

Holly Lodge (Bridlington) Limited

# Holly Lodge Residential Home

## Inspection report

8-10 Station Avenue  
Bridlington  
Humberside  
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Tel: 01262678508

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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

Holly Lodge is registered for accommodation and personal care (not including nursing care) for up to 19 people who have a mental health condition. The service is based in two adjacent properties and accommodation is provided in a mix of single and shared bedrooms. There are several communal rooms and gardens to the rear of the property. A small car park for visitors and staff is found at the back of the property and can be accessed from a side street next to the service. At the time of this inspection there were 18 people who used the service.

At the last inspection on 27 January 2015 the service was rated as Good. At this inspection we found the service remained Good.

People told us they felt safe and were well cared for. The registered provider carried out recruitment checks, to ensure they employed suitable people. There were sufficient staff employed to meet people's needs and people's medicines were managed safely.

Staff had completed relevant training. We found that they received regular supervision, to fulfil their roles effectively.

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

People said they enjoyed good food. People's health needs were identified and their independence was promoted. Staff worked with other healthcare professionals, to ensure these needs were met.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Holly Lodge Residential 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 checked whether the registered 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.

This comprehensive inspection took place on 13 April 2017 and it was unannounced.

The inspection was carried out by two adult social care inspectors.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted East Riding of Yorkshire County Council (ERYC) safeguarding and commissioning teams.

At this inspection we spoke with the registered manager and one member of staff. We observed the lunch time experience for people who used the service and the daily interactions between people and staff. Every person who used the service had capacity and they were able to communicate easily with the staff and inspectors. We spoke with five people who used the service.

We looked at two people's care records, including their initial assessments, care plans, reviews, risk assessments and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We also looked at a selection of documentation relating to the management and running of the service. This

included quality assurance information, audits, stakeholder surveys, recruitment information for two members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

## Is the service safe?

### Our findings

We observed that people looked comfortable and at ease when talking with each other and with staff. People told us they felt safe and one person said, "It just couldn't be better here. I feel safe here because of the staff. They are really good."

People told us that they were able to live fairly independent lives. Staff confirmed this, but told us, "We check in on people if they do not get up by their usual times. We check where people are going when they leave the service and when they are due back, this is to make sure they stay safe. We also make sure they have their mobile phones with them and enough money for their needs."

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. Staff told us they were confident any issues they raised would be dealt with immediately by the registered manager. There was written information around the home about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. Where people were assessed as at risk of falling the registered manager had ensured the person had been referred to the appropriate health care professional.

We noted that some incidents should have been notified to CQC, but these had been missed by the registered manager. We discussed these on the day of the inspection and sent a formal letter about the submission of notifications to the registered provider outside of this inspection report. We have since received notifications appropriately from the service.

People told us there were always enough staff to support them and said that staff had time to spend with them. The registered manager told us they kept the staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and reviewed yearly. The people who used the service had a personal emergency evacuation plan (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency.

We looked at documents relating to the servicing of equipment used in the home. These records showed us

that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the staff, maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they needed to be. People told us, "My medicines are usually given to me on time and the tablets do help me stay well", "I get my medicine on time. They do not tell me what it is for, but then again I do not ask" and "The staff check I have remembered to take my medicine. I used to miss it before coming into the service, but I don't anymore and I feel really well."

We looked at the communal areas and a sample of bedrooms (with people's permission). We saw that the service was clean, warm, and welcoming. Sanitising hand gel and personal protective equipment such as gloves and aprons were available at appropriate points throughout the service for staff to use to prevent the spread of infection.

## Is the service effective?

### Our findings

People told us that staff had the right skills to look after them and commented, "The staff have got the right idea. They are interested in us and we are important to them", "The staff are excellent. They work hard here" and "More than enough skills to look after us all." People said the staff communicated well with them and people told us, "Yes, I have no problems. I know what is going on and the staff keep me up to date" and "The staff always keep me well informed."

We looked at induction and training records for two members of staff. These indicated that new staff completed a thorough induction which included learning outcomes, competencies and standards of care that are expected.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as 'essential'. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and medicine management. Records showed some staff had participated in additional training including topics such as management of challenging behaviour, mental health awareness, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff told us, "We do not use restraint on the people who use the service. If anyone became unwell due to their mental health conditions we would bring in additional staff to work one-to-one with them. We have behaviour management plans in the care files as needed." This was confirmed by the care files we looked at. We observed the registered manager sitting and talking with one person who was agitated and distressed. They spoke about taking medicines as prescribed and trying to adopt a more positive mental attitude towards life. The person calmed down and listened and subsequent conversations with us showed they had taken the registered manager's comments on board. They told us, "It is good here. We get nice food and the staff are great."

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff told us they received supervision every three months. They said, "We can ask questions and make suggestions during our meetings and we are given the opportunity to speak up if and when we have any issues to raise. The registered manager always listens to us and takes action to resolve any problems." Minutes of the supervision meetings were made available to us during the inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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.

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



provided for staff on the MCA. Staff we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided. At the time of our inspection no one who used the service was deprived of their liberty.

We asked staff how people who used the service were supported to make decisions and choices in their daily lives. Staff told us, "We sit down with people and discuss what they want to do. We talk about what the 'right decision' might be, but we never say 'No'. We look at alternatives with people and try to work out a solution that suits everyone."

