

Holly Lodge Residential Home Limited

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Inspection report

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Date of inspection visit:
07 February 2017

Date of publication:
07 March 2017

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

The inspection took place on 7 February 2017 and was unannounced. At our previous inspection in 2015 we had concerns that some of the systems in place to monitor the quality of service were not effective. At this inspection we found that improvements had been made.

Holly Lodge Residential Home provides accommodation and personal care for up to 12 older people. At the time of the inspection there were eight people using the service.

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.

People were being safeguarded from abuse as staff and the management followed the local safeguarding procedures if they suspected someone had suffered potential abuse.

Risks of harm to people were assessed and action was taken to minimise the risks. People had plans in place and the equipment they needed to keep them safe.

There were sufficient suitably trained staff to keep people safe and meet their needs in a timely manner. Staff had been recruited using safe recruitment procedures to ensure that were of good character and fit to work with people who used the service.

People's medicines were stored and administered safely by trained staff.

The principles of The Mental Capacity Act (MCA) 2005 were being followed as the provider was ensuring that people were consenting to or when they lacked mental capacity, were being supported to consent to their care.

Staff told us and we saw they had received training and were supported to be effective in their roles.

People were supported to maintain a healthy diet. People were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld. The care people received was personalised and responsive to people's individual needs and preferences.

The provider had a complaints procedure and people told us they felt they could approach the management with concerns and it would be dealt with.

There were effective systems in place to monitor and improve the quality of service. The registered manager and deputy manager were liked and respected by people, their relatives and staff.

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,

Risks of harm to people were assessed and plans put in place to reduce the risks.

People were safeguarded from the risk of abuse as staff and the registered manager knew what to do if they suspected potential abuse.

People's medicines were managed safely.

There were sufficient staff to meet people's needs in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

People who used the service were cared for by staff who received training and support to be effective in their roles.

The principles of the MCA 2005 were being followed as people were consenting to or when they lacked mental capacity were being supported to consent to their care and support.

People were offered food and drinks of their choice and were supported to maintain a healthy diet. People received health care support and advice when their needs changed or they became unwell.

Is the service caring?

Good ●

The service is caring.

People were treated with dignity and respect,

People's choices were respected and their right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from a consistent staff group who knew their individual needs.

People and their relatives felt confident that if they had any complaints or concerns that it would be acted upon.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff liked and respected the registered manager and deputy manager.

There were systems in place to monitor and improve the quality of service.

People's feedback was gained to ensure that people were happy with the quality of care they were receiving.

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.

This inspection took place on 7 February 2017 and was unannounced. The inspection was undertaken by one inspector.

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

We spoke with five people who used the service, three relatives, two members of care staff, the deputy manager and registered manager.

We looked at the care records for three people who used the service. We reviewed two staff recruitment files. 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 registered manager made to assure themselves people received a quality service.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt they were being cared for safely. A relative told us: "I don't have to worry about my mum, she's safe here". Another relative told us: "I don't have to worry, my relative being here has taken a load off my mind, and I know she's safe and well cared for". A member of staff told us: "I think people are well cared for and we don't put them at any risk". We saw risks of harm to people were assessed and plans put in place to minimise the risks. Some people required equipment such as walking frames to be able to mobilise and we saw that these were always available for them. If people experienced a fall these were investigated to look at how the risk of falling again could be reduced. We saw there were plans in place to safely evacuate people in the event of an emergency such as a fire. The plans identified individual people's needs in relation to their mobility and the level of support they would require to safely leave the building. The registered manager completed regular tests of safety within the building such as fire tests and the maintenance of equipment.

Staff we spoke with knew what to do if they suspected someone had suffered potential abuse and knew the signs and symptoms of abuse. A member of staff told us: "Safeguarding people is about protecting people from all forms of abuse and ensuring people's rights are upheld. I would report anything to the manager or deputy and they would definitely deal with it". There had been no recent safeguarding concerns at the service; however the registered manager and deputy manager demonstrated an understanding of the local safeguarding procedures and what they were required to do if they suspected potential abuse.

