Bupa Care Homes (BNH) Limited

Holyport Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Holyport Lodge Care Home provides accommodation and nursing care to younger and older adults, people with sensory impairments or physical disabilities and people with dementia. Part of the corporate provider Bupa, the service is registered to accommodate a maximum of 40 people. The service is located in Holyport; a scenic village near Maidenhead in Berkshire. Set in an older-style historical building, the service is surrounded by expansive landscaped gardens.

At the time of the inspection, there was a registered manager. 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.

The location was last inspected under the 2010 Regulations on 28 May 2014, where the five outcomes we inspected were compliant. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, 29 people used the service and there were 59 staff.

People told us they felt safe living at Holyport Lodge Care Home. People were safe from abuse and neglect. Staff we spoke with were knowledgeable of how to act if abuse occurred and how to report this to managers or other authorities.

People's risk assessments and care plans were comprehensive and detailed information required to provide the necessary care. Evaluations of the care took place although on some occasions these were not completed in a timely way. Some people were placed at risk of harm because evaluations of the care were not regular enough.

Proper maintenance of the premises and grounds was evident. The maintenance person was knowledgeable about risks from the building and completed assessments and coordinated repairs to effectively prevent harm to people. We made a recommendation regarding Legionella prevention and control.

People and relatives we spoke with told us staffing levels did not meet their needs. People's common statement was that call bells were not answered in a timely manner. When we spoke with nursing staff and care workers, they also felt that staffing levels were not sufficient. We examined records about staffing deployment and observed staff performing their roles. We found times when staffing numbers meant people had to wait longer than they should. The service did not have safe deployment of staff.

The service had robust recruitment procedures and detailed personnel files. We made a recommendation that the service ensures staff have the right to work in the UK.

Medicines were not always ordered, stored, administered or recorded safely. This meant that people were at risk of medicines errors. In a previous inspection, we have found that the service was not meeting the regulation about medicines at the time.

Staff training, supervision and performance development required improvement. Although induction programmes and training had occurred, competency checks and repetition of training was needed to ensure effective care.

The service was not compliant with the requirements of the Mental Capacity Act 2005. People were deprived of their liberty without the required legal authorisation. The registered manager explained they were aware and that actions had commenced to remedy this issue.

People received nutritious food which they enjoyed. Hydration was offered to people to ensure they did not become dehydrated. However, there were some risks about malnutrition that were not detected by staff or the service. This meant people were placed at risk and some had lost weight without correct intervention from a multidisciplinary team.

People felt staff were caring and friendly. People were able to voice their opinion and the service listened to what their thoughts were. People had the right to choose or refuse and this was respected by staff. People's privacy and dignity was respected during the care provision.

Responsive care was provided to people. Their wishes, preferences, likes and dislikes were considered and accommodated. Staff knew about the complaints procedure and people had the ability to complain. Managers investigated complaints and provided responses so that people knew their issue was recorded and where possible resolved.

The workplace culture at Holyport Lodge Care Home required improvement. There was a lack of continuity in managers over time and this had created a negative impact on people who used the service, relatives and staff. Although this point was recorded in the provider's own documents, little action was taken to improve people's experience. However, when we asked about the new manager, people and staff had positive feedback. We made a recommendation about workplace culture and continuous management.

A range of audits were conducted at the location. Some of the audits had been missed, however information was available about areas for improvement. Due to missing audits and some poor results from internal checks, people's care was not of the quality they needed. The service had developed a plan to improve and was addressing issues. At the time of the inspection, additional support was given by area staff employed by the provider.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe.

People were safeguarded from abuse and neglect.

People had appropriate risk assessments and care plans.

Sufficient staff were not always deployed to meet people's needs.

People were not always protected against the risks associated with medicines

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for by staff that had not always received effective training and supervision.

Staff did not always act in compliance with the Mental Capacity Act (2005).

People were sometimes at risk of malnutrition.

People received appropriate support form external healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us that staff were kind.

People had an opportunity to input into their care planning and receipt.

People's privacy and dignity was respected.

Confidential personal information was protected.

Is the service responsive?

Good

The service was responsive.

People's preferences were taken into account.

People's care was personalised.

People's care was reviewed at regular intervals.

People had the ability to make complaints and received responses if they did.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Continuity of management was not maintained.