People said they were consulted about their care and staff asked for consent before carrying out any tasks. People told us, "We are always asked if it is okay before the staff do anything for you", "The staff always check if you are okay with things. For example, they say things like 'we would like to ask your opinion about this'" and "Staff always ask you first before doing anything."

Evidence in the care files showed that people had good access to specialist health care professionals such as the community team for mental health. People also saw other professionals such as the dentist, optician, and some people had regular input from community psychiatric nurses. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately. This meant people's health and well-being was monitored so they remained well and received appropriate care and support.

Observation of the lunch time meal showed that people were able to make a choice of food to eat and the empty plates going back to the kitchen indicated it had been enjoyed. People told us, "The food is really good. I usually have a good appetite but I couldn't manage it all today" and "The food is beautiful, the meals are good every day. We have enough choice and I always enjoy them."

## Is the service caring?

### Our findings

People who spoke with us were very satisfied with the care and support they received from the staff and made a number of very positive comments. One person told us, "The staff are really dedicated and look after us well."

The registered manager and staff showed genuine concern for people's well-being. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. Staff told us, "All the staff genuinely care about the people we support. We are quite lucky with the staff team in that the staff here do not consider their work to be 'just a job'."

We found examples of how staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. We saw staff encouraged people to share their views and listened patiently to their responses. People were at ease when speaking with staff and there was a lot of laughter as they chatted.

Discussion with people, the registered manager and members of staff indicated that the care being provided was person-centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service. One person's relative had commented at their last care review that there was, "Excellent care from the staff."

The registered manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them. At the time of our visit no one who used the service was receiving input from an advocate.

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, called them by their preferred name, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. One person told us, "The staff are discreet and make sure I have privacy when I need it." We saw that people were able to lock their bedrooms doors if wished, although the registered manager had a master key to enter in an emergency.

Bedrooms were individually decorated to suit each person's tastes and included knick-knacks and trinkets that were meaningful to each individual. People said their families and friends were made welcome within the service. One person said, "My family come to visit me, the staff always welcome them and keep them up to date with how I am doing."

## Is the service responsive?

### Our findings

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

We asked staff about the admission process to the service. They told us, "We have a discussion with the registered manager about how anyone wishing to come into the service might fit in with the people already living here. New people who wish to use the service are able to visit for a day and see how they get on with everyone. We request information from health and social care professionals before making the decision to offer someone a place here. Once they are admitted to the service all the staff are required by the registered provider to read the care files and person-centred information to get to know the individual. We then keep adding information to the file as we learn more about the person."

A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well. We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date.

People had signed their care plans to say they had read and discussed them with staff and these were reviewed by staff informally every month and on a formal basis every 12 months with the local authority. People told us, "I've got a care plan and the staff tell me all about it" and "The staff write about you every day. For example, if they are not happy with your behaviour, or if you have been unwell."

Staff told us, "People are able to access a range of activities both in the service and out in the community. Most people here are happy to occupy themselves and have a variety of hobbies and interests." We observed people working in the garden planting vegetables, others went out to the local shops and other amenities. One person was away on holiday and another was visiting family. The service had created specific smoking areas for people to use both at the front and rear of the premises. These facilities were used by people living at the service throughout the inspection.

People told us they were happy with the activities available to them. They spoke to us about how they kept themselves occupied during the day. They told us, "I go for a walk most mornings and I enjoy watching television. There are enough things to do", "I am watching television today. I made Easter cards last night and I am happy with the activities on offer" and "I enjoy gardening and we have a greenhouse for growing things in."

We saw that people had access to a small art room where they enjoyed creating pictures and their art work which was then hung around the service. One person was busy in the garden and showed us what they were doing, they used the green house to 'bring plants on' and we saw that the outside space was decorated with planters and hanging baskets full of seasonal flowers.

The registered provider had a policy and procedure in place providing details about how they managed and responded to complaints about the service. We saw that details about the registered provider's complaints procedure was kept in people's bedrooms so they had easy access to this information. Checks of the complaints file showed that no formal complaints had been made in the last year. The registered manager said they dealt with any niggles or grumbles through discussion at the regular resident meetings or on a daily basis.

People were confident about speaking up if they had a complaint. Two people told us, "I could speak to any one of the care staff. They always listen and try to put things right" and "I would be able to speak to any of the care staff, they listen to me and try to help whenever they can."

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

Staff told us, "This is a well-managed service and the registered manager is supported by the registered provider." People said, "We can talk to [Name of registered manager], they listen to us."

Our observation of the service was that people who used the service were treated with respect and in a professional manner. During this inspection we received positive feedback about staffing, the environment and positive comments about the registered manager. We spoke with staff about the culture of the service. They told us, "This service is run like a 'home from home'. People do not have to worry about everyday things as the registered manager and staff ensure the service runs smoothly. They are able to focus on their independence and keeping themselves safe and well."

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals.

We spoke with staff about 'learning from events' such as following an incident or complaint, and how the information from this was shared with staff. They told us, "This would be discussed at the staff meetings or in our supervisions. We can talk to each other and discuss what practice may need to be changed. We are all open with each other."

One person who used the service told us, "I go to meetings regularly. That is how you get to know what is going on and we talk about meals. We also get a newsletter." People told us, "This is a happy place. We all get along fairly well together", "I am not sure about meetings, but staff always ask if I am happy living here and they cannot do enough to help you" and "We have resident meetings. Not everyone attends. We talk about events in the service, any complaints or about menus."

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. This was so any patterns or areas requiring improvement could be identified.