Eastern Healthcare Ltd

The Hollies and Hollies Lodge

Inspection report

Brick Kiln Lane
Morningthorpe
Norwich
Norfolk
NR15 2LH

Tel: 01508530540

Date of inspection visit:
19 December 2016

Date of publication:
16 February 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 19 December 2016.

We previously carried out a comprehensive inspection at The Holies and Hollies Lodge on 21 and 23 January 2015. At this inspection, we found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. This was because we identified concerns in respect to the safe management of medicines. The service received an overall rating of 'requires improvement' from that comprehensive inspection.

After our inspection in January 2015, the provider wrote to us to tell us what action they were taking to meet the legal requirements in relation to the breach.

We undertook this unannounced comprehensive inspection in December 2016 to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. At this inspection, we found improvements had been made in the required areas and the provider was no longer in breach of the regulations.

The Hollies and Hollies Lodge provides accommodation and personal care for up to 23 adults living with a long-term mental health condition. On the day of our visit, there were 22 people using the service.

The home had a registered manager in place. 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 registered manager had been in post since March 2016.

Staff were aware of their role in safeguarding people from the risk of abuse and had received appropriate training. Risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Medicines were managed safely and in accordance with current regulations and guidance. There were

systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Where people required the use of 'as and when' medicines (PRN), these were given safely.

There was positive interaction between people and the staff supporting them. Staff spoke to people with understanding, warmth and respect and gave people opportunities to make choices. Staff knew each person's needs and preferences in detail, and used this knowledge to provide tailored support to people.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff received specific training in this area and were able to explain to us how they used this in their work.

People were supported to eat and drink sufficiently to maintain a balanced diet and encouraged to be involved in supporting themselves at mealtimes. People were supported to maintain good health and received support from healthcare professionals when required.

People's individual care plans included information about what was important to them. People participated in a range of different social activities and were supported to access the local community.

The registered manager and staff knew what they should do if anyone made a complaint.

Staff liked working at the service and felt there was a good team spirit, which had improved greatly since the appointment of the registered manager. Staff meetings took place regularly, staff felt confident to discuss ideas and raise issues with managers at any time.

People were asked about the quality of the service and feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

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.

Staff were able to recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely. Staff were knowledgeable about the medicines they were giving.

Is the service effective?

Good

The service was effective.

Staff had regular training and supervision to enable them to carry out their role effectively.

People were supported to have enough to eat and drink.

People had access to a GP and other health care professionals when they needed support with their healthcare.

Is the service caring?

Good

The service was caring.

People were supported in a kind and compassionate manner.

People were encouraged and supported to have input into their care.

Staff treated people with dignity and respect and people's independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and preferences.

People were supported to engage in a wide range of activities that met their needs and reflected their interests.

People were encouraged to have active lives, to be part of their community and maintain relationships.

Is the service well-led?

Good

The service was well led.

People who used the service and staff found the registered manager approachable and available. Staff felt well supported.

Opportunities were available for people to give feedback, express their views and be listened to.

Systems were in place to gather information about the safety and quality of the service and to support the registered manager to continually improve these.

The Hollies and Hollies Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 December 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed 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 this and also the information available to us about the home, such as the notifications they sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with four people using the service and two members of staff, as well as the registered manager. We observed interactions between people and staff around the home. We also spoke to one social worker who oversaw placements for seven people living at the home.

We looked at records for three people using the service, including care plans, medicine administration records, health care records and risk assessments. We also looked at records in relation to the running of the home. This included three staff files containing training and induction records and recruitment information as well as audits, surveys and minutes of meetings.

Good

Is the service safe?

Our findings

At our last inspection in January 2015, we identified shortfalls in the safe management of people's medicines. This was in relation to how medicines were stored, checks on the stocks of medicines and guidance about the use of 'as and when required' (PRN) medicines. PRN medicines are medicines that are prescribed to people and given when necessary. At this inspection, we saw that improvements had been made to the safe management of people's medicines.

The home had a clear medicines administration policy to which staff had access. Each person had a medicines administration record (MAR), from this we could see that people received their medicines as intended by the prescriber. We looked at MAR records for the four weeks prior to our inspection and there were no omissions in the recording of administration. Any unused medicines had been returned to the pharmacy for destruction. We saw that regular audits of people's medicines took place. The registered manager told us that they had recently reviewed the methods used, and was implementing a new system.

Information about the medicines that people were taking, including risks and possible side effects, was available for staff and people to access. There were records for 'as required' (PRN) medicines. We saw that each person had a protocol for taking these medicines, which contained detailed information and indicators as to why and when people would need to take these medicines. This was important information to have as a number of people living as the home had medicines to reduce anxiety, which should only be taken in specific circumstances. Staff knew when and why PRN medicines could be administered to people.