Staff felt the workplace culture required improvement.

People's care was checked through audits, but these were not operated effectively.

People's accidents or injuries were recorded, reported and investigated.

The service commenced steps to improve people's care.

Holyport Lodge Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by an adult social care inspector, a pharmacist inspector and three specialist advisors. Our specialist advisors were a registered nurse, a dietician and a Mental Capacity Act 2005 (MCA) assessor. The inspection took place on took place on 27 April 2016, 28 April 2016 and 29 April 2016 and was unannounced.

For this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public leading up to the inspection. We asked the local authority and clinical commissioning group for information to aid planning of our inspection.

During the inspection we spoke with the area manager, training manager, registered manager, the deputy manager, maintenance person, receptionist and administrator. We also spoke with five registered nurses, two care workers, a chef and two cleaners.

We spoke with five people who used the service and two relatives. We looked at 13 sets of records related to people's individual care needs. These included care plans, risk assessments and daily monitoring records. We also looked at nine staff personnel files and records associated with the management of the service, including quality audits. We asked the provider to send further documents after the inspection.

We looked throughout the service and observed care practices and people's interactions with staff during the inspection. Observations, where they took place, were from general observations. However we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe at Holyport Lodge Care Home. Relatives we spoke with agreed with the people who used the service. One person told us, "I have no complaints about the home, the staff are kind, I feel safe and well-cared for". A relative said, "Excellent recently, so much more improved; nothing is too much trouble". Another relative stated, "Yes, my mother is safe, although she doesn't particularly like [certain] carers".

People were protected from abuse and neglect. There was a good knowledge by registered nurses, care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. Staff we spoke with told us they would report colleagues if they found neglect had occurred. All staff we spoke with were aware of whistleblowing and authorities that they could approach if they needed to report something. The registered manager was clear about their role in managing safeguarding concerns. Safeguarding was included as part of mandatory new staff inductions and annual training. We saw the safeguarding policy dated June 2015 and found it was updated after the implementation of the Care Act 2014.

People were provided with safe care because their risk assessments and care plans reflected their individual needs. We looked at paper based records for 13 people who used the service. We could see that people's risks were thoroughly assessed and documented. In the risk assessments and care plans we examined, we saw a comprehensive range of documents. Examples included falls risks, general risk assessments, bed rail risk assessment, moving and handling and Waterlow scores (pressure ulcer prevention). People's allergies were noted within care plans and on the pre-admission assessments. We looked at the assessment and management of one person's complex skin wound, and found that risks were identified and mitigated to prevent the development of further pressure ulcers. We found other people's risks for developing pressure ulcers were assessed, although in limited examples the frequency of review scores was too far apart. This meant risk for people may have increased but was not detected by staff. We pointed this out to registered nurses during the inspection.

We examined safety of the premises and routine safety checks with the maintenance person. This staff member had thorough understanding of maintenance and safety procedures and was able to demonstrate continued mitigation of risks. There was extensive evidence and documentation that regular examination and testing of building and grounds safety were maintained. For example, we saw records such as risk assessments and maintenance plans for fire safety, portable appliance testing (PAT), lifting equipment (hoists and lifts), window restrictors and bed rails. We also reviewed prevention and control measures for Legionella. We examined a Legionella risk assessment conducted at the location by an external contractor in June 2015. This showed six remedial actions required action. The maintenance person was able to produce evidence of four remedial actions completed. However, the registered manager had not attended Legionella awareness training and water temperatures in the building's boiler were not always within the required range. After consultation with the Health and Safety Executive, we found that based on the content of the risk assessment and susceptible people at risk who used the service, water sampling for the presence

of Legionella should have occurred.

We recommend that the provider seeks expert advice regarding the prevention and control of Legionella.

The number of people who lived at the service varied at any given point. At the time of the inspection, the location had agreed with the local authority to temporarily cease admitting any new people. We reviewed the deployment of all staff categories with the managers during the inspection. We were advised of the daily staff shift patterns and deployment. The managers revealed that there were vacancies for both permanent registered nurses and care workers, and we found evidence of these advertised in the public domain. In the interim, agency registered nurses were placed on shifts not able to be covered by the provider's own staff. We found the agency staff were given shifts on a continuum in an attempt to ensure continuity for people who used the service. We reviewed three months' of rotas for 2016. These records matched the staffing deployment that managers had planned in advance.

