Community Homes of Intensive Care and Education Limited

Holly Lodge

Inspection report

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Date of inspection visit:
05 November 2018
06 November 2018

Date of publication:
28 November 2018

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 inspection visit took place on the 5 and 6 November 2018 and was unannounced.

At our last inspection in October 2017 we found the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices in respect of that breach.

Following the last inspection the provider sent us an action plan to show what they would do and by when to improve the key question Well Led to at least good. During this inspection we found improvements had been made and the provider had systems in place to minimise the risk to people who use the service in respect of identified maintenance concerns.
Holly Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission [CQC] regulates both the premises and the care provided, and both were looked at during this inspection.

Holly Lodge is a detached house providing residential accommodation for 11 adults with a learning disability approximately one mile from the town of Lymington in Hampshire. The home has eight single rooms in the main house and three self-contained flats in the grounds of the home providing residential accommodation for a further three adults. At the time we visited, there were eight people living at the service.

There was not 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. A new manager was in post and had applied to the CQC to become the registered manager.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the management team.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

People and their relatives told us they enjoyed the food served which considered peoples individual dietary needs and preferences.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems supported this practice.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

There was a range of activities and therapies available to people living at Holly Lodge. People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

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 remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service was Well Led. Staff, people and relatives told us the manager had created a warm, supportive and non-judgemental environment in which people had clearly thrived.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received.

Holly 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 5 and 6 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

Some people were not able to verbally communicate their views with us or answer our direct questions. We 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.

Before our inspection we wrote to five health and social care professional to seek feedback on the delivery of care and support at Holly Lodge and received one written and one verbal response.

During the inspection we spoke with three people living at the home, the manager, the area regional director and three members of staff. We also spoke with the providers Personal Behaviour Support [PBS] clinical lead.

Following our inspection, we contacted the relatives of two people living at the home by telephone to seek

additional feedback on the delivery of care and support at Holly Lodge

We looked at the provider's records. These included three people's care records, four staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We last inspected the service in October 2016 and rated the service as Requires Improvement.

Good

Is the service safe?

Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People and their relatives told us the service was safe. One person said, "Yes I feel very safe". Some people were not able to tell us verbally whether or not they felt safe so we observed their interactions with staff to help us understand. We saw people were comfortable and at ease in the presence of staff. A relative told us they considered their family member to be safe at the service and they had no concerns. A health and social care professional told us, "The service is safe which is evidenced in our Periodic Service Reviews [PSR's]. Reduced number of incidents and regularly updated care plans and risk assessments. Care staff and managers are now more proactive in managing risks safely and effectively".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission [CQC], if they felt their concerns had been ignored.

Staff told us they had been provided with all the information they needed to support people safely and effectively. They were very knowledgeable regarding the risks to the people they supported and how to manage those risks. Care records showed the risks to people had been assessed and plans were in place to manage those risks. For example, care plans identified 'triggers' that could lead to a change in behaviours such as noise, boredom and working with unfamiliar staff together with strategies to minimise the risks. Positive Behavioural Support plans [PBS] had been developed in liaison with other agencies involved in people's care and support. PBS is a person-centred approach to support people who display or are at risk of displaying behaviours which challenge. It focuses on creating physical and social environments that are supportive and capable of meeting people's needs. It may involve teaching people new skills to replace the behaviours that challenge and therefore enhancing people's quality of life.

Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post.

There were sufficient staff deployed to meet people's needs. People received continuity of care from regular staff who they knew them well and understood their needs. The provider continued to use agency staff to

ensure people remained safe and their care needs met since our last inspection.

People's medicine was stored securely in a medicine cabinet's that was secured to the office. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the manager to make sure that medicines were given and recorded correctly. Medicine Administration Records [MARs] were appropriately completed and staff had signed to show that people had been given their medicines.

There were safe infection control practices in place. The provider had an infection control policy in place which provided guidance to staff on actions to take to prevent or minimise the spread of infections. The home was clean and free from odour. Staff had received training in infection control and food hygiene to ensure they had appropriate skills and knowledge in minimising the risk of infection.

Staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the manager responded appropriately and further actions were taken to prevent incidents reoccurring. The manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

Good

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection, we found this section remained good.

People told us that their needs and preferences were taken in to account. One person said, "I am very happy since moving in and I feel good". One relative told us, "Things have improved greatly over the past 12 months for [name]. Staff appear more motivated and caring. The transformation had been brilliant. I am now more involved in [person's] care". Another relative said, "Things have improved over the past six to twelve months. The home now has a homely feel, it is calm and I know that [person] is very happy there".

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. One person, with support from staff had been involved in creating a recruitment advertisement tailored to meet their specific needs. The advertisement outlined what the person liked to do. For example, bowling, cinema, listening to music and fishing and where they liked to go. The advertisement also listed the desired skills required such as are you able to drive, do you play an instrument, do you have a good sense of humour and do you enjoy going out and having fun.

Staff sought people's consent prior to any care being delivered. Staff understood the importance of people being involved in their care and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance.

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

Staff had received appropriate training and had the skills they required to meet people's needs. Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Most training for example, Health and Safety, Safeguarding, Epilepsy, Equality and Diversity and Strategies for Crisis Intervention and Prevention [SCIP] had a completion rate of over 85%.

Support for staff was achieved through individual supervision sessions. Supervision are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff told us supervision meetings were very frequent and they found then helpful and informative. One member of staff told us, "Yes we have them about every eight weeks. It's a two-way street.

He [manager] gives us feedback on our working practice, training and development and we get to give feedback on how we feel too. I look forward to them".

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The home was complying with the conditions applied to the authorised DoLs.

Staff understood the principles of the MCA and obtained people's consent prior to supporting them. Staff could explain how they ensured they obtained the consent of people who were unable to provide this verbally, through a variety of gestures and expressions. The provider implemented mental capacity assessments for individual decisions about people's care. For example, one person who lacked capacity to consent required surgical intervention for a non-emergency condition that was causing them pain and had impacted on their mood, behaviour and general well-being. The person was unable to express pain but staff had recognised through changes in behaviour. A best interest decision, involving care staff, health care professional, the person and their family was made and the person received the treatment they needed. A relative of the person told us, "We were involved in every stage. The operation they underwent brought an 'immediate improvement' to their well-being and their behaviours returned to normal".

People were supported with their healthcare needs, including receiving attention from GPs, Dentists and routine healthcare checks. One person told us, "If I feel unwell at any time I can request a visit and he [GP] comes to see me". A health care professional told us, "Working with Holly Lodge on supporting one service user with a positive behaviour support plan, has been challenging. During this period, we have experienced more than three changes of home manager with additional changes in care staff. However, there has been a consistent assistant regional director leading the service who has requested additional help and support from the Intensive Support Team [IST] for Holly Lodge which has been both proactive and positive".

People were supported to prepare and cook meals, set the table and clear their plates away after. Staff were patient and consistent in their approach. The kitchen area was kept locked however people had access to the kitchen and were supported by staff in food preparation or when using hot water to make a drink or when using the toaster or cooker.

Refrigerators were clean, well-stocked and all food was dated and was within date. Fluids and snacks were available whenever people wanted them.

Most people needed minimal assistance to eat their lunch but staff were available if help was needed. The manager told us, "We used to buy our food on-line but recently we changed this. We now fully involve people and let them compile a shopping list of foods they want. People are then supported to go to the supermarket by staff to do the shopping and make their own choices". One person told us, "I like to go food shopping and buy what I want. Its great".

People's individual needs were met by the adaptation, design and decoration of the home. The home was well lit throughout with several areas where people could relax if they wished to do so. There was well maintained secure garden to the rear of the property with a small patio and seating area. People's bedrooms were decorated with their own personal furniture, photographs and ornaments of importance to ensure the environment was suitable to them.

Good

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection, we found this section remained good.