Medicines were stored in a dedicated room that was secure. This also allowed people to receive their medicines in private. Medicines that need to be refrigerated were in a suitable lockable fridge and daily checks of the internal temperature taken to ensure medicines were stored safely. Staff told us that they had received training in the administration of medicines and felt confident that they had the skills to do this safely. Staff confirmed they were assessed regularly to deem if they were competent to administer medicines.

People we spoke with told us that they felt safe. One person told us, "I feel safe here, I feel settled, I have no concerns." Staff had the knowledge and confidence to identify safeguarding concerns and understood their responsibilities for reporting these. Staff told us that they would report any concerns they had about people's safety to the local authority, the police or the Care Quality Commission (CQC) if they felt that the registered manger or provider did not take their concerns seriously. One member of staff we spoke with told us, "We know how to keep people safe here, we are trained to recognise when they may be a risk to themselves, we know the indicators they may show when things are not right. We know what to do when this happens."

Staff knew how to support people to manage their behaviour if it challenged themselves or others. Staff told us that they had received training in de-escalation techniques, and were clear about how to support people when they became distressed and upset for the protection of themselves, the person and other people living in the home.

People where they wanted to were involved in the writing of risk assessments to keep them safe. Staff told us that people had input into how risks were managed and mitigated. For example, one person worked with their key worker on how they looked after their possessions in communal areas. This meant there was a reduction in incidents of conflict with other people living in the home. Detailed risk assessments gave guidance for staff on how to support people in the least restrictive way. Risk assessments were written for people's mental health needs, physical health needs, self-care and medication.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. Records were detailed and noted the issue, the outcome of any investigation and any learning from this.

There were arrangements in place to deal with emergencies such as for fire. People had detailed plans in place, which identified the support they needed if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire.

There were systems in place to monitor the safety of the environment and equipment used within the service thereby minimising risks to people. We saw evidence that equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the service and gardens safely and independently.

People told us that they felt there were enough staff to keep them safe and meet their needs. We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. The registered manager used a tool that calculated the amount of support each person living in the home needed. The registered manager told us that they worked a rotation of early, late and daytime shifts so that they were able to observe how the home was operating across the day. The registered manager told us that a senior member of staff provided on call support to staff during night times.

The service followed safe recruitment practices. Files we looked at showed pre-employment checks were undertaken for staff. This included satisfactory references from their previous employer, an application form and a recent designated barring scheme criminal records (DBS) check had been completed. We saw that in two cases, gaps in staffs employments history were not recorded when explored at interview. We spoke to the registered manager about this. They told us the reasons why there were gaps in their employment history, and it was an oversight that this had not been recorded. We were able to speak to those staff members. They confirmed these reasons and told us they were asked about this during their interview. The registered manager told us that they would ensure that these details would be recorded in future. This minimised the risk of people being cared for by staff who were inappropriate for the role.

Good

Is the service effective?

Our findings

People told us that they felt staff had the necessary skills and training to provide them with the support they needed. Staff told us that they felt that they had the knowledge and training so that they could give people the care and support required. From our discussions with staff and our review of the records, we found this to be the case.

All staff we spoke to told us that they had completed an induction period when they started employment at the home. Training records showed that all staff had completed an induction and training programme, which included fire safety, safeguarding of adults, first aid and the administration of medicines.

The registered manager told us that new staff were supported to complete the Care Certificate. The Care Certificate is a qualification covering the minimum standards that all workers in health and social care should adhere to. They also told us that once staff had completed their probation period, they were enrolled on the level 2 diploma in health and social care. Additional training was also provided for staff that was specific to the needs of people living at the home. For example, staff undertook training with local health professionals in the management of diabetes; they also undertook training in supporting people with mental health needs.

Staff told us they received supervision every month. They told us this provided them with useful support that helped them work more effectively with people. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work. The registered manager told us that staff meetings took place frequently. We looked at records of these meetings and could see that a wide range of topics was discussed. This included discussing how people were, what had gone well for them, and what had not. Staff were invited to make suggestions for improvements, and ideas for activities.

The 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 services 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.

Throughout the inspection, we saw staff asking people for their consent before providing support to them. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. We saw that people who needed their medicines managed for them, had a MCA assessment completed or had consented to medicines being managed on their behalf. The registered manager and staff demonstrated a good understanding of the MCA and DoLS. One member

of staff told us, "You can't assume people don't have capacity unless that has been assessed. For example, just because they do not have the capacity to manage their own money, it doesn't mean they lack capacity for everything else in their lives." Staff were able to recognise that people's capacity could fluctuate and be affected by their mental health. At the time of our inspection, nobody living at the home required a DoLS application to be made.