We also asked for evidence from the location of how sufficient staffing was determined based on people's needs. We viewed a document called "Bupa resident care need bandings". This tool was completed for all people at the service and indicated the level of care required for each person based on their needs. However, people's conditions deteriorated over time meaning increased demand for nursing and personal care. The location was unable to show regular, repeated assessment of people's dependency and comparison of relevant staff deployment. The area manager sent us evidence after the inspection that an analysis of staffing deployment was completed and indicated safe staffing levels.

On one day, we arrived before 8am to check night shift staffing deployment. We found staff were busy ensuring people's hygiene, but that call bells were answered promptly. Most people were sleeping and only two people were out of their beds. We also completed observation of staffing deployment on two days of the inspection during the lunchtime meal service. We noted that on both occasions, staff were rushed and under pressure to provide meals for people who remained in their bedroom and for some people who required assistance with eating their meal. One person we observed waited 40 minutes in the dining room to receive their meal as staff were busy and chose to assist the person with eating as one of the last steps in the lunch service. We saw some positive interactions occurred between staff serving meals and people, although there was limited conversation and a task-based dining experience. Registered nurses were not observed in the dining room during both observations by us. Care workers were responsible for ensuring meal service and feeding assistance to people. There was no staff member designated to be in charge of overseeing the service of lunch.

People, relatives and staff we spoke with told us they felt that there were insufficient staff at various times of the day. People and relatives we spoke with that call bells were often not answered quickly and that people sometimes had to wait extended periods for a response. Evidence we viewed showed that these issues had been noted and that the provider needed to address how the staffing was safely deployed.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The location's administrator was responsible for ensuring fit and proper person checks were completed and recorded for new staff. We found the service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at nine personnel files of new and experienced staff. Staff we spoke with told us they had to pass a number of stages to be successful in gaining their employment. This included a face to face interview with a manager and question-based scenarios. Personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We found this included criminal history checks via the Disclosure and

Barring Service (DBS), checks of previous conduct in other roles, and proof of identification. We also checked the staff's legal rights to work in the UK. We found one worker who did not have the right to work. Once we notified the managers, immediate action was taken to resolve the matter.

We recommend that further action is taken by the provider to always ensure and review staff's rights to work in the UK.

A business continuity plan and emergency procedures were in place and updated so that if there were events which may impede safety for people, staff or visitors, appropriate procedures were followed. When we spoke with staff, they told us they knew what to do in the event of emergencies.

Medicines were stored securely. Medicines requiring refrigeration and those stored in one treatment room were kept within recommended temperature ranges. However, the thermometer within a second treatment room where medicines were stored indicated that the room had been too hot for most medicines.

Homely remedies (medicines which the public can buy to treat minor illnesses like headaches and colds) were available within the home. However, staff were unable to locate the GP authorisations to use homely remedies or records of administration. Information about allergies, "how I like to take my medicines", "when required" and "variable dose" medicines was held within each person's medicines administration record (MAR). One person self-administered some of their medicines following the completion of a risk enablement assessment.

The administration of medicines was recorded using MARs. A care worker explained how they applied creams to people as part of their personal care. We viewed administration records for three people with a care worker. These records indicated when creams had been applied to people. However, for most records the name of the product and where it had been applied was not recorded. Two people received their nutrition via a PEG tube (a feeding tube used to deliver specialist liquid feeds when people cannot take food orally). We reviewed their feed recording charts, and found that they were being given the correct volume of feed and water as recommended by the local nutrition team. However the particular PEG feed recorded as being given to people was not in line with recommendations from the local nutrition team.

The effectiveness of medicines was not appropriately monitored. Two people were prescribed "when required" and their care plans contained supporting actions including summoning expert advice. We reviewed the records for five people prescribed medicines that required blood monitoring. These records contained test results, subsequent scheduled tests and the exact dose to administer. However, the care plans for four of these people and one other person prescribed a similar medicine lacked details of the supporting actions. Details of summoning expert advice when people had been over or under treated was also absent. Another person was prescribed a medicine to be used "when required". However, a care plan was not available and blood monitoring was not being carried out to monitor the effectiveness of this treatment.

