

# Holly Lodge Residential Home Limited







## Holly Lodge Residential Home Limited

### Inspection report

Gaskell Road, Bucknall,  
Stoke on Trent, ST2 9DW  
Tel: 01782 303952

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

### Overall summary

We inspected this service on 8 April 2015. The inspection was unannounced. At our previous inspection in October 2013, the service was meeting the regulations that we checked.

The service provided accommodation and personal care for up to 12 older people who may have dementia. Eight people lived at the home on the day of our inspection.

There was a registered manager in post. 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. On the day of our inspection, the registered manager was not at the home and the deputy manager was managing the service in their absence. We refer to the deputy manager as the manager in the body of our report.

The provider did not always have effective systems in place to monitor the safety of the service. We observed

# Summary of findings

that people received their medicines as prescribed but identified concerns with the way medicines were recorded. We found that accidents and incidents were recorded by staff but the information was not analysed to identify trends, which could affect how people's care is delivered.

People told us they felt safe and well cared for. Staff understood their responsibilities to protect people from harm. People's individual risks were assessed and guidance was in place to minimise any identified risks.

Staff received training and support to enable them to meet people's needs and preferences effectively and had opportunities to reflect on their practice and learn from other staff. Staff were recruited safely and there were sufficient staff to meet people's individual needs.

Staff knew people well and understood their individual needs and abilities. People and their relatives were involved in decisions on how they received their care and support. People were supported to take part in interests and hobbies that met their preference.

The manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection.

Where people were assessed as not having capacity to make decisions, records showed that their families and other health professionals were involved in making decisions in their best interests.

People were supported to maintain good health and were supported to access doctors, opticians and other health professionals when they needed to.

People and their relatives spoke highly of the staff and praised their caring attitude. Staff enjoyed working at the home and made sure it offered a homely environment for people. We saw that staff promoted people's independence and respected their privacy and dignity.

People were able to choose how they spent their day and what they would like to eat. People's individual dietary needs were assessed and monitored where required to ensure they maintained a balanced diet.

Information on how to make a complaint was displayed at the home and people and their relatives were encouraged to make complaints or raise concerns. The provider sought feedback on the quality of the service and took action to make improvements where necessary.

People told us they always felt welcome visiting the home and found it to be well managed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Risks to people's health, safety and wellbeing were assessed and their care plans described the actions staff should take to minimise any identified risks. There were enough staff to meet people's needs and staff were recruited safely. Medicines were stored securely and administered in accordance with people's prescriptions.

Good



### Is the service effective?

The service was effective.

Staff had the training, skills and experience necessary to meet people's identified needs. People were offered a choice of meals and drinks that met their dietary needs. Staff informed people's relatives if they had any concerns about a person's health and liaised with healthcare professions as required. Where people did not have capacity to make decisions, their rights were protected.

Good



### Is the service caring?

The service was caring.

People were supported by kind and compassionate staff. People and their relatives spoke highly of the staff and had developed positive relationships with them. Staff respected and maintained people's dignity and privacy. People and their relatives were involved in discussions about how they were cared for and supported.

Good



### Is the service responsive?

The service was responsive.

People's care plans were reviewed regularly and relatives were kept informed when people's needs changed. Staff knew people's preferences well. People were encouraged to take part in interests and hobbies that interested them. People felt able to complain and the provider took action to resolve any complaints.

Good



### Is the service well-led?

The service was not consistently well led.

The provider did not always have effective systems in place to monitor the quality and safety of the service people received. People were invited to give their views on the quality of the service and the provider took action to address people's comments. Staff told us the management were supportive and encouraged them to develop their skills and knowledge. People and their relatives were positive about the service and told us it was well managed.

Requires improvement



# Holly Lodge Residential Home Limited

## 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.

The inspection was undertaken on 8 April 2015 by one inspector and was unannounced.

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 discussed the PIR with the provider during our inspection.

We also reviewed the information we held about the service. We looked at statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke with six people who lived at the home and three relatives. We spoke with the manager and three members of care staff. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed two staff files and records for a staff vacancy. This was to ensure staff were recruited safely, and were trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and well cared for. One person told us, “I miss home, but they are good here and I feel safe”. A relative told us how they no longer were concerned for their relative’s safety since they had come to live at the home. They said, “It’s the first time I’ve had peace of mind”.

Staff understood their responsibilities to keep people safe. Staff told us they received safeguarding training annually and certificates displayed on the wall in the office confirmed this. Staff told us about the signs to look out for that might mean a person was at risk of abuse. One member of the care staff told us, “If I saw that the person was acting differently, or there was a change in their mood, or appetite, I would speak to the manager and go through the procedures”.

