

Eastern Healthcare Ltd

The Hollies and Hollies Lodge

Inspection report

Brick Kiln Lane
Morningthorpe
Norwich
Norfolk
NR15 2LH

Tel: 01508530540

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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?

Good ●

Summary of findings

Overall summary

About the service

The Hollies and Holly Lodge is a residential care home providing accommodation and personal care for people with a mental health need. At the time of the inspection 24 people were being supported. The service can support up to 27 people. The service is divided into two separate units joined by corridors. The main house accommodates most people and has shared communal areas and communal showers. The second part of the building 'Holly Lodge' has four residents in ensuite accommodation with a communal kitchen and living room. There are large grounds surrounding the houses which include a vegetable garden and sensory garden.

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

Since the last inspection the management had worked hard to change the ethos and culture in the service to focus on recovery and promoting people's independence.

People and staff were positive about the managers in the service and told us they listened and responded to concerns.

Staff were engaged in the change within the service and spoke positively about the impact on people living in the home.

There was a positive and calm atmosphere and people told us they felt safe.

Risks had been assessed in relation to people's care and support needs and guidance on managing risks focussed on promoting people's independence.

People received their medicines as prescribed. The service was supporting people to be as independent as possible with their medicines.

The service was clean and tidy throughout. People were supported to keep their own areas tidy as part of developing independent living skills.

There were enough fully trained staff with the skills and knowledge to meet people's needs. Staff focussed on supporting people by focussing on their strengths to aid their recovery and promote independence.

Staff knew people well and had a good rapport with people.

Peoples physical and mental health needs were holistically assessed focussing on supporting people's recovery and independence. Staff worked with people to achieve their personal goals.

The service worked well with other professionals to access healthcare. People were supported to attend

regular check-ups such as the dentist and opticians.

One unit in the home was specifically adapted to support people to develop independent living skills with ensuite accommodation and communal kitchen and living room. The provider had plans to reconfigure other areas on the building to create similar self-contained accommodation which would help people to develop skills they would need to move into the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People directed their own care. Each person met weekly with their 'recovery worker' to discuss progress towards their personal goals and any difficulties they were facing.

The service responded to people's needs. Care plans were updated as needs changed or as people achieved their goals.

People were supported to access the community and take part in social activities to reduce isolation.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 September 2018) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Hollies and Holly Lodge on our website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Hollies and Hollies Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Hollies and Holly Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with sixteen people who used the service. We spoke with eight members of staff including the registered manager, team leaders, the maintenance person, the cook, recovery support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and rotas. We gained feedback from with three professionals who regularly work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess people's needs in relation to the environment, the service was not adequately cleaned, and the risk of cross infection had not been considered. People did not always receive their medicines as intended. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Individual risk assessments were in place for people in relation to their care and support including risks relating to behaviours such as self-harm or behaviour which may challenge others, fire risks in relation to smoking as well as risks in relation to health conditions such as diabetes.
- Risks were managed positively in order to promote people's independence, for example where people were at risk of self-harm there was guidance in care plans on how to support people to communicate with staff on how they were feeling and how support may need to be provided when there were concerns.
- People received their medicines as they were prescribed. Individual care plans and risk assessments were in place regarding people's medicines.
- Where people had medicines as and when required (PRN) there was guidance for staff on when these should be administered. We saw one person ask for medicine that was PRN and staff discussed with the person to make sure this was appropriate.
- Some people were being supported to self-administer their medicines. This was done in a person-centred way following a risk assessment and with an appropriate level of support for each person.
- People's medicines were regularly reviewed and there had been a reduction overall in the use of medicines in the service.
- The service was clean throughout and cleaning schedules were in place for night staff who carried out cleaning duties in the kitchen and communal areas. One person we spoke with told us, "Its always lovely and clean."
- We saw staff supporting people to clean their room, this was done as part of supporting people to be more independent.
- Staff understood the importance of infection control and keeping the environment clean. One member of staff told us, "I regularly go around and wipe all of the door handles."
- We saw staff using personal protective equipment such as aprons and gloves when delivering care and administering medicines. Staff had recently completed training in Sepsis.

Staffing and recruitment

At our last inspection there were not sufficient numbers of staff deployed to ensure there were always enough staff to meet people's assessed needs and to ensure their safety. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they thought there were enough staff to meet their needs both during the day and at night.
- Pictures of the staff on duty each day were displayed on a noticeboard by the office, so people could see who was on there to support them.
- Systems and processes were in place to ensure staff were suitable to work in this type of service.

Systems and processes to safeguard people from the risk of abuse;

- People told us they felt safe in the service. One person told us, "I feel safe, yes."
- Staff understood how to keep people safe and how to identify abuse. They knew how to report concerns and there were clear procedures in place for staff to follow.
- There were posters in the service informing people of what to do if they were worried about abuse.

