they were not at risk of malnutrition or dehydration.

In communal areas, we observed people had drinks within proximity of where they sat. We also noted staff offered regular drinks and snacks throughout the day. For people who were unable to communicate their needs, staff had knowledge of the person's preferences and provided others with support to consume food or drinks when this was required. In people's bedrooms, we found people were also offered drinks and snacks regularly throughout the day. People who stayed in their beds had drinks within reach for when staff were not present. We observed a small number of people had food or fluid charts in place. When we asked nursing and care staff, they were able to tell us which people had the monitoring records in place. Only people who were at risk had food or fluid charts in place. This meant that staff were aware of which people were at risk of, and checked that sufficient amounts of food or fluid were consumed during their shift. Where a person's ability to eat or drink had changed, or people's weight was continually decreasing, staff sought the advice and intervention of the GP or a dietitian.

We asked people about their access to other healthcare professionals and opinions. One person commented, "Last saw doctor yesterday. Just a check up." Another person said, "There is a doctor who comes in..." The next person told us, "[I saw the GP] just last week. Just routine check. I am going into [town] later for an eye test. Will go by ambulance". Two other people stated, "I believe they all come in. Most issues are dealt with by nursing staff. They have a GP who does a round on a Wednesday" and, "Only the nurse. Haven't needed to see anyone else." People's comments reflected to us that the service ensured access to external healthcare professionals.

People had access to a wide variety of healthcare professionals. This included those that attended the service in person and when the person was transported to appointments or consultations within the nearby community. We found staff, as far as possible, tried to ensure everyone had eye checks, good oral health and tests by audiologists where hearing was impaired. Appropriate care was sought and provided for people who had diabetes, who were on anticoagulants (blood-thinning medicines) and other complex medical conditions. There were satisfactory records of all interactions with community healthcare professionals in people's care records. This meant people's health was maintained.

Good

Is the service caring?

Our findings

People who used the service continued to receive care from kind staff. People had preferences about particular staff and where possible, the service tried to match key workers and named nurses accordingly. People told us, "(Staff are) very caring. They go out of their way to help", "I think so. The agency staff weren't so good. They don't have much agency (staff) at the moment" and, "Majority (of staff) are very caring". Other feedback we received included, "It varies person to person. You can tell the most proficient..." and, "They are very caring. They really are. They look after me". Overall, people's opinions about their relationships with staff were positive. This contributed towards staff development of positive relationships with people they cared for.

Most people preferred to give verbal feedback to staff and the management regarding the service's performance. We found a small number of people were unable to express their opinions about care. This reduced the overall number of people who were able to participate in expressing their views. We found the service did try to listen to people's suggestions about care. For example, the service continued to run the provider's 'You said, we did' system. This was simple signage in the main reception where people's feedback or ideas were displayed. The service took regular examples of people's feedback and then displayed the action they took as a result. This was a good way to display how people's opinions had influenced changes in the service. Although not all ideas or opinions could be displayed, this showed that the service kept a record of changes suggested by people, relatives or staff and how they were responded to.

A 'residents experience survey' was conducted by the provider following our last inspection. This was an annual survey designed to capture people's opinions about various aspects of the service, such as care, food and drinks, management and quality. Results from December 2016 demonstrated just eight people returned responses. It was not clear whether the service encouraged people to return the surveys so that a higher number of responses were obtained for review. We viewed the findings report from the survey which were simple to interpret because of the way the information was presented. It was not possible to determine changes from the prior year's survey results and whether improvement had occurred. The low response rate and feedback report from the survey meant that insufficient information could be used by the service to make changes to care. There was an action plan from the survey results, with staff responsible named and projected dates of completion. There was no record of which actions were signed off as complete or ongoing, although the action plan did record historical actions completed after the initial the receipt of the survey. We discussed the action plan with the registered manager. They explained that changes were being introduced gradually to imrpove people's experiences of care. They told us they were mindful of too many changes at once, as the building works had commenced which created some disruption for people.

The service held 'residents and relatives' meetings. We looked at the minutes form the April 2017 meeting. Feedback from people and relatives included offering butter and bread at mealtimes, a request that a care worker be present in the communal lounger after lunchtime, and better access to direct telephone communication with loved ones on the weekends. The registered managers explained and showed us evidence of how the feedback from the meeting was incorporated into the day-to-day provision of care. We were able to check some, but not all of the changes, were made at the service. For example, we found a

weekend receptionist worked on some days to answer telephone calls and direct them to the appropriate staff station or staff member. Relatives were also offered a list of telephone extension numbers so they could phone directly to the staff they wanted to speak with on weekends and after hours. Positive feedback from the minutes stated, "[The management] are now visiting residents regularly in their rooms, which is appreciated."