Assessments were completed to identify risk to people’s health and wellbeing. Care records we looked at showed that where risks had been identified, management plans were in place to minimise risks to people to keep them safe. For example, there were plans in place to support people to reduce the risks of developing sore skin. We saw that action had been taken to minimise the risk, for example, specialist equipment such as airflow mattresses were in place and staff knew who needed this equipment. This meant that the provider took appropriate action to minimise the risks to people’s health.

People and relatives told us there were enough staff. One person told us they did not have to wait long for support from staff when they pressed their call bell. They said, “They come running, worried there is something wrong”. Staff told us that in addition to providing care and support, they were also responsible for all housekeeping duties at the home. Staff said there were enough staff and providing care and support always took priority over housekeeping tasks. One staff member told us, “It’s about time management. We do have a routine and structure, but this changes to meet people’s needs”. We saw care staff were in

attendance in the communal areas throughout our inspection and when we were speaking with a person who chose to spend time in their own room, staff were proactive in supporting and engaging them.

The manager told us, and records showed, that additional staff were available during the busier times of the day and on days when nursing staff visited the home. They told us that staffing levels were reviewed weekly and increased if people were feeling unwell. When additional cover was required, part-time staff increased their hours rather than using agency care staff which meant the continuity of staff was maintained and people were cared for by staff who were familiar with their individual needs.

We saw that medicines were stored securely and administered in accordance with people’s prescriptions. We looked at the medicines administration records (MAR) for two people which showed that medicines were administered as prescribed. People were supported to take their medicine and were not rushed. Staff explained to people what they were doing as they supported them. Staff told us, and records confirmed, staff received training to administer medicines.

The provider had an effective system in place to make sure that people lived in a safe environment and that equipment was properly maintained. For example, records showed that regular checks were carried out on hot water and fire systems. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure the information remained current. Staff told us the plans were tested during fire drills and people we spoke with were confident that staff knew what to do to keep them safe in the event of an emergency.

We looked at recruitment records for a staff vacancy and the personnel files for two staff who had worked at the service for some time. This showed that the manager checked staff’s suitability to deliver personal care before staff started work. This meant that staff were recruited appropriately which minimised risks to people’s safety.

# Is the service effective?

## Our findings

People we spoke with told us staff were well trained and well organised. One person told us, “There are no problems with the staff, they do everything”. One relative told us, “Staff seem to be well trained”. We saw people and their relatives knew staff well and were at ease with them. One relative told us how important it was that their relative was cared for by staff they knew and they felt secure with staff they knew well. They told us “It’s always the same people, staff don’t change”. Two of the staff we spoke with had worked at Holly Lodge for over 18 years which meant that there was a stable, experienced workforce who were familiar with people’s individual needs.

Staff told us the training they received gave them the information they needed to deliver effective care and support to people. Staff were encouraged to further their specialist knowledge and share what they had learned with other staff as part of their ongoing learning and development. For example, one member of staff was studying for a qualification in palliative and end of life care and regularly presented information to other staff, to increase their knowledge and understanding. Staff told us there was a cohesive staff team and they received regular one to one supervision meetings as well as staff meetings. One staff member told us, “The small size of the home works brilliantly, it’s more like a family than a care home”.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff were knowledgeable about the MCA and DoLS and we saw that they gained consent from people before they provided personal care. Care plans we looked at showed that where staff identified limitations in people’s ability to make specific decisions, they involved professionals and relatives in making decisions for them in their “best interests”, in line with the Act. A relative told us they had been involved with a consultant’s decision that a particular treatment was no longer going to be offered, “[Name] can’t make choices, the staff involve me and go through everything with me”. This meant people’s rights were being protected.

The Deprivation of Liberty Safeguards (DoLS) protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have

been authorised by the local authority to protect the person from harm. The manager told us that they had taken advice from the local authority DoLS team as they had assessed that some people would not be safe to leave the home. There were no DoLS in place at the time of our inspection. However, the manager had assessed each person at the home to see whether a DoLS was required. We saw the assessments were waiting to be reviewed by the local authority responsible for authorising DoLS. This showed the manager understood their responsibility to comply with the requirements of the Act. I

People and their relatives told us the meals were good and included their favourite foods. They told us they had plenty to eat and drink, and their personal preferences were taken into account as there was a choice of options at mealtimes. One person told us, “The food is very good, staff come round asking what you would like”. We sat with people eating their lunch and saw that they enjoyed their food and were not rushed by the staff. One person told us, “My lunch was lovely, and I enjoyed my ice cream”. Throughout the day we observed staff asking people what they would like and saw that a choice of drinks and snacks were offered between meals.