Learning lessons when things go wrong

- Incidents and accidents were reported to management. Reports included details of action that had been taken as a result of the incident for example, updating the care plan or referral to an outside professional.
- Managers regularly reviewed records of incidents and accidents across the service and for individuals. For example, where someone had repeated incidents relating to behaviours this was highlighted and the care plan reviewed, and referral made to the psychiatrist.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection the building was not suitably adapted to people's needs and as a result was not safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had begun a programme of refurbishment throughout the home. The kitchen area in Holly Lodge had been divided to create a separate kitchen and living room. Residents had been involved in choosing the décor and furnishings to create a welcoming communal living space.
- The main building was still characterised by a long corridor connecting the 'Lodge' to the main house, however much of this had been redecorated in bright colours and the walls were decorated with art work by residents. A contractor had been appointed to begin a reconfiguration of this part of the building to contain self-contained flats that would enable the service to support people to develop independent living skills. We saw in the resident meeting records that people were positive and looking forward to the changes.
- The outside space had been redesigned with resident needs in mind to include a sensory garden.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we were not assured people's healthcare needs were met. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff worked with other professionals in order to meet people's needs. On the day of our inspection a social worker was visiting the service.
- People's care notes included details of healthcare appointments. On the day of inspection one person was in hospital and we observed staff liaising with the hospital staff on a regular basis throughout the day.
- Professionals gave us positive feedback about the service. One professional told us they observed staff demonstrating, 'positive engagement and interactions with service users' and they felt the service was

responsive to requests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was holistic assessment of people's needs, including physical and mental health needs.
- Assessment included people's life history, hobbies, details of their family and friends and goals and aspirations for the future.
- People's physical and mental health needs were assessed as well as their emotional needs.
- Assessment included information about people's cognition and whether they were aware of their rights for example their right to complain or their right to see their personal file. Where appropriate details of how to support people with upholding their rights was given.

Staff support: induction, training, skills and experience

- Staff told us they had completed training which helped them to support people. New staff completed a robust induction training, one member of staff described the induction training as "Superb".
- As well as carrying out formal competency assessments of staff, managers were present in the service so were observing staff carrying out their duties on a day to day basis. The manager told us they planned to introduce an 'observational review' that would combine competency assessments with staff supervision meetings. Supervision is a one to one meeting individual staff have with their line manager.

Supporting people to eat and drink enough to maintain a balanced diet

- Drinks were available throughout the day and we saw people helping themselves to hot and cold drinks in the dining room.
- Supporting people to eat and drink was part of helping people to take responsibility and develop independent living skills. In the main part of the house a cook prepared meals and people were encouraged to let the cook know if they wanted their meal at a different time.
- In Holly Lodge people were supported to prepare their own meals.
- Residents had been involved in choosing the menus through resident meetings. There was a healthy balanced diet using vegetables that had been grown in the garden.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

At our last inspection the service was not working within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Since the last inspection the manager had reviewed restrictions on people's care and there was no longer anyone with a DoLs restriction.
- Staff had been trained and understood the MCA. There was a strong focus on supporting people to make their own decisions about their care and support and we observed staff seeking consent from people during our inspection.
- Care plans contained details of people's mental capacity. Several people had fluctuating capacity which meant their ability to make decisions might vary at different times. There was guidance for staff on how to support people under these circumstances.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked being at The Hollies and Holly Lodge. One person told us, "This place is a good place, a bloody good place." Another person we spoke with said, "I like it here, staff are kind."
- Staff knew people well and we observed a good rapport between people and staff. One member of staff told us the, 'Golden nugget moments' were the best thing about their job and described how when they had first started in their job there was a person who would never speak to them, "If they saw me they would run the other way, it felt like I would never get anywhere but then one day [name] came on a trip, it is rare they get involved with other residents, but on that day [name] spoke to me and spoke to other people. It was slow progress, but it was really good."
- Care plans were personalised and included information on 'Social and Community Inclusion.' Staff described how they supported people in different ways to be part of the local community according to their needs and preferences.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in their care. The service was moving to a 'recovery model' of care which meant they were focussed on supporting people to be more independent through setting goals. People met with their 'recovery worker' to set their own goals such as buying their own cigarettes or cooking a meal or joining a community group.
- We saw one person making themselves a sandwich for their lunch, we saw other residents doing their own laundry with the support of staff.
- Staff respected people's private space and we observed staff knocking on doors and asking before they entered people's rooms.
- Staff were aware of maintaining confidentiality and not sharing private information about individuals with other residents without their permission.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection care plans were not personalised to people's needs and the care and treatment people received was not always appropriate or around their assessed needs or preferences. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service had changed its ethos to a recovery model of support which used people's strengths to help them to identify their own goals as they worked towards independence. Support worker job descriptions had been changed to 'recovery worker'. Each person had their own recovery worker and were supported in areas such as living skills, work, relationships and addictive behaviours.
- There was an activities worker that focussed on working with people in the gardens and had created the sensory garden and the vegetable garden. On the day of inspection, we saw people making mobiles to hang in the sensory garden. There was also an art activity room and people's art work was displayed throughout the home.
- People had set goals appropriate to themselves so one person who had always had a hairdresser who came in to the service had a goal to use a salon in the community, another person had goals relating to the care of the pony kept in the stables on the grounds and another person had a goal to do their own budgeting.
- People had weekly meetings with their 'recovery worker' where they could talk about how they felt things were going, a monthly meeting to monitor progress and sign off achieved goals and a quarterly meeting where they would score themselves and look at their progress overall.
- One person told us how they were supported to spend time at their own home with the staff support. Staff told us that this person went to their own home two or three times a week and they were working with their family to enable them to do an overnight stay with support from a domiciliary care agency. This was to help them with their goal of moving back to their own home.
- Care plans were updated when people's needs changed. Care records had recently been moved to an electronic system. The registered manager had adapted the system to hold appropriate records in relation to support and risk assessment. Sometimes when care plans were updated they had not always been updated in all sections which meant there was sometimes contradictory information in plans. The