We were shown the most recent monthly medicines audit which had been undertaken the week before our inspection. This had noted similar concerns to those we had identified during the inspection. The provider's preferred community pharmacy had undertaken a medicines audit earlier in the year. However, the provider had not received their report which meant they were unable to act upon any of the concerns raised. Staff were auditing the MAR for signature gaps and leaving notes asking colleagues to retrospectively sign the MAR. However, we were unable to differentiate between signatures from the administration round and those that were retrospective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

Our findings

During the course of the inspection, we spoke with a range of staff that performed different roles in the location. This included staff that provided care, such as registered nurses and care workers and also staff that performed support functions. There was mixed feedback from staff we spoke with regarding their training and development. All of the staff we spoke with confirmed that they received some training in various relevant subjects specific to their role. However, when we questioned staff about the frequency of subjects like safeguarding vulnerable adults, moving and handling and fire safety, they were not able to tell us dates they last undertook the training or future scheduled dates for their attendance. When we looked at a training calendar with managers, we could see frequent offering of training at nearby care homes operated by the provider, and booking slots available. This did not indicate that staff were released from deployment of their role, booked on the upcoming courses or attended prior bookings.

The provider gave evidence that staff had a training plan of mandatory courses. We saw the plan indicated the course name and content, the required frequency of the training and the delivery method of the training. Although there was variety in the delivery methods of training, 12 of 14 training topics were via internet-based learning ('e-learning'). A workbook was given for basic food hygiene and instructor-led training occurred for people moving and handling. All of the training topics had refresher periods specified, but for some topics like dementia awareness and the Mental Capacity Act 2005 (MCA) we saw there was no designated refresher period specified. This meant staff could not be kept up to date with changes in legislation or how they should ensure effective care in the areas.

We asked the location and provider on repeated occasions to demonstrate that staff had the necessary training to perform their roles effectively. Evidence the provider sent to us was vague and not able to be interpreted in line with the regulation. The provider eventually sent us evidence of staff training in a summarised format. We then examined the evidence for the period May 2015 to May 2016. For some topics there was evidence that a good attendance rate by staff had occurred for the training. Other important topics were not completed by a high enough number of staff. For example, we found 33 staff had completed safeguarding of vulnerable adults. This meant there was a number of staff, according to the records, who had not completed the topic.

The overall completion rate for courses during the period we looked at ranged between 72% and 88%. From October to December 2015 inclusive, the percentage of staff that remained trained overall remained at or near 75%. Over a one year period, the provider's own compliance rate for training remained consistently above that obtained by staff employed at Holyport Lodge Care Home. Registered nurses who required clinical skills to deal with complex people who used the service had not always undertaken training to enable them to deal with issues. For example, more registered nurses needed training about urinary catheters, artificial feeding and diabetes management. This meant people could be at risk of being cared for by staff without appropriate knowledge or skills.

The provider's 'service improvement plan' detailed that better compliance with staff training and development was needed at the location. We looked at records that related to staff supervision and

performance development and appraisal. The provider had ready-made tools available for the location to use for the purpose of staff review and improvement. We saw that the latest registered manager had a clear plan for staff reviews and that several had taken place from the beginning of 2016. However, supervisions for staff since our last inspection were unsatisfactory. Staff did not always receive supervisions and many staff had not participated in scheduled performance reviews. Staff we spoke with during the inspection confirmed this with us. This meant staff had not consistently received the ability to improve their knowledge and skills to use in caring for people.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some new care workers had previous experience in adult social care and a small number had not worked in the industry before. We found new care workers, received effective induction and support to establish their knowledge and skills in their role. The provider also used industry-wide training methods for adult social care staff, such as Skills for Care's 'Care Certificate'. New care workers, where appropriate, were required to undertake the required 'Care Certificate' to ensure they were able to carry out their roles and responsibilities. The location's management and provider's trainers checked that care workers completed the modules required for completion of the 'Care Certificate'. This meant people received care from newly-commenced care workers who were appropriately trained for core tasks.