Medicines were administered by trained staff and stored in a locked cupboard. We observed that people who required 'as required' pain relief were offered this throughout the day. One person told us: "The staff bring me my tablets when I need them". There were regular medication audits which ensured that people had received their medicine at the prescribed times. We checked the balance of three people's medicines and saw that they reflected the amount recorded on people's individual medicine records.

People, their relatives and staff told us there were enough staff to meet people's needs safely. We observed that staff were always available when people required their support. There were eight people using the service at the time of this inspection and the registered manager told us that they would increase the staffing levels if people's needs changed or they were unwell. However they said they were careful about the people they admitted into the service as they needed to be sure they were able to meet their needs. The deputy manager told us: "The registered manager and I share the on call so that staff always have someone to ring if they need anything". We looked at rotas and these confirmed that there were sufficient numbers of consistent staff to meet people's needs at all times.

We looked at the way that new staff were recruited into the service and found that staff employed by the service had been checked for their fitness to work with people who used the service. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that people were cared for by staff who were fit and of good character.

Is the service effective?

Our findings

People and their relatives told us they felt that staff were effective in their roles. A relative told us: "The staff are absolutely fantastic and we get a consistent staff group". Staff told us they felt supported by the registered manager and that they received regular support, supervision and training. A member of staff told us: "We are just having appraisals and we can identify any training needs we have in our supervision session."

The registered manager and staff knew the principles of The Mental Capacity Act 2005 (MCA). The 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. We saw that people's capacity to consent to their care was assessed. A relative told us: "We had a best interest meeting about my relative stopping the health care they were receiving as they were so poorly. We met with the GP and the staff and agreed that it should stop, it was for the best". This meant the principles of the MCA were being followed as this person who lacked the mental capacity to decide for themselves was supported to make a decision.

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. We saw that some people had a DoLS authorisation in place and the deputy manager had spoken to the local authority and referred other people who lacked the mental capacity to agree to being at the service. This meant that people were being protected from being unlawfully restricted within the service.

People told us they enjoyed the food they were offered. One person told us: "You can't fault the food, we have three choices at main meal and there is always plenty to drink". We saw that when there were concerns about people's nutrition that action was taken. People were regularly weighed and health advice was sought. We observed lunch and saw that people experienced a pleasant, leisurely lunch time experience. There were three healthy options, with condiments available on the table. One person required some encouragement to eat and we saw they were supported by staff in a kind and patient manner to eat their meal.

People received health care support when their needs changed or they were unwell. We saw people saw their GP, district nurses and were referred to other health agencies when required. The deputy manager was completing a qualification in 'End of Life' care and had received training in how to take basic observations. A visiting relative of a previous resident of the service told us: "My relative was able to stay here, right until the end of their life. The deputy manager had all the support they needed in place from the staff and nurses to care for her right until the end". We observed that the deputy manager took blood pressure observations for several people who used the service who were currently taking medicines for high blood pressure. This meant that people's health care needs were being monitored and managed effectively.

Is the service caring?

Our findings

People told us that staff cared for them in a dignified and caring manner. One person told us: "There is only one place better than here and that's home". Another person told us: "I can't fault it, they keep us alive". A member of staff told us: "I love it here, when I go home, I know I have made a difference". We observed that staff interacted with people in kind, caring and patient manner.

Relatives we spoke with all expressed a positive opinion on the kindness and caring attitude demonstrated by the management and staff at the service. One relative told us: "You can't pay staff for being nice, they just are". Another relative told us: "I feel so fortunate, we've never looked back, I can't praise the service enough, and my relative received wonderful care". Another relative told us: "It's a pleasure to come here; I know my relative is happy and very well cared for".

People's views were sought on the service they received through meetings and questionnaires; we saw that all the comments of the recent quality questionnaires had been positive. One relative had written: 'My mother appears to be as precious to the staff as she is to me'. Relatives we spoke with told us that they were kept informed of their relative's well-being and had been fully involved in the planning of their care. One relative told us: "They always keep me informed, it's like a family, I can't believe how lucky we are, the staff are genuine people".

Everyone had their own room which had been decorated and personalised to their individuals liking. People told us and we saw that they were able to come and go throughout the service as they liked. One person told us: "You can do what you want really, come and go as you like, I'm free to spend time in my room when I like". Another person told us: "You get to have a lie in bed if you want; [person's name] is having her breakfast in her room this morning because she had a lie in". This meant that people's choices were being respected and their right to privacy was upheld.