We wanted to know what information people were given about the upcoming refurbishment of the service. People and relatives were given some information via two meetings in 2017 about the works, although we were unable to see appropriate evidence of letters, memos, minutes or other documents which proved this. However, there were weekly meetings between the provider and various contractors at the service which discussed the progress of the refurbishment. When we asked the management team, they were unable to state how ongoing involvement of people and relatives was planned. We noted no signage or other forms of communication within the reception and foyer areas to inform people, families and visitors of the building works. Some 'sample boards' of fabrics and designs were present at our inspection, and we viewed these. The registered manager explained people would be given a choice of how they wanted their room decorated from the three samples.

We recommend that the service increases the communication and engagement with people and their families about the refurbishment of the service.

We asked people whether the service had open access for their family and friends to visit. The next person stated, "Yes. Both my daughter and my husband come in often. My husband comes in every day." Whilst we spoke with this person the activities co-ordinator came into the room and asked the person if they wanted to join her in the garden later. The person said they would and the staff member agreed to help the person to visit the garden. Another person told us, "Sure I can and do. [I] often have friends and family coming in." Other people told us, "[I] used to have many friends come in but most of then now have passed away. There is no restriction" and, "They can come in whenever they like." There were no restrictions to family or friends visiting people who used the service. This allowed people to have social connect with those they loved. Where people did not have regular visitors they were encouraged to participate in social activities either in communal spaces or in their bedrooms. Some people refused to be involved, even when staff encouraged their participation.

We asked people if staff respected their dignity and assisted them to lead an independent life. One person said, "They let me do all those things I am capable of. They are very respectful." Another person told us, "Oh yes, they always knock before they come in and wait if I am in the bathroom until I call them." Other comments from people we asked included, "I do need assistance with bathing. They are most helpful" and, "Yes. They never overstep the mark." These comments indicated staff provided care in a respectful manner. We observed staff address people by their preferred names, respond to them when asked, close doors when they performed personal care and knock on bedroom doors before answering. All files, for people and the service, were held securely in accordance with the Data Protection Act 1998.

Good

Is the service responsive?

Our findings

We asked people whether their care was personalised to their needs. One person stated, "Yes, I do. They do all I need to keep me active." Another person said, "I think so. Yes, definitely." Other comments included, "In the main, yes. I spend time in my room. They will always check that I'm OK as they pass. I always keep the door open. Apart from my mobility I am quite able to do most things myself" and, "Most certainly -10/10." This was positive feedback that the care was responsive to people who used the service.

We found the service used the provider's care planning system. This consisted of various forms to record how people should be cared for in particular ways. For example when we looked at five sets of records, we saw care plans related to moving and handling, bed rails, eating and drinking and maintaining people's skin integrity. We noted some people had care plans in place for specific reasons. For example, people with diabetes had a care plan related to nursing care required to ensure their safety. The care plan set out what to do if the person's blood glucose level became too high or low, and what healthcare professionals from the community were involved in the person's treatment. We found care plans were regularly reviewed by nursing staff. Where available, feedback from the person and any relatives was included in the formulation and review of the care plans. People also had short term care plans. These were used when someone developed an infection, sustained bruising or a wound, and it was necessary only for the period of time during the person's recovery. Care plans were sometimes accompanied by other related documents like 'body maps' and photographs. The additional documents helped track the progress of a person's health. This helped ensure staff knew when to seek help for people if their condition deteriorated or did not improve over time.

We checked whether people were able to maintain an active social life at Holyport Lodge Care Home. We asked them about what activities or events the service offered. One person commented, "Not many. There is often something going on but I prefer not to get involved." Another person we spoke with told us, "Not anymore. Yes, occasionally in the garden weather permitting". The next person stated, "I like to go into the garden. I do get involved but not in the mornings. I prefer to stay in bed. I get up just before lunch. I don't always go down to lounge. I need to be taken. Not always enough people (staff)." Other comments we received included, "They have quite a few quizzes which don't interest me. No haven't made any friends. [I'm] happy with my own company" and, "Not overly keen on activities. Don't want to 'hook the duck'. May well go out into garden later."

At our inspection, an activities coordinator set up an indoor activity of 'hook the duck'. This was an inflatable pool with floating ducks and a fishing pole. We noted seven people attended, although only a couple could actively participate. The activities coordinator tried to engage people in the event as far as possible. There was an activities schedule clearly displayed throughout the service. On some occasions, due to staff deployment, activities staff were required to assist with the provision of personal care. This meant some hours dedicated to the provision of socialising were not used for the intended purpose. We observed people who were in their bedrooms were invited to participate in activities in the communal lounge or garden.