Care workers we spoke with were either undertaking or had successfully completed a Diploma in Health and Social Care. Some care workers had progressed to a higher level of the qualification and the provider had supported them with their learning. Time was made available to ensure that staff could meet with representatives from external training organisations in an office setting and progression to completion of the courses was encouraged. There was evidence that the provider encouraged care workers to apply for, attend and complete appropriate qualifications.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We spoke with the registered manager regarding standard DoLS authorisations at the location. At the time of the inspection, no people who used the service were subject to DoLS, although one application was made shortly before out inspection. However the registered manager told us they had considered making a further three applications for DoLS authorisations. We reviewed a provider document dated July 2014 titled "Deprivation of Liberty Safeguards Policy & Procedure" in addition to another document called "Resident Care - Mental Capacity Act". We found both documents contained some errors. For example, one document stated, "…the best interests checklist is not mandatory for all best interest decisions". This goes against the MCA Codes of Practice.

We reviewed the care documentation of four people who used the service and spoke with four others to determine whether the location assessed and recorded consent and mental capacity in accordance with the law. We found that two people's care records indicated they were unable to make decisions for themselves.

This included making decisions about whether to remain inside the care home or leave. The people were deprived of their liberty unlawfully. The restriction was that for their own protection, the people were not allowed to leave the service by themselves. The relevant DoLS application had not been made or an authorisation approved to allow the people to be deprived of their liberty. We also spoke with four staff regarding consent and mental capacity for people who used the service. Some staff indicated they had received training in relevant areas, but others stated they had not received training and had limited knowledge.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at eight care records and spoke with four staff about nutrition and hydration for people who used the service. The provider used the malnutrition universal screening tool (MUST) to determine people's risk of malnutrition. We found this was completed for all people whose care record was reviewed and each person also had a nutrition care plan in their care record. However, MUST completion was incorrect for five out of eight people's records that we inspected. In all cases MUST completion was incorrect due to erroneous completion of scoring associated with weight loss. This meant some people were assessed as having a lower risk of malnutrition than they actually had. Some people's malnutrition was neither identified nor treated. Additionally, one staff member we spoke with reported having received no training about how to complete MUST correctly.

The provider's own guidance stated that people at high risk of malnutrition according to MUST scores should be weighed weekly. One person's file we reviewed showed they were at high risk on 31 March 2016 but had not been weighed since this date. When weighed on 29 April 2016 the resident had lost more than 5% of their body weight in one month. Food record charts and observations at lunchtime on the same day showed this person to have a very small food intake. On admission, the 'My day, my life, my short stay – Eating and drinking' form stated "Requires encouragement ++ eating". We observed the person did not receive help or encouragement to eat. A safeguarding referral was raised with the local authority for this person during our inspection.

For three people whose care records we reviewed, no weights were recorded between November 2015 and January 2016. No audit of correct MUST completion had taken place in the last year. We found nutrition care records did not always contain information which would impact on people's weight or nutritional needs. For example, for people with cellulitis, a pressure ulcer or those trying to lose weight these factors were not referred to in the care plan. This meant that for one person sudden, significant weight losses and gains were not identified due to cellulitis. For two other people, gradual weight loss was not identified as due to planned weight loss. There was a lack of clear communication between nursing, care and catering staff regarding which people were at risk of malnutrition and what the nutritional plan was for each. For example neither care nor catering staff were aware of what 'high risk according to MUST' meant for a person. This meant people were not always supported to have sufficient quantities to eat and drink in order maintain a balanced diet.

A member of the catering staff told us they had training on appropriate preparation of pureed food and demonstrated understanding of the importance of increasing nutrients in pureed food. However they reported preparing milk puddings and custard with artificial sweetener, instead of sugar for everyone, because, "…a lot of residents have diabetes". This does not demonstrate person-centred care because it took away people's individual preferences and choices.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

People's health was measured and recorded in their care documentation. There was some evidence that important clinical information, like people's blood pressures and weights were not always assessed and recorded as routinely as required. When some of the measurements were considered outside of the 'normal' range, sometimes clear decision making about the staff intervention was not recorded. This meant that people whose health was at risk of deterioration may have been subjected to a delay in corrective action by the staff. However, the provider's 'Care and quality' summary sheet dated 18 April 2016 had detailed this finding and this was communicated to the relevant managers.

People were supported by the service to attend all necessary medical and healthcare appointments away from the care home. Examples of good support to people related to healthcare included assistance with GP visits and helping people to understand correspondence they had received about appointments or blood tests. Where additional time was required to help with health appointments, the service provided escorts for people, if required. Staff we spoke with were knowledgeable about people's ongoing health matters, especially for illnesses or diseases where appropriate external healthcare was necessary. GPs regularly visited the care home to review people's needs.