All staff were involved in cooking for residents. Staff told us it helped them to get to know people’s preferences, which often fluctuated. Staff told us specialist advice was sought from the dietician and speech and language therapist to ensure people’s nutritional health needs were met. A relative told us that their relative was recovering after being unwell. They said, “While [Name] was poorly, the staff would cook anything they fancied and monitored how much they were drinking”. We saw arrangements were in place to monitor people identified as being at risk of poor nutrition, which meant that they were supported to eat and drink sufficiently and to maintain a balanced diet.

People told us they were able to access appropriate health, social and medical support when they needed it. One person told us, “I see the optician and chiropodist whenever I need to”. Relatives we spoke with told us the home always advised them when their family member’s needs changed and health professionals were called promptly. One relative added, “We have access to the GP when need it and the district nurse comes regularly”. This meant that people received ongoing healthcare support to meet their changing needs.

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the home. One person told us, "This is the best place. I tell everybody". Two people showed us around their rooms and told us how they had chosen furnishings and brought things from their previous home to personalise their room and make it their own. One person told us, "I have all my photographs here and that helped me settle in". We observed that most people chose to sit in the communal lounge and saw that staff were on hand throughout our inspection, sitting and talking with people. People told us they were able to do as they wished and chose how they spent their day. One person told us, "I like to sit in the conservatory sometimes. Staff come and ask me if I'm comfortable". Another person told us they usually chose to stay in their room but added, "I can go downstairs if I feel like it". Relatives told us how staff supported people to stay independent. One relative told us, "Staff encourage [Name] to take on as much personal care as possible". This showed that people were encouraged to maintain their sense of self and independence.

People spoke highly of the staff and said they were more like an extended family than care staff. We could see people felt comfortable in the company of staff. We observed people joking and laughing with staff which showed they felt at ease. One person told us, "I always get on well with staff, I can have a laugh and joke with them". Another told us, "They're all very friendly, they come and sit on the bed and ask me to tell them about my life...they love it". Relatives we spoke with were complimentary about the caring attitude of the whole staff team. One relative said, "Staff are dedicated. Rather than just coming on and doing a shift, they really care about people."

Whilst walking around the home we noted that all the staff interacted with people in a caring and considerate way and

spoke quietly and discreetly when asking people if they needed assistance with personal care. A relative told us, "Mum needs help to go to the toilet, staff are respectful when they ask if she wants the toilet". People and staff told us that staff always knocked before entering people's rooms. Staff made sure the bathroom door was shut when people were having a bath, which meant people's privacy and dignity was respected and promoted by staff.

Staff told us they enjoyed working at the home and made every effort to listen to people and provide care and support that met their individual preferences. One member of staff told us, "It's like a family here, I know people so well". Staff were able to tell us about people's individual preferences, for example, one person who always liked their food to be hot. This preference was detailed in their care plan. Staff told us, and records showed, family involvement was welcomed and formed an essential part of people's care planning. One relative told us they had liaised with the manager and staff and been able to stay overnight and support their family member for a few nights during a period of illness. One relative said, "I've seen [Name's] care plan. Staff always ask my views." The manager told us they sought people's views when recruiting new staff and asked people to comment on how applicants might fit into the staff team.

People were encouraged to keep in touch with people that mattered to them. Visitors told us they were always made welcome and staff offered refreshments each time they came. One relative told us, "You can't get through the door before a drink is in your hand". Relatives told us they were asked to avoid mealtimes but felt this was common courtesy. One relative told us, "I'm never turned away, I just sit in the conservatory until they've finished eating". Another relative told us, "It's a pleasure to come here as a visitor."



# Is the service responsive?

## Our findings

People we spoke with told us they were encouraged to join in activities at the home as they wished and talked about parties and events held at the home. One person told us they liked to play whist and staff had arranged for them to play with a visitor. Another person told us they helped staff to write out birthday cards for people living at the home. They told us, "I'm a good speller and sometimes I give them advice about what to write, I'm pleased to be of use". There was a programme of activities on offer for people living at the home, which staff regularly reviewed to ensure it met people's needs. Regular activities included bingo, quizzes and word games, art therapy and gentle exercise. The home also had a mini bus and recent outings included a "Young at Heart" lunch and bingo in the local community. Staff told us about bringing in sweets that had been popular in the past for a tasting session, which had brought back memories for people. We saw that people's preferences for activities were recorded in their care plans and the activities on offer reflected their preferences. For example, one person's care plan showed that they enjoyed puzzles and crosswords, but needed more encouragement since their dementia had advanced. We saw the person was being supported to join in with a word game being played in the communal lounge.

