

The White Horse Care Trust

Holly Lodge

Inspection report

Old Hospital Road
Pewsey
Wiltshire
SN9 5HY

Tel: 01672569950
Website: www.whct.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Holly Lodge is a care home providing personal and nursing care to 16 people with a learning disability at the time of the inspection. The service can support up to 18 people.

Holly Lodge accommodates people across three separate wings, each of which has separate adapted facilities. The building is connected by one large communal room shared by all three wings. At the time of the inspection the communal room was not in use due to coronavirus restrictions.

The large outside space was being developed to include accessible pathways, raised flower beds, vegetable plots and socialising areas. The adjoining land had been re-developed into a new housing area and the signage to Holly Lodge was being changed to fit in with the new street address signs.

Holly Lodge was built and registered with CQC before our guidance Right support, right care, right culture and NICE guidelines were implemented. This means the service is larger than the current guidance recommends.

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

Not all care plans, risk assessments and service documentation were up to date or reviewed according to the provider's timescales. Staff training records needed to be updated and recorded accurately onto one system. Some records had gaps and elements were missing from mental capacity documentation. The management team were aware of these shortfalls and had an action plan in place to make improvements. We found no evidence that people had been harmed as a result of these shortfalls.

People received a kind and caring service. Staff were committed to delivering a good standard of care. Staff were proud to work at Holly Lodge and provide compassionate and respectful care to people at the end of their lives. The management team led by example.

People had their individual risks assessed. People received their medicines as prescribed. Staff understood their responsibilities to protect people from harm and abuse.

Staff were knowledgeable about people's choices and preferred way of being supported. Care plans were person centred and contained guidance for staff on how best to meet people's needs.

People were protected from the risk of infection. Staff had access to plentiful supplies of PPE. The service worked very hard throughout the pandemic to keep people safe from COVID-19 and there had been only one isolated incidence of COVID-19 infection.

People, their relatives and professionals who worked with staff were complimentary about the service and the support provided for people. People told us they were happy living at Holly Lodge.

The management team had good working relationships with health and social care colleagues and delivered good outcomes for people.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The service was larger than the current guidance recommends. However, each wing of Holly Lodge was adapted and operated independently of the others with their own communal area. A larger communal space joining each area at the centre of the home was not used currently due to pandemic restrictions. We did not see any evidence that people were negatively impacted by this. The home was accessible but in need of updating, re-design and re-decoration, this work was in progress.

Right care:

- The support provided by staff was kind and caring. Care plans reflected their person-centred approach. People received compassionate and respectful care towards and during the end of their lives.

Right culture:

- The ethos, values, attitudes and behaviours of the provider and management team fed down to the nursing and support staff. Staff were proud to work at Holly Lodge and provide people with a good standard of care. People told us they were happy.

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 5 November 2019) and there were multiple breaches of regulation. 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 not enough improvement had been made and the provider was still in breach of regulation 17 Good governance.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of regulation in relation to record keeping and administration at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of accurate and contemporaneous record keeping. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Holly 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to check the coronavirus status of the home and because some of the people living at Holly Lodge may require notice of visitors.

What we did before the 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 looked at notifications the provider sent to us. Notifications are information about important events the provider must

inform us of by law.

We used all of this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with fifteen members of staff including the clinical operations manager, the registered manager, deputy manager, housekeeping manager, nurses, team leaders and support workers.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with six people to tell us their experience.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit 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.

Using medicines safely

At our last inspection, shortfalls were found in the safe management of people's prescribed medicines and creams. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the service was no longer in breach of regulation 12. However, more work was required.

- Medicines were stored safely in the medicines trolley and any excess stock was kept in secure cupboards. Temperatures of the clinical room and fridge were checked regularly, and portable air conditioning units were available to keep the temperature at acceptable limits. However, disposal recordings had only one signature indicating that the disposal had not been witnessed by a second member of staff in line with best practice guidelines.
- The service used an electronic medicine management system. This meant any errors were highlighted and acted upon in a timely manner. Ordering, stock control and auditing were more efficient. There were some gaps in the weekly audit however at these times there had been no errors to identify.
- Medicines administration was undertaken by nursing staff who were fully trained and had their competency regularly assessed. We observed a medicines administration round including via a percutaneous endoscopic gastrostomy feeding tube. Staff practice was seen to be safe and they demonstrated an awareness of people's needs. They wore a 'Do Not Disturb' tabard and were not interrupted.
- People had a medicines assessment, appropriate protocols for 'as required' medicines and a system to record when and where topical creams were applied.

Assessing risk, safety monitoring and management

At our last inspection, shortfalls were found in how the provider managed people's risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation 12. However, more work was required.

- The service had introduced an electronic care planning system which recorded people's individual

assessed risks. These gave guidance to staff on how to recognise and reduce the risks.