People were supported to have enough to eat and drink. People told us that they enjoyed the food and that their requests and suggestions were listened to. One person told us, "The food is nice, staff ask me what I want, and if I want something that's different they will make it." Another person told us, "The food is very good." Staff were able to tell us about people's individual needs for eating and drinking. For example, where people required pureed food or drinks that needed to be thickened. People with dietary requirements to manage health conditions told us this was arranged for them. People were able to choose where they wanted to eat, in either the communal dining areas or their own room. Staff told us that they monitored this closely, as it could be an indicator for some people that their mental health was not stable and their anxiety levels had raised.

The registered manager and staff supported people to maintain good physical and mental health. People living at the service were registered with a GP and a dentist. People we spoke with told us that they had appointments with them when they wanted. Staff told us that they knew people well enough so that they could recognise the signs of when they were not well. Staff saw this as important as not all people were able to say how they felt. The registered manager told us that they worked directly with local community professionals to ensure that people's health was regularly reviewed and supported by the appropriate experts. We saw in people's daily records that detailed information obtained during appointments with healthcare professionals was added to people's care plans and changes made where required.

Good

Is the service caring?

Our findings

People we spoke with told us that they felt well cared for, and their views about their care were understood and acted on by staff. One person told us, "Staff are good at listening, they help me where they can." Another person told us, "Staff treat me well, they talk to me, make sure I am okay and that I have what I need, I like it here." People told us that staff were approachable and took time to sit and talk to them.

There was a homely and relaxed atmosphere and we observed that interactions between people and staff were positive and friendly. The registered manager told us that there were regular social events and that people were welcome to invite friends and relatives. We saw photographs of social events that had been organised over the previous year, such as a trip to the seaside. When we spoke with people living at the home they told us that they could have visitors if they wished and that they could visit anytime.

Staff demonstrated a strong commitment to providing compassionate care. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and characters. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions and communication.

People living in the home told us that they were consulted about their care and support needs. One person told us they had a care plan and discussed what was included in it with their key worker. Some people told us that they did not have a copy of the care plan but had signed it and were happy with this. During our inspection, we saw a person speaking with the registered manager, to have something changed in their care plan, which was actioned straight away. Staff were able to demonstrate that they knew people's preferences and life stories when we spoke with them.

The registered manager told us that they had recently arranged for one person living at the home to access an advocacy service. This was identified as a need for the person through time spent talking with their keyworker. This meant that staff were able to identify when people needed independent support and how to find it.

We saw that staff gave people time and space to do the things that they wanted to do, and to make their own choices. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. We observed that staff knocked on people's doors and waited for them to answer before entering their rooms. People's information was kept confidential and secure. One member of staff told us, "It's important to treat people well. I treat people how I want to be treated myself, I make sure I close doors when giving care, I try to give advice and guidance for people who need it when dressing themselves, we make sure we handover information in private, you have to be careful to share information confidentially."

Staff supported people and encouraged them, where they were able, to be as independent as possible. A social worker that we spoke to told us that they had seen improvements in staff supporting people to be involved in the preparation of meals and supporting themselves at mealtimes. For example, they said that the registered manager had introduced small but significant steps for a person to achieve this, starting with them buttering their own toast. The social worker felt that these small 'stepping stones' was an important improvement for this person.

Good

Is the service responsive?

Our findings

People were involved in developing their care plans and these were personalised. The examples seen were thorough and reflected people's needs and choices and included details of their likes and dislikes. We saw that there were sections detailing what people would like to happen in their lives, and what was important to them.

Care records showed that people had been involved in the initial assessments and on-going reviews of their needs. As part of the initial assessment, people were invited to visit and stay overnight at the service to become familiar with the home before moving in on a permanent basis. We saw that information obtained from people, their relatives and other support agencies involved in their care needs was used to inform their care plan. We found people's views on how they wished to be cared for including information relating to their independence, health and welfare recorded in the care plans we looked at. Care plans were personalised and contained information on people's varying levels of needs, their preferences, histories and wishes on how to support them. People told us that they had regular meetings with their key worker, which included reviewing their care plan, and given records of these meetings. People told us that this was important to them.

People's plans were evaluated on a regular basis with their key workers and the registered manager. A yearly review of their entire care needs was carried out, which involved their key workers and social worker. People were able to attend this review if they wished. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have. Staff we spoke with were aware of what was in people's support plans, and told us that they read these when they first started working at the home, and subsequently when they were updated. We saw staff had signed a section in the care plan to say that they had read them.