Good

Is the service caring?

Our findings

People we spoke with expressed that staff were kind and caring. One person's feedback included, "The food is not bad, I particularly liked the upside down pudding, there is a wonderful variation and a good manager." Another person told us, "It's the best home in the area." A third person stated, "This home was recommended. I go downstairs sometimes. At other times I stay in my room. The staff here are very good and so are the domestics…always smiling. I don't like activities but I do have a choice." One relative said, when asked 'is the service caring?' replied, "Excellent recently, so much more improved; nothing is too much trouble". This meant the people we spoke with were satisfied that the support they received from the service was caring.

The provider contracted an external researcher to conduct annual satisfaction surveys with people who use the service. We looked at the results from the December 2015 report. Only seven people who lived at Holyport Lodge Care Home at the time completed the survey. People's opinions were divided. However, the people who completed the survey felt the top three strengths at the home were staff, that they were content and that staff were warm and friendly. The areas for improvement were detailed as the quality of care people received, availability of staff and staff response times. We reviewed several versions of the provider's 'service improvement plan' as part of the inspection. We noted that results from the May 2016 copies did not contain information about how the location would address people's concerns recorded in the most recent satisfaction survey.

During the inspection, our visual observations of people's interactions with staff were positive. People were addressed by their preferred names, staff were attentive to people's needs and staff acted professionally with relatives and visitors. There were limited occasions when staff were inattentive to people's needs. For example, an inspector observed a person wandering about calling out for staff. Although staff were close by, they did not attend to the person and needed to be informed by the inspector that the person sought assistance.

We reviewed people's care records to determine their level of involvement in planning, making choices and being able to change the care if they wanted. We found people who had the ability to were free to make changes if they desired. Where people's conditions meant they may not be as involved in the planning or receipt of care, relatives and healthcare professionals were consulted to ensure that the person received the best possible care. Best-interest decision making was less evident in care records, although we found occasions where decisions were made without considering what the best outcome would be. However, the service took into account people's personal preference, likes and dislikes and tried to embed these into the care that staff provided.

We found that people received care which was dignified and respectful. When we asked people whether their privacy and dignity was respected by staff they told us they agreed. Staff explained they demonstrated privacy when hygiene care was provided, by closing bedroom doors and curtains in people's rooms. We observed staff knock on people's bedroom doors when they were closed. Staff announced their presence and sought consent from people to enter their rooms.

One staff member we spoke with told us about their experience of ensuring people's dignity. They told us they intervened when other staff members spoke in languages other than English in front of people who used the service. They also told us about another example of where they had observed a member of staff failing to preserve the dignity of a person when being assisted to use the toilet. The staff member described correcting the member of staff. This staff member spoke of the importance of 'leading by example'.

Confidentiality in all formats was maintained, especially in paper records. We did not observe any instances of people's personal information being located at an inappropriate place at the building. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant the provider ensured that confidential personal information was handled with sensitivity and complied with the required legislation.

Good

Is the service responsive?

Our findings

People and their relatives felt the care delivered was personalised and responsive to their needs. In reference to our questions about 'responsive', one person told us they thought, "Pretty much everyone does the best they can." People had the right to have their say through 'residents' meetings. We looked at meeting minutes from the December 2015 and April 2016 meetings. We saw people had stated their opinions and requests for improvements and this was documented. The service used a tool called 'resident of the day' where the staff team met briefly during a shift to review one person's needs in detail. Any changes in care were discussed and communicated amongst the team at the meeting. We saw evidence from the April 2016 'residents' meeting' that relatives felt this was a beneficial aspect of care and wanted more involvement in the process. We also spoke with four staff members to understand whether they felt care at Holyport Lodge Care Home was 'responsive'. They told us they thought that care was personalised and that people had the ability to express their feelings and concerns. One staff member we spoke with told us they felt people were encouraged and supported to make decisions in their care and treatment.

People who used the service had their personal needs and preferences taken into account before care commenced and throughout the continuation of their stay. The provider's 'pre-admission and review assessment' form recorded specific information important to the person. For example, we saw people could state their cultural and religious practice, goals and achievements and end of life wishes. People's preferences were reviewed at regular intervals and we saw evidence of this in the care plans we examined. People were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. People could make a preference about the gender of the staff assigned to provide care for them. The registered manager explained that pre-admission assessments by the service ensured that questions were asked to ensure the person received person-centred care when they moved in. The registered manager also stated that care changes were made to take people's views into account if they changed. This meant the service adapted to people's changing needs.