- Risk assessments included, bed rails (with exact measurements for individuals), skin integrity assessments and fluid monitoring. Everyone had a COVID-19 and personal emergency evacuation risk assessment in place.
- Whilst the assessments and guidance were comprehensive, the records showed gaps and delays in reviewing and updating these assessments. For example, one person with an assessed choking risk had not had this risk assessment reviewed for eight months. The care plan stated to review every three months. However, there had been no changes to SALT guidelines and no choking incidences had occurred.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse.
- Relatives we spoke with told us their family member was safe at Holly Lodge, particularly throughout the pandemic. One relative said, "How [the registered manager] and her team managed to keep [family member] and the other residents safe throughout COVID I will never know."
- A visiting professional told us, "I believe that they strive to achieve safe outcomes for the people they are supporting." Another said, "I have never had any concerns regarding residents' well-being or safety."
- The registered manager had appropriately referred any concerns to the local authority safeguarding team and sent notifications to CQC.
- The staff we spoke with fully understood their role in safeguarding and knew what to do about it and who to report it to if they had any concerns. They had all received training in safeguarding.
- There was information of the Trust's safeguarding and whistleblowing policies displayed in prominent areas for staff. Whistleblowing is where staff can report concerns they have at work about wrong doing. They are protected in law from reprisals.

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs. The service was recruiting for permanent night shift nurses. The registered manager and qualified agency staff were covering these shifts until new permanent staff were in place.
- A visiting professional told us, "Whenever I visit staffing levels appear to be good."
- Nurses took the lead on all shifts and in all three areas. They worked across the home to gain knowledge and experience of supporting every resident. During our inspection we observed plenty of support staff to respond to people's needs.
- Staff had been recruited safely. Checks included references, identity and leave to remain checks, work history and a full Disclosure and Barring Service (DBS) check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and were reviewed by the management team. These were being added to the new electronic monitoring system for better oversight and the identification of themes and trends.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection shortfalls, gaps and inconsistencies were found in training records. At this inspection we found more improvement was required.
- Recording and tracking attendance of staff at provider mandatory training sessions was inconsistent and inaccurate. There were two systems in operation, but neither were correct. Records had not been updated. There was no reliable system to ensure staff had completed the providers mandatory training.
- Whilst e-learning training was comprehensive, available and accessible, the most current training matrix showed only 28% compliance with mandatory training. Non e-learning since March 2021 was equally low in numbers. For example, records showed four out of 60 members of staff had completed basic life support/first aid training.
- The deputy manager and a designated member of staff had identified the improvements needed. They were in the process of updating the staff training matrix to the new electronic system. A new training and development policy was in place.
- Whilst the training figures appeared to be low, staff we spoke with told us they had completed training and were confident in their roles.
- The trust had developed a 'nurse preceptorship programme' for newly qualified staff to complete during their six-month induction and a comprehensive training schedule for nurses and support staff.
- Staff also told us they had access to one to one supervision, appraisal and support as and when they needed it in the form of 'job chats.' We reviewed these records and found the majority (73%) of staff had either received or had supervision and appraisal planned. However a large minority of staff supervision was over-due.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a system in place to track deprivation of liberty safeguards applications. These applications were correctly made to the local authority. Some applications were in progress and some had been authorised. The process had been followed correctly, however the tracker system was not fully up to date.
- People's legal representative details were not always recorded or copies recorded of the registration with the Court of Protection.
- Whilst there were mental capacity assessments in people's care records these did not have the required accompanying best interest decision documentation. People had an MCA for having a COVID-19 vaccination but no best interest decision showing how and why the decision was made and who by.
- One person had been assessed as requiring receiving their medicines covertly. A copy of a best interest decision was seen but this was not in the format used by the Trust, which involves completion of a mental capacity assessment form and a best interest decision form. The form currently available did not evidence that the decision had been discussed with a pharmacist or any advocate. The provider medication policy states 'Best Interest Decisions should include all relevant parties including the GP, Home Manager, Care Manager, Pharmacist and family, as necessary.'

We recommend the service seeks additional guidance regarding The Mental Capacity Act (2005) from a reliable source.

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

- People's needs choices and preferences were thoroughly assessed and recorded, prior to them receiving care. Care plans were digitally recorded which meant guidance for staff was easy to access.
- The staff used nationally recognised assessment tools such as MUST for nutrition, Waterlow for skin integrity and NEWS for early recognition of illness.

