

Holly Lodge (Bridlington) Limited

Holly Lodge Residential Home

Inspection report

8-10 Station Avenue
Bridlington
Humberside
YO16 4LZ

Tel: 01262678508

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly Lodge is a residential care home, based across two adjacent houses, supporting up to 19 people. The service was registered to support people who have a mental health condition.

People's experience of using this service

We received positive views from people about the support provided. Care and support was tailored to each person's needs and preferences. People were supported to remain independent and access to activities within the local community was promoted and supported.

People were fully involved in developing and updating their planned care and risk management plans. Staff knew people's likes and dislikes well and people felt happy with the support they received.

People's communication needs were known and met. Recruitment checks were in place to ensure staff were suitable to work at the service. Staff had received regular ongoing training and support to enable them to carry out their role. Staff were skilled to meet the needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People received their medicines on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

Relatives and staff told us the registered manager and management team were approachable. All feedback was used to make continuous improvements to the service. The provider had systems in place to safeguard people from abuse. Staff demonstrated a clear awareness of safety and how to minimise risks to the people who used the service.

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

Rating at last inspection

The last rating for this service was good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Holly Lodge Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with the registered manager, the area manager, two care workers and five people who use the service. We looked at two people's care records in full. We also looked at people's medication administration records and a selection of documentation about the management and running of the service. We looked at recruitment information for two members of staff, staff training records and policies and procedures.

After the inspection

We contacted two social care professionals. One gave feedback about 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

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

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe. One person told us, "I feel safe here, I know the staff look out for me."
- There were enough staff available to meet people's needs.
- Checks were in place to ensure staff were recruited safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained explanations of the control measures and strategies for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Accidents and incidents were responded to appropriately. The registered manager reviewed all accidents and lessons learnt was evidenced.

Using medicines safely

- Medicines arrangements were safe and managed appropriately; people received their medicines when they should.
- Not all 'as and when' required medication had a protocol in place. The registered manager provided reassurance during the inspection this would be addressed.

Preventing and controlling infection

- We observed staff to follow good infection control practices and to use personal protective equipment to help prevent the spread of infection.
- The environment was clean and well maintained to prevent the risk of infection. Recent improvements to the environment including new carpets and decorating supported this.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were sufficiently supported to fulfil their role. Regular supervisions and annual appraisals took place.
- Staff felt supported by the management team and told us they could approach them at any time for advice.
- A staff induction and training programme was in place. Staff told us they regularly attended training including on line learning and local authority courses. There was a commitment from the management team to promote and encourage attendance on training and for staff to increase their knowledge and skills.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed, and these had been reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.
- The service was adaptable to meet the needs of people, working with other services to provide a package of care and support to meet the person's needs.

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

- People were supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration. People could eat at any time and this was accommodated by staff without hesitation.
- People gave positive feedback regarding the food. One person told us, "The food is lovely. I can ask for whatever I want if I don't fancy what's on the menu." People were consulted regarding menu's and food preferences and changes were made accordingly.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- Systems to record contact with professionals were clear.

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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Where the person did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in the person's best interests.
- No applications had been made to deprive a person of their liberty.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness; they were actively listened to and their choices respected. One person told us, "I am happy here."
- Staff were friendly and demonstrated a passion for providing a good quality service. They made changes to shift patterns to ensure they could provide caring support at times when people needed it.
- The atmosphere of the service was relaxed and calm. People were observed to look happy and comfortable with one another.
- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them. A consistent staff team meant that people knew staff well. One person told us, "I know staff well and they know me." A visiting healthcare professional told us, "The staff are knowledgeable about people, they can always answer any question I ask."

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support. Where needed they sought external professional help to support decision making for people, such as other health professionals.
- Open and honest relationships had been created to enable people to express their views. One person told us, "If I tell staff I want something they will come and sort it out for me, they listen to me"

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. Changes were made to the home environment to help promote people's privacy, for example, providing en-suite toilet facilities.
- People were supported to remain as independent as possible. Staff could describe how people were encouraged and supported to do things for themselves, including house hold tasks and accessing the community.
- Systems were in place to maintain confidentiality and staff understood the importance of this. Care files and other private and confidential information was stored securely.

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 good. At this inspection this key question has remained the same. 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 needs and information on how best to meet their preferences were identified, met and reviewed.

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

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- People regularly engaged in the local community. People were supported to identify and engage in local groups to suit their interests. This had a positive impact on their wellbeing.
- People were supported to maintain contact with family and friends.

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 identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

Improving care quality in response to complaints or concerns

- There was systems in place to respond to any complaints. The complaints procedure was available within the service. Suggestion boxes and regular meetings provided further opportunities for concerns or complaints to be shared.

End of life care and support

- End of life care planning was in place. Care plans reflected people's choices at end of life.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their legal responsibilities to ensure regulations were being met. Notification's were submitted to CQC and the registered manager kept us informed of information regarding the service.
- People we spoke with had confidence in the registered manager, management team and the care staff. A visiting social care professional told us, "The registered manager is very good and knows their staff team well. They would cover shifts when needed, not all managers would do that."
- People were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people in discussions about their care.
- There were opportunities where people could be involved in the service. We saw staff and people regularly had meetings and completed questionnaires to provide feedback about the care provided. Information was shared with people including any actions taken.
- Staff told us the management team including the provider was approachable and would listen to their concerns or ideas.

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 management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked closely with key organisations and had good links within the local community to ensure good outcomes for people.