People were encouraged to maintain an active social life. The layout of the building meant that group activities were limited to the ground floor. However, expansive gardens surrounding the building were landscaped in 2015 and promoted people going outside during satisfactory periods of weather. We found there was a ready supply of equipment and materials to support activities. There had been recent changes in the relevant staffing to ensure a better provision of activities for people. The provider had already identified that the activities programme could be improved and we saw this was included in their 'service improvement plan'. The service was located directly opposite The Green in Holyport, where numerous visiting social activities occurred throughout the year. For example there were carnivals and a steam fair and people were able to safely mobilise across the street from the service were encouraged and supported to attend. Activities coordinators were also part of the routine care at Holyport Lodge Care Home. They helped with personal care at some times of the day. We saw there was a suitable activities programme and observed activities in progress during the inspection. One example of an activity we witnessed was a musical theatre and a number of people attended and enjoyed the show. People we spoke with about the event said they enjoyed the show. This meant people were socially stimulated and encouraged to maintain an independent lifestyle.

The provider had a complaints policy and procedure. Staff were made aware of this during induction and we observed a copy was easily available for people, relatives and staff to access. We also observed that complaints posters were displayed in various locations around the home if people or relatives needed details. Staff we spoke with knew about the policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well. We viewed the location's complaints register during the inspection. This was in line with the provider's complaint policy. The manager and deputy manager conducted investigations, held meetings with people or relatives, provided a written response to complainants and made changes to prevent an issue recurring. In a limited number of complaints examples, the issue was escalated to the area manager for consideration. People had the right to make contact with other regulators regarding their complaint. This meant that people's complaints were handled seriously and professionally.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection, the service was supported by staff from the provider who were not employed at a local level. An interim area manager and a regional support manager visited the service weekly. This was because frequent changes in management of the service over time had impacted on the ability of the care for people to be well-led. At our inspection, it was the deputy manager's last working day and the post had not been filled, although the provider had commenced the recruitment process. Between our last inspection and this inspection, there was a turnover of managers. A new manager commenced in late 2015 and had completed an application for registration with us. This was finalised at the same time of our inspection, which meant the provider was meeting a condition of their registration for the service. We received negative feedback through our national customer service centre on three occasions in 2015 regarding the service's management. This meant the turnover of the management team created an impact for people who used the service, relatives and staff. When we spoke with them, they expressed that the changes in managers had created instability, resignations of other staff and a lack of continuity.

We looked at a staff survey conducted by the provider with results from November 2015. These did not indicate a positive working culture and staff opinion about management was poor. For example, we saw that 53% of staff who participated felt that insufficient training and development was invested by management. Another example from the report was that only 17% of staff felt their manager "…kept their commitments." When compared with results from the same 2014 staff survey, the 2015 results showed decreases in staff opinion about respect from management and overall leadership. We also looked at staff meeting minutes from December 2015 and found that operational issues were discussed such as safeguarding and people's care documentation. There was no mention in this meeting of improving workplace culture or leadership. However, a meeting in February 2016 when twelve staff attended was specific to the prior year's staff survey results. An excerpt from the staff meeting minutes stated, "Staff present expressed how they had felt very unsupported throughout 2015 due to a high turnover of managers and promises of managers staying." The minutes had five points the staff team planned to work on to improve leadership. Staff that would lead the changes and target dates for achievement were not recorded. When we reviewed the location's 'service improvement plan', we found that other than recruitment, a well-led service and promotion of a positive workplace environment were not documented as areas for improvement.

We recommend that the service takes action to promote a positive workplace culture and ensure continuity of management.

We received positive feedback from people, relatives and staff about the new manager as an individual. A relative we spoke with stated, "Holyport has changed; sometimes there is a staff shortage but since the new manager had started I consider that there has been an improvement." One staff member commented, "The manager does a very good job". Another staff member said the manager was, "Bringing Holyport Lodge up to where it was" and that they believed the home was well-led because "[The manager] is the right person. They felt a change had occurred because of the management style of the new manager. Due to the length of time in post, the registered manager was able to provide some information about the staff team, people

who used the service, the service's strengths and areas for improvement during the inspection. However, the registered manager was still implementing a lot of systems and processes that the provider required. We saw some progress had been achieved since their commencement in post. For example, staff supervisions had occurred and were recorded. When we asked for some documents at the inspection, they were not able to be provided. The service sent other documents we requested following the inspection.