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

- People were supported to maintain their nutrition and hydration. People and their relatives were happy with the food and people enjoyed their meals. People could choose an alternative if they didn't want the prepared meal.
- People had been involved in the menu choices and the head housekeeper spoke with people to ascertain their individual likes and dislikes. The menu was changed three-monthly. Meals and menu's were chosen using a picture format for people who were non verbal.
- Each of the three units had a dining area, which allowed enough space for people who used wheelchairs or adapted seating to be accommodated comfortably. Small kitchen areas were adjacent to each dining area where snacks and drinks could be prepared between mealtimes. Meals were currently being prepared in one of these whilst a new kitchen was being installed in a separate area.
- Some people were supported to eat their meals. This was done in an unhurried manner, giving people time to swallow their food. Some people's food had been prepared to a softer consistency to aid swallowing and others had adapted cutlery and crockery to manage independently.

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

- The management team worked well with health and social care colleagues to provide effective care and support for people. There were effective handover's to staff in place at the start of each shift to keep them up

do date with any changes.

- People were supported to access health and social care services when needed. These included dentistry, speech and language, GP and dietician. Guidance from these specialist services were incorporated into people's care plans.
- One visiting professional told us, "Nurses are quick to raise concerns of a more acute nature, and I rely on their knowledge and expertise within the speciality of learning disability to form an action plan for the resident in question."

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

- Holly Lodge was built prior to our current best practice guidance; Right support, right care, right culture and NICE guidelines.
- The building had three separate wings (areas) with a large communal area in the middle. Many areas of the home appeared cluttered, untidy and required redecoration or refurbishment. The environment was dark and the entrance felt like a workplace and not a home.
- Areas for improvement had already been recognised by the Trust. The service maintenance team had started a redevelopment programme which included changing the use of some rooms, re-decoration and re-designing.
- People had their own rooms and showering facilities which were personalised. Some had recently been re-decorated and others were in progress.
- There were larger bathrooms with hoists where people required extra support. The corridors were wide and the building was accessible in all areas.
- The outside area was also being improved. There was a large accessible garden where raised gardening beds, pathways and areas for socialising was being built.
- One relative told us, "The external appearance of Holly Lodge has dramatically improved since [maintenance staff] has come on board. It lifts my spirits when I arrive and hope it does the same for the residents and staff. It now looks tidy and welcoming."

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

At our last inspection we saw examples of where people were not treated with dignity and respect and people were not always given choices. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the service was no longer in breach of regulation 9.

- People we spoke with were happy to live at Holly Lodge. Relatives told us they were confident their family member was well looked after. One relative said, "I wouldn't want anyone other than Team Holly Lodge looking after [my family member]. I would recommend them to other relatives."
- We received positive feedback from professionals who work along-side the staff at Holly Lodge. Comments included, "The team at Holly Lodge appear very caring and competent" and "There are some very competent and experienced carers supporting people at Holly Lodge and always give their very best, they are a limited specialist service with nursing care for people with a learning disability."
- We observed staff sitting next to people or kneeling to be at the person's eye level, so they could be seen and heard clearly. Staff and people were chatting and laughing and people appeared to be relaxed in staff company.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager described the support given by staff to a resident who had recently died. They had helped him join a football team supporters club and had accompanied him to a match; as well as accompanying him on holidays and cruises.
- Staff had supported one man who was going out of the home to look very smart in his suit and tie, he was obviously proud of his appearance and grateful for the effort made.
- Another person was enjoying working alongside the maintenance team in the garden. Work was being planned to build a private garden space for this person to enjoy as a specific interest that was individual to them.
- Relatives told us they were confident they and their family member could express their views and were asked regularly for their views. One relative told us, "[The registered and deputy managers] and their nursing team are fabulous."

Respecting and promoting people's privacy, dignity and independence

- People's care records were written using respectful terminology. Records were stored securely, either digitally or in the office area of the home.
- One person accompanied a staff member to collect all the post and other resources from Head Office and then drives around delivering it to the various local Trust locations. This has developed into a nice 'mates' relationship.
- People from one wing were supported to create a café, they baked cakes and made drinks for other residents to socialise outside.
- The management team and the staff spoke compassionately and fondly of the people they supported, both those still resident at Holly Lodge and those who had died. They clearly knew people very well and were proud to support people to a high standard.

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

- People's care plans were person-centred. Individual needs, preferences and choices were recorded on a digital system, in addition to guidance for staff on how best to meet those needs and achieve good outcomes.
- Some people being supported had complex and multiple health conditions. These were managed well by the nursing and support teams. This included regular monitoring and identifying changes in condition. There were gaps in some monitoring records and pressure mattress settings lacked specific detail.
- Not all care plans had been reviewed monthly (according to the provider's policy). However, this had been identified by the registered manager and the staff team were working towards reviewing and updating all care plans. We did not see any evidence that this had a negative impact on people's care.
- When people's needs changed this was quickly identified and acted upon. For example, referrals to speech and language therapy and the mental health teams for assessment and review.
- Professionals we spoke with were confident in the support provided at Holly Lodge. One professional told us, "I do a weekly telephone ward round with them which is working well in terms of managing the day-to-day needs of the residents."
- One person told us they were very happy with everything at Holly Lodge. They said that staff responded quickly when they called for them using his call bell and that they were kind.