Leading up to our inspection, we received intelligence information that the service may not have

satisfactorily handled people's complaints. Prior to our inspection, and using our powers within the regulations, we asked the service to send us information about complaints received since our last inspection. We reviewed these records and have used them as part of our inspection. At this inspection, we looked at what systems and processes the service had in place to deal with concerns, compliments and complaints from people or others.

We found the provider had a corporate complaints management policy. The policy clearly set out the way that staff including management, should handle any concern or complaints. We saw that the provider operated a two-stage approach, where people or others could complain to the service or to a regional office. The provider expected that all complaints were acknowledged, investigated and responded to within 28 days after receipt.

We saw there was adequate signage within the service to tell people and others how to make a complaint. There was limited or no information in people's bedrooms about how to make complaints. Within bedrooms, the information about how to make a complaint was contained within a 'resident handbook', a type of guide which set out basic information about the service. When we checked, the guides were not always readily available or could not be found. This was more common for people who used the service for a longer period of time. There were no checks undertaken to ensure that the handbook was always available within people's bedrooms. This meant if the guide was absent, people and others may not be able to find information about how to complain.
We asked people if they knew how to make a complaint. People said they did know how to raise issues about the service. People told us they would complain directly to the staff that supported them, ask to speak with the management team or have a relative or friend act on their behalf. We asked five people whether they had ever made a complaint about the service. One person stated, "No, I don't think I have." Another person told us they had raised a complaint. They said to us, "My [relative] has. [My relative] contacted the management. It took them over two weeks for a reply. [My relative] wasn't happy." Other people's comments included, "No never been any need [to raise a complaint]", "I don't think I have [raised a complaint]" and, "Occasionally, yes. Nothing serious. It is always dealt with."

We reviewed complaints received by the service and how these were handled. We found the service maintained a contemporaneous log of all concerns and complaints received. Feedback from 'a residents and relatives' meeting was also included. We saw that complaints made verbally, as well as in writing, were recorded in the log. The complaints log was clear and provided the information about each complaint. We then looked at how complaints were investigated. We saw that the service and registered manager used the provider's established process for investigating concerns. In the records, we saw witness statements from staff, investigation reports, and documents associated with the investigations and correspondence to people or others about complaints.

We found not all complaints could be managed at or by the service. When this occurred, or a satisfactory resolution could not be reached, the complaint was escalated to the provider's regional director and regional office. We looked at an example where this had happened. We found the provider's regional team had conducted an extensive investigation in the matters raised, and provided a satisfactory response. The provider acknowledged points raised in the initial complaint and in their response provided information about changes introduced at Holyport Lodge Care Home.

People and others had the right to make contact with additional regulators regarding the handling of their complaint. Information about other bodies that assisted with care home complaints was clearly displayed at the service. The service's complaints process was robust, in line with the regulation. We found complaints were handled seriously and professionally.

Good

Is the service well-led?

Our findings

At our last inspection on 27, 28 and 29 April 2016, we rated this key question as 'requires improvement.' This was because we found insufficient checks of the safety and quality of people's care occurred. We served requirement notices against the provider for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was required to send an action plan and we received this. We have checked this regulation at our inspection and found that the service took steps to improve and sustain changes in management and leadership. We consider the service is compliant with the previous breach of the regulations. Our rating for this key question has therefore changed to 'good'.

We looked at the service's methods of checking the quality of care. Since our last inspection, the service had implemented the full suite of checks required by the provider. We found this included a range of audits and monitoring designed to detect any problems within the service. The management team was then responsible for deciding how to react to areas that required improvement and mitigate any risks where people's welfare could be affected by the quality of the care they received.

We looked at the individual checks conducted at the service. We examined the content of a medicines audit from April 2017. The service was expected to score higher than 84%, and the audit showed that a compliance rate of 94% was achieved. The audit checked people's medicines records, errors in medicines administration, staff competency in medicines as well as other medicines management processes. We saw the audit detailed where staff had made an error, and recorded what actions were taken to address the matter. Although medicines incidents occurred, these were treated as areas for improvement. Staff were offered additional assistance and guidance, and were required to reflect on their practice in order to prevent the same incident recurring. This meant that people's risk of being involved in a medicine administration error was reduced because there were increased checks in care practices.

We saw the service conducted care plan audits throughout the year. Each month, a selection of people's care documentation were analysed to see what documents were overdue for review, where documents were missing or if care practices matched what was recorded within risk assessments and care plans. We found in the May 2017 audit, the service was self-rated 'amber', meaning that more improvement was required in care documentation. We noted examples of what management checked in the audit. For example, one person's social history was not fully completed. In another instance, a 'body map' chart and oral health care plan were absent. Where deficits occurred, the deputy manager was responsible for putting them right. We saw evidence that this happened for individual actions, and these were dated and signed off when complete. The use of the care plan audit ensured people's care documentation was accurate, complete and in line with the care they should or did receive.