The inspection methodology meant a significant portion of our time was spent with the interim area manager, registered manager and deputy manager asking questions and examining evidence. We found the management of the service was transparent, approachable and knowledgeable. The interim area manager and registered manager demonstrated a good working rapport and that they embraced change, despite some initial difficulties and local challenges. They explained that resources from the provider were being used to improve continuity and results in key areas, such as auditing and management oversight.

The provider's vision was to drive continuous improvement by identification of shortfalls and use corrective action where changes were required. This was evident from the local Statement of Purpose and various other corporate documents we viewed at the inspection. The provider published a calendar of the necessary checks that Holyport Lodge Care Home was required to undertake. Examples of audits required included medicines, 'resident of the day', care plans, infection control, nutrition and 'customer satisfaction'. However, there were instances where these were not completed in line with the provider's expectations. For example, we found the nutrition audit was not completed in January and April 2016 as set out by the schedule. Our evidence showed the dining experience and malnutrition were risks at the service. Without conducting the full list of audits, the service could not be aware of areas that required improvement. Without knowledge of strengths and weaknesses they were also unable to communicate this information to other areas of the organisation.

Some audits were conducted which provided vital information to improve care at the service. An example we looked at was the 'monthly home manager review'. This was a review conducted by the area manager using an established tool to determine compliance with safety and operational factors. Risk rating using colour codes (red, amber and green) were assigned based on the scores. We looked at three examples of the results. The November 2015 audit showed half of the items in the audit tool were not considered compliant. The January 2016 results demonstrated failures in staffing, quality assurance, medicines management and training. In the March 2016 results, the service failed 14 of 20 items listed in the audit. For example, these included administration, staffing, care documentation and wound management. Another audit carried our periodically by the provider's quality manager was the 'care and quality audit'. The service had results from four similar audits in March 2016 and April 2016. The service was rated 'amber' in the latest audit result from April 2016. A number of areas were highlighted for improvement. Included under the 'well-led' heading was "Audits to be undertaken as per audit schedule". Whilst systems and processes were established, they were not operated effectively to ensure the quality and safety of the service provided.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The local authority had identified issues about people's safety in 2016 during routine commissioning visits. The areas of concern were communicated to the provider. The concerns about the service were recognised by the provider and resources were gradually allocated to address areas for improvement. The location used a 'service improvement plan' which listed actions required, who was responsible, due dates for action and listed progress towards action completion. When we looked at versions of the document, we found that initial versions of the document were complex and not specific. After meeting with the local authority and the CQC, the provider revised their plan and commenced submission of updates to the local authority. Later versions of the 'service improvement plan' were more focused. However we found that key areas for

improvement already identified by the provider were absent from the document. For example, people and staff satisfaction.

Accidents and incidents were recorded by staff and reviewed by managers. Where necessary investigations occurred to determine the cause of incidents and whether recurrence could be prevented. The registered manager showed us their analysis record of people's falls. This demonstrated themes or patterns in the falls and informed the management team of things that could be done to prevent future falls. The tool was an example of good governance introduced by the registered manager. Due to legislative requirements, there were a number of times that the service needed to notify us of certain events which occurred at the service. However, we found the management complied with the regulatory requirements to notify us regarding the running of the service, and always provided accurate detailed information without delay. When we spoke with the registered manager and deputy manager, they were able to explain the circumstances under which they would send notifications to us. We found one occasion where a serious injury of a person who used the service was not recorded. This meant that in almost every occasion, events which impacted people's care were reported to relevant parties for monitoring.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised at this service. At the time of the inspection, the service had a duty of candour policy dated September 2014. The policy clearly set out the steps for the registered manager to follow if the duty of candour requirement was triggered.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of service users was not provided with the consent of the relevant person. The registered person did not act in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The registered person did not ensure the proper and safe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The nutritional and hydration needs of service users were not met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure compliance. The registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the

experience of service users in receiving those services).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Persons employed by the service provider in the provision of the regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.