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's communication needs were recorded in their care plans and guidance for staff on how to communicate effectively with them. The service was compliant with the AIS.

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

- Within the limits of the pandemic restrictions, people were supported to maintain their relationships and interests. People received photos, facetime, emails and phone calls from their friends and relatives.
- Staff were able to take people on days out whilst adhering to the rules of the pandemic, once lockdown had finished. There were Christmas trips booked and people had made specific requests.
- One person wanted to go to Weymouth and they were supported by the staff member they chose to go on

a day trip.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place.
- The complaints process was available in a pictorial format to enable people being supported to understand the procedure.
- A relative told us their family member knew how to raise a concern and would be able to do this with the care staff. Another said, "I have seen nothing at Holly Lodge to date to give me cause for concern."

End of life care and support

- People were supported with compassionate and considerate care at the end of their lives.
- The registered manager described her pride in the support given recently to a person at the end of their life and to the relatives, residents and staff who knew them. People were given the opportunity to pay their respects and say goodbye. A new staff member had requested to perform last offices and had been supported by other staff members to do so.
- One professional told us, "The care they give appears generally to be very good, especially with the support of people at the end of their lives." Another said, "They are particularly good at supporting with people with dementia care and end of life care."
- A nurse reported that there were no people currently in receipt of end of life care but confirmed that end of life medications were routinely ordered when necessary.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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, shortfalls were found in quality monitoring, risk management and maintaining accurate records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Not all records were up to date and accurate. These included care plans, risk assessments, monitoring charts, auditing and administration records.
- Staff training records were inaccurate, and it was difficult to check staff were up to date and had completed mandatory training. There were delays in completing staff supervision and appraisal. Mental capacity assessment records were not fully completed.
- The management team at Holly Lodge had identified areas for further improvement and had completed an up to date audit of the service. Most records had been transferred to the new digital system, but some were in transition from paper records. A provider action plan was in place to schedule the necessary improvements.

We found no evidence that people had been harmed however, failure to maintain contemporaneous records was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- We received positive and complimentary feedback about the management team from staff, relatives and professionals. People we spoke with were happy living at Holly Lodge.
- Some staff told us they had moved into other jobs and missed working at Holly Lodge so much they came back. One nurse said, "I love it, I love the standard of care, the rapport with the residents and the staff, really good relationships." Another said, "I am dedicated to the job, [the registered manager and deputy manager] are just excellent managers, here to support you and they do support you."

- A relative told us a senior manager made, "Considerable effort to make the move from [my relatives] previous White Horse Care Trust home to Holly Lodge as smooth as possible. I believe two members of staff from his previous home were transferred to Holly Lodge with him allowing him to wake up to someone he knew."

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

- The provider and the registered manager fully understood their responsibility under the duty of candour.

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

- The service offered opportunities to people, relatives and staff to make comments on the care provided and service as a whole. These were in the form of surveys and team meetings and via a digital app.

Communication had improved and relatives received newsletters detailing what was happening at Holly Lodge.

- The management team were also very keen to show staff appreciation and concern for their well-being. Staff were supported with interest and attention in their home circumstances to maintain a good work/life balance.
- Staff were shown appreciation with 'a hug in a mug' which was left in areas around the home as a surprise for a staff member. Mugs contained thank you messages and treats.

Continuous learning and improving care

- The management team told us they had learned from the last inspection. They had re-visited their person-centred approach with staff saying they had lapsed into some habits which were not to the standard they would expect.
- Staff were much more aware of offering choices and not purely relying on the knowledge they had about a person. Staff were more aware of their language and approach.

- The service had implemented new digital recording, monitoring and auditing systems in line with other Trust locations. These were proving to be more efficient and staff were becoming more familiar with their use. This was a work in progress as records were being transferred, updated and reviewed.

Working in partnership with others

- The service worked well with their health and social care colleagues. We saw in people's records professional guidance from specialist areas such as speech and language, mental health, tissue viability, occupational and physiotherapy.

- Professionals we spoke with confirmed their specialist collaboration with Holly Lodge staff was positive. Comments included, "I have every confidence in Holly Lodge management and have a very good relationship with them", "I am always treated with courtesy" and "Managers and carers always contact [specialist team] for advice and support and follow all advice given by clinicians. Managers are made aware of any meetings that are being held to ensure the most appropriate person can attend."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Not all records were up to date and accurate. These included care plans, risk assessments, monitoring charts, auditing and administration records. Staff training records were inaccurate. There were delays in completing staff supervision and appraisal. Mental capacity assessment records were not fully completed. Failure to maintain contemporaneous records was a repeated breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014