Another type of audit the service completed was called 'first impressions'. This check required the staff member to examine the service as if they lived there, were a relative or visitor. Examples of areas the audit recorded included the outside areas of the service, the foyer and reception area, signage, communal spaces, people's feedback since the last audit, the state of the kitchen and bedrooms. The last audit, completed by the area director in April 2017 showed some areas of the service required improvement. Although the results

of the audit were generally positive, areas that were recorded as points for action were the premises in general. The service and provider had identified this and were about to embark on an extensive redecoration and refurbishment project. The audit results helped the service to understand people's and relatives' point of view about the general environment. This was a good way for the management to understand where the premises could be changed or updated to make a more pleasant environment for people to live.

At our prior inspection, the service was supported on a day-to-day basis by a number of the provider's senior managers in order to drive improvements in care. We found the reliance on the provider's managers had reduced, so the service's own management team could be more responsible for the oversight of people's care. Holyport Lodge Care Home was still subject to regular checks by the provider's staff who did not work at the service. For instance, this included the 'monthly home review' usually completed by the regional manager. We looked at the results of the May 2017 'monthly home review'. The service was rated by the provider as amber, meaning ongoing improvements were required. The registered manager had an ongoing action plan which was regularly updated and ensured that actions were completed, dated and signed off. When we spoke with them, the service's and provider's management teams were aware of the areas that required improvement. They were able to demonstrate to us that actions were being taken to address any shortfalls

Other kinds of checks included unannounced night time visits by the management team. The purpose was to examine the care that people received from night workers and also to engage with staff that managers would not normally see during their normal working hours. Staff who worked nights were able to bring up issues with the management, and also receive training and participate in supervision sessions. A clinical risk meeting was held weekly and we looked at the minutes from the meeting held on 26 May 2017. We saw that the nursing staff and management reviewed cases where people's safety might be at risk. For example, one person had placed their leg through a bed rail which could have resulted in an injury if the person continued to do so. The meeting identified the cause of this, and so staff were able to intervene to ensure safety equipment was correctly used for the person's bed. Other examples of care practice reviewed in the meeting included air mattresses which prevented pressure ulcers, modified texture fluids for people at risk of choking and the management of people's diabetes. The clinical risk meeting ensured that good nursing care was promoted and areas for improvement were identified promptly. This increased the safety of people and the quality of care for everyone that used the service.

Any accidents and incidents continued to be recorded by staff and reviewed by managers. We saw investigations occurred to determine the cause of incidents and whether recurrence could be prevented. The registered manager showed us their analysis record of people's falls. This was a tool that was introduced shortly prior to our last inspection. The registered manager continued to use the tool to determine trends or patterns in people's reported falls. This informed the management team of things that could be done to prevent future falls. The tool was an example of good governance introduced by the registered manager.

We asked people whether they felt the service was well-led. We received mixed feedback. One person said, "It is very good...we get on very well. " Another person told us, "[The] previous manager was very good; used to come round and see if you were ok. I've never seen [the manager]. Her assistant does come occasionally." The next person commented, "Communication is pretty good. I don't really care much. Manager is approachable and visible." Other comments included, "They (management) don't tell us a great deal. There is lots of work going on at the moment" and, "Haven't seen much of [the registered manager]. Can be a little 'hit and miss'. Mostly they are understanding when needed and approachable."

At our last inspection, we made a recommendation that the service took action to promote a positive workplace culture and ensure continuity of management. The registered manager and deputy manager remained in post since our last inspection, and there were no changes. When we spoke with staff, the continuity of management had established increased positive opinions about the leadership. One staff member told us, "I have been here for [a long time]. There have been many changes and [a number] of managers during that time. When the registered manager came into post, the home was in a mess. The previous manager was here on a temporary basis. The registered manager is very good and she encourages team work." A second staff member stated, "[I] used to work for another provider but was unable to progress within that organisation. [I] love working here and feel supported by the manager. [I] feel that we have a good team and [I am] excited to see improvements within the home." Other comments from staff included, "I like to work here at Holyport. There is good team work and...everyone pulls together" and, "The home is more stable now [the registered manager] is in post." The registered manager told us that a team-building exercise was held with staff to increase their input and engage them to help contribute to change. A staff survey was also carried out by the provider and we looked at the results from the April 2017 report. Comments we saw included, "Bupa provides good training, support [and] supervision to staff so they feel safe to work here" and, "Good staff".

We recommend that the service focuses on promotion of a positive workplace culture that is open, inclusive and empowering.

Our prior inspection rating poster was conspicuously displayed within the service and on the provider's website, in accordance with the regulation.