People's relatives and friends could visit them when they liked. One person told us: "My relatives can come and we can spend time alone in my room". A visiting relative of a previous resident told us: "We were able to stop overnight with my relative at the end of her life and the staff always used to make the effort come up and say goodbye to us every time they went off duty". This showed that people's relationships were respected and facilitated.

Is the service responsive?

Our findings

People received care that reflected their individual needs and preferences. Prior to admission into the service an assessment of people's needs was undertaken to ensure their needs could be met. The registered manager told us that new prospective people were able to spend a day at the service to see if they liked it and if they responded well to the other people who used the service. The registered manager told us: "We only have one lounge area and it's important that people get along, that's why we invite them along to meet and greet people". At the time of the inspection only eight people were using the service. The registered manager told us: "I'll only admit a person who I am sure I can meet their needs, that is why I have some vacancies. It would be easy to fill the places but I need to make sure it's with the right people". This showed that the registered manager was ensuring that they were taking the views of people who used the service into consideration when planning admissions.

We saw that people's care was regularly reviewed with people and their relatives. Relatives told us they were involved in people's care planning and kept fully informed of people's health and well-being. Relatives we spoke with told us that the consistent staff team meant that people received care from staff that knew them well. We saw that staff supported people in a way that demonstrated they knew people and their individual needs and preferences. For example one person chose to opt out of joining in a bingo session. A staff member told us: "[Person's name] doesn't like to join in and would rather sit and watch, there are no hard and fast rules here". We saw their choice was respected.

Staff supported people to engage in hobbies and activities of their liking. Most people enjoyed playing bingo on the morning of the inspection and we saw that other activities were planned and facilitated throughout the week. The service had recently celebrated 'dignity' day and we saw photographs of Halloween and other celebrations that had taken place including people's birthdays and anniversaries. There was a monthly church service if people chose to attend. We were informed that only one person chose not to attend as they did not have a belief in religion of any form.

People and their relatives told us they had no complaints but if they had any concerns they would be able to talk to any member of staff or the registered manager. A relative told us: "I've never had to complain but I am sure the staff would respond if I did". The registered told us that they had no recent complaints to investigate and we saw several compliments recorded in the form of thank you cards and letters.

Is the service well-led?

Our findings

At our previous inspection we had concerns that some of the systems the provider had in place to monitor and improve the service were not always effective. We had found that 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 have put people at risk in the event of a medicines error. At this inspection we found improvements had been made and that regular medication audits were being undertaken and the balance of people's medicines were being regularly checked and monitored. We looked at three people's medicines and found that the medicines balanced with the amount totalled on their individual medicine record. This meant that the provider could be sure that people were having the correct amount of medicines at the prescribed times.

At our previous inspection, records had showed that accidents and incidents were recorded and the manager told us they made referrals to the falls clinic. However, we had 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. At this inspection we saw that the registered manager conducted a follow up investigation following a fall which looked at the time of day, staffing levels and other factors which could have contributed to the fall. This meant that the registered manager was ensuring they were looking at ways to reduce the risk of falls for people.

The registered manager and deputy manager conducted several audits throughout the service to ensure that a high standard of care and a safe environment was maintained. People were regularly asked their views on the quality of service through questionnaires and regular meetings and we saw that the all the feedback had been positive. Comments included: 'First class, exemplary care', and: 'The home is clean and inviting'.

People and their relatives told us that they felt that the service was well led. One person who used the service told us: "The manager listens to you and tries to help you". A relative told us: "The registered manager and deputy manager are always available. The deputy is so efficient, they will work on the floor and when my relative was unwell they contacted me in the middle of the night to check how we were".

Staff told us they enjoyed working at the service and respected the registered manager and deputy manager. One staff member told us: "The registered manager is brilliant, I love it here. It's a small friendly service and we are supported". We observed that there was a warm, friendly feeling within the home. People who used the service were relaxed and comfortable in well maintained, pleasant surroundings. There was a kind and caring approach between the management and staff towards people who used the service and their relatives.