registered manager was aware of this and had systems in place to monitor and address this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in their files which included how they preferred to communicate and whether they had any impairments that might affect communication.
- One person's care plan said that if there was a deterioration in their mental health or if they were facing issues they found difficult, they may prefer to communicate by email as they found it hard to communicate verbally.
- Everybody in the service was able to read, but the manager confirmed that if necessary they would use Easy Read or more visual forms of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included a section on social and community inclusion, and in one person's file we saw a risk assessment for social isolation.
- People's goals included activities they would like to do in the community which included applying for work or voluntary work, joining clubs or using community facilities.
- There was an activities worker who did weekly therapeutic trips to encourage people to go out into the community and the countryside and to help them feel comfortable in those surroundings. The activities worker combined these trips with art work where people were encouraged to create art inspired by the places they had visited and how it made them feel.
- In addition all staff were involved in trips out. On the day of the inspection we saw a member of organising a trip to the cinema, although in the end the group decided they wanted to go to a social club instead of the cinema.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and told us the manager listened to them. There were posters around the home about how to make a complaint.
- People's care plans included details of how much support they would require if they needed to make a complaint and whether they needed to be reminded about the complaint's procedure.
- We saw that records of complaints were kept and dealt with appropriately.

End of life care and support

- The service did not provide end of life care. The nominated individual told us they were not set up with the equipment and environment appropriate for people at the end of their life and their aim was to support people to find alternative accommodation if they became more frail.
- Staff told us that as part of people's care plans they were adding a new section to find out from people how they would like to be cared for if their physical or mental health deteriorated.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found that systems and processes had not been fully implemented to enable the provider to clearly identify where they were meeting regulations and where the service fell short of expected standards. They had failed to adequately assess, monitor and improve the quality and safety of the service and mitigate risk from unsafe care and unsafe premises. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were robust systems and processes in place to monitor the quality of care. The registered manager was regularly present 'on the floor' of the service and could observe staff carrying out their duties. They also carried out formal competency observations of staff delivering care and had systems in place to audit the quality and accuracy of records.
- The registered manager understood when they needed to report issues to other bodies such as the CQC or safeguarding and kept records of these reports.
- Staff understood their roles and were positive about the changes from support worker to recovery worker and saw this as enhancing the quality of the service.

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

- The statement of purpose stated, "The home offers an approach based on people's strengths that is both flexible and positive enabling residents to live as independently as possible." This ethos while relatively new to the home was embraced and clearly communicated by the staff we spoke with.
- The home had a positive and calm atmosphere. One person told us, "It's probably one of the best places I've been in so far." Staff described the home as a 'special place' to work.
- We had positive feedback about the registered manager. One person we spoke with told us, "[Name's] the boss. She sorts things out for me."

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

- Residents were encouraged to be involved in the service. Resident meetings were held to discuss issues such as groups and trips, meals, trips and holidays as well as policies and safety. The registered manager had raised concerns relating to fire safety and people smoking in their rooms and had arranged for the fire service to come and speak to residents.
- People were encouraged to speak about issues for themselves at the meeting. This had led to a discussion between residents about tidying up after themselves to keep the home clean. Another person wanted to go out for a Chinese meal, so the residents organised a trip out themselves.
- Staff meetings were held on a regular basis and staff told us they felt involved in what was happening in the organisation. They told us morale and communication in the organisation were both good.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us the registered manager was open and easy to speak to if they needed to raise concerns.
- There was a culture of reviewing when things had gone wrong and supporting staff to learn from mistakes to improve care for the future.
- The registered manager worked with other senior staff to identify areas for improvement based looking at where things had gone wrong in the past to prevent them happening in the future, as well as identifying areas from best practice elsewhere that they could learn from and adapt within the service.
- The registered manager had an action plan following the previous inspection that they had used to bring about improvements in the service. This had since been updated to identify further improvements and to bring about the culture change in the service to a recovery model and to support the introduction of the new electronic records.

Working in partnership with others

- The service worked in partnership with a range of professionals. The registered manager told us they worked closely with the local authority and there was a waiting list of people that would like to move into the service.
- We had positive feedback from other professionals about the service. One professional told us, "The manager is responsive to any requests/input that I ask for, she is professional and does show a genuine interest in the wellbeing and care needs of all service users."
- The service had developed links with local organisations such as a local social club and a local gym to support people in accessing the community.