Staff told us people were asked for their views when new activities were introduced and their feedback was acted on. For example, one member of staff told us about Laughter Yoga, which some people had found silly, although people with more advanced dementia had really enjoyed it. Staff told us they planned to offer the activity again but only to those who had enjoyed it. This meant that activities were organised to meet people's needs and preferences.

People received person centred-care and support, which was responsive to their individual needs. Staff knew the people living at the home well and were able to tell us about their life histories, likes and dislikes. Staff took pride in having an extensive knowledge of the people who lived at the home. One member of staff told us, "I like to know people inside and out and work hard on this to give people

the care they need". Care plans we looked at informed staff about how to support people with their identified needs such as personal care, medication and dietary needs. Care plans also included an assessment of "what is important to me", which focussed on how the person liked to be supported in their daily routine. People's religious and spiritual preferences were recorded, for example, one person received visits from a local minister. People told us they received care and support in the way they wanted. One person said, "The staff know I like to have a lie-in and let me sleep in." We saw this information was recorded in their care plan. Staff told us people were supported with voting at elections and the manager showed us a list of people who had chosen a postal vote and those who would vote locally.

Care plans we looked at had been reviewed on a monthly basis and updated when people's needs changed. Relatives told us they were involved in reviewing their family member's care. They told us staff always kept them informed about any changes. One relative said, "They tell me everything, even little things."

The manager told us that following our last inspection, the complaints policy and procedure had been put on display. We saw the manager asked people and visitors if they were aware of how to complain in their annual questionnaire. People told us they were aware of the complaints procedure and said they would talk to staff if they had any complaints or concerns. Relatives told us they had no reasons to make any complaints and were satisfied with the service provided. One relative said, "I feel comfortable speaking out and always voice my opinions if I need to". This meant the complaints policy was accessible and people were encouraged to express their opinion about the service.

The provider information return stated that the last complaint received by the service was in January 2014. We saw this had been thoroughly investigated and responded to and changes had been made to the home's admissions policy to ensure that the situation would not reoccur. This meant the manager used the outcomes from complaints to improve the service.



# Is the service well-led?

## Our findings

Some of the systems the provider had in place to assess and monitor the safety and quality of the service people received were not effective. We found the recording of stock for medicines given on an as-required, or PRN, basis was not accurate. The amount of medicine in stock had not been recorded on the medicine administration record. Staff could not tell us how much medicine they had in the home, which could put people at risk in the event of a medicines error. We spoke with the manager about auditing medicines and asked what action had been taken following a medicines incident that had been reported in the provider information return. They told us that no one had come to any harm and that following a full investigation, further training had been provided for staff and their competence checked on completion of the training. Staff confirmed their competence was checked at least annually. The manager agreed that further improvement was required to ensure guidance about the management and review of medicines was followed to ensure people received their medicines safely.

Records showed that accidents and incidents were recorded and the manager told us they made referrals to the falls clinic. However, we found there was no audit trail for the falls clinic referrals and no analysis of trends. For example, whether people were more likely to fall when staffing levels were lower. This meant the provider did not have a system in place to identify the cause of accidents or incidents, so had not identified how further accidents or incidents could be avoided.

People and their relatives were provided with opportunities to express their views about the care and the running of the home, through an annual customer satisfaction survey and a visitor's book, which was located in the entrance lobby at the home. One relative told us they had just filled in their questionnaire. They said "It's my opportunity to say what I think". The manager told us they monitored and responded to any feedback received. For example, they were planning to purchase an Ipad, following feedback from relatives. This would enable people living at the home to keep in touch with relatives and friends who weren't able to visit as frequently as they would like.

Everyone we spoke with [people and relatives] told us about the positive culture and supportive attitude of the staff and manager at the home. One relative told us, "I've never heard any of the staff complaining". Another said, "The home is well run, I recommend it to everyone". The manager had positive relationships with the care staff and encouraged them to put their specialist training into practice, to improve people's wellbeing. For example, a member of the care staff who had achieved a certificate in palliative and end of life care was introducing Advance Care Plans for people, so that their preferences and choices for their end of life care were clearly recorded and could be acted on. Staff told us there was an open and inclusive working relationship at the home. One member of staff said, "We don't wait for supervision or staff meetings if we have concerns, we can always talk to the manager".