Each person had a document detailing the support they needed if they were experiencing a crisis in their mental health, containing details and procedures for contacting people's community health professionals. This meant that staff could access information they needed to in the event of an emergency and get the support a person needed immediately. Some people also had a missing persons profile if they had a history of, or a risk that they may leave the home and not return for an extended period. These were written using the local authority's recognised guidelines. They contained essential information that could be passed onto the police if required so that the person could be located and return to the home safely.

Staff were able to demonstrate how they responded to people's concerns and well-being in a prompt but sensitive manner. We saw changes in people's behaviour were recorded and monitored to identify what could have triggered the changes. Information relating to people's well-being was shared with staff during handovers to ensure the action taken by staff was consistent and person-centred. Social workers and healthcare professionals were made aware of changes in people's behaviours and staff sought medical advice if required.

Staff told us that people were able to get up at the time of their choosing, people we spoke to confirmed

this, and that everyone had their own routine. We saw that the service used a daily handover system, in which all changes and incidents were shared. This allowed them enough time to receive or share the information that they needed to know about people's care needs. People we spoke to told us that they were able to participate in activities of their choosing, both in the home and out in the community. One person told us, "The staff come and knock on your door to remind you what's going on. I do Zumba once a week, which I enjoy. I really like my one to one time with staff the most though." Staff told us that each person had sessions of one-to-one time allocated. They told us people could choose to do whatever they wanted to with this time. They told us that some people chose to access the local community, and that some people preferred to use the time to, "relax, have a coffee and a good chat." People told us that there were regular activities on offer at the home, such as dancing lessons, arts lessons and board games sessions.

We found that people received the care they required in a personalised way. For example, bedrooms were single occupancy and were personalised to reflect people's individual choices. There were large photo frames of pictures displayed in the communal areas and bedrooms with people on day trips and people's artwork. Staff had detailed knowledge of people's personalities and preferences. Staff we spoke with told us how they always tried to see things from the person's perspective, but were careful not to make assumptions or decisions on their behalf.

We saw that there was a box in the notice board area at the entrance of the home called 'grumbles and compliments'. The registered manager told us that they had installed this so people could feedback informally, and if necessary anonymously. They told us that because of this they had seen an increase of feedback, both positive and negative, which they had used to make improvements at the home.

The home had a complaints procedure that was available for staff and people to read. People were reminded of how to complain at meetings and information about how to do this displayed on notice boards. People we spoke with knew who to complain to and how to do this, people also told us that they knew who they could complain to outside of the home if they needed to. Any complaints made had been responded to and were addressed within the providers stated timescales.

Good

Is the service well-led?

Our findings

People told us they were happy with the service provided at the home and the way it was managed. One person told us, "[Registered manager] is very nice, I can always talk to her." Another person we spoke with told us that the registered manager and all of the staff were very approachable.

A manager who is registered with the Care Quality Commission has led the service since March 2016. The registered manager had responsibility for the day-to-day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear they had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people who used the service.

The staff members spoken with said communication with the registered manager and management team was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "[Registered manager] is so supportive, she really looks after us, and she is brilliant with the residents. I have never heard a grumble about her. She always helps out if we need her to." Staff told us they were part of a strong team, who supported each other. One staff member told us, "The team here is fantastic, I have never worked in a better team. Morale is great." Another staff member told us, "The place is well managed; the home is running in the best way I have ever seen. The team is good, lots of motivation and energy. [Registered manager] is approachable, and always makes herself available." We concluded there was a strong culture of good teamwork and morale amongst staff was positive.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We noted people were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. We noted several people had made positive comments about the service. A social worker we spoke with told us, "[Registered manager] is very open, always addresses any concerns." They went on to tell us that they found that people living at the home had a high quality service, and were supported very well.

We saw there were organisational policies and procedures that set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff told us they completed training in whistleblowing, and that it was a regular agenda item at staff meetings. Whistleblowing is a recognised way for staff to raise any concerns regarding the service to bodies such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure. The registered manager understood their responsibilities to notify the CQC of certain events and incidents. We reviewed the notifications that the registered manager had made. We could see that these had been done so in a timely way, with the appropriate actions taken.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks of fire detection systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made. We found that these were effective at improving the quality of care that people received.

Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use. We saw that some areas that were less frequently used were not always checked and we found these to be in need of cleaning. We told the registered manager about this who took action to rectify this.

The registered manager told us that they felt well supported by the provider's regional manager and that they visited the home to conduct an audit on a bi-monthly basis. We saw records of these visits, and could see actions had been taken to address any issues or areas for improvement.