People relatives and health and social care professionals told us staff were kind and treated them well. One person told us, "Staff are very kind and caring. The manager is really good", Another person said, "All the staff are very nice, I like them all". A relative said, "I have nothing but praise for all the staff, they are so good with [name of person]". A health and social care professional told us, "Staff appear to be caring". Staff spoke positively about the people they supported and demonstrated they respected people and cared about them. One staff member said, "I love working here; it's the people that make it so good".

People's privacy, dignity and independence was promoted. Details of what people could do and those that they needed support with were recorded in their care plan. There were instructions in care plans on how staff should continuously promote independence when supporting a person for example with personal care. Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

Throughout the inspection we observed positive interactions between people and staff. Staff were attentive to people's needs and respectful. Staff took time to make sure they had understood what people were saying. Five people living in the service had limited ability to verbally communicate. However, we observed that members of staff understood what they were trying to communicate and engaged with them accordingly. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or picture exchange cards [PECS]. They gave people the time they needed to communicate their needs and wishes and then acted on this.

Staff knew people well; their background and histories and what was important to them. This meant they could support them effectively. Care plans contained information that detailed their background, history, personal preferences and cultural and spiritual needs. This helped staff to get to know people.

People told us they felt comfortable with the staff and that any concerns were listened to. One person said, "I find them good listeners and I can tell them what's bothering me if I need to. Staff were aware that any

changes in people's routines could become distressing for them and were clear on how to support people in line with their care plans to avoid as much disruption as possible. A member of staff said, "Routine and consistency is very important to people and we try to stick to things".

Staff were confident they provided good person-centred care and gave examples of how they ensured people's privacy and dignity were respected. They understood their responsibilities for keeping people's personal information confidential. Staff knocked on people's doors prior to entering their rooms. All the people we spoke with confirmed their privacy and dignity was respected at all times.

Good

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection, we found this section remained good.

There was a strong emphasis on enabling people to live their lives to the full and to be fully involved in all aspects of the care and support they received. Monthly meetings with the PBS team were undertaken and PBS plans were updated and incorporated in to the persons support plan. Care plans contained detailed information about people's health and social care needs and these were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people. For example, one person with heightened anxiety needed consistent support from staff they felt they could trust and staff they could engage with. The person was given the opportunity to choose the staff they wanted to support them each day and this had reduced significantly the number of incidents of behaviours for the person.

In addition the person had shown heightened anxiety when the manager was about to go on leave. The service used 'pictorial social stories' and a '[name of manager] is going on holiday' social story was developed by the in-house behaviour practitioner. The person responded well to this situation. He was encouraged to read the social story about the manager going on holiday with staff every day and knew exactly when he was coming back and who supported him in the house during the managers absence. Records showed that there had been positive outcomes for people with levels of challenging behaviour being significantly reduced.

The home had three self-contained flats to the rear of the property where people lived and independence promoted. At our last inspection we saw that one of these flats had been severely damaged rendering it unfit to live in. During this inspection we found that the provider had commenced refurbishment to repair the flat and get it ready for occupation. One person living at the home was going to move back into the flat once competed and had 'project managed' the programme. The staff team, together the person and their behaviour practitioner implemented a countdown for when the building work will be finished. It was important to underline the start date, finish date and half way point so they knew when the project would be completed. It allowed them to be in control of what was happening and within what time scale. A health and social care professional told us. "The service has included our service user significantly in the transition and refurbishment of the Annexe [flat], they have ensured that they are included in making choices in a way that is accessible for them which has been wonderful to observe".

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, information in large print, Picture Exchange Cards [PECS] and social stories in pictorial format. For one person who lacked capacity and had been admitted to hospital for treatment the provider had put together a 24 image 'pictorial story' which included images depicting each stage of the planned visit from admission through to discharge. Images included a picture of reception, peoples weight and height being taken, going to sleep, waking up, recovery and going home. The persons relative told us, "This was incredibly good. [person] is a very anxious person but this helped in so many ways. Such a simple idea but it made the whole procedure

much less stressful for [name]". The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

There was information about people's past lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People had access to a wide range of activities both in the home and in the community. People told us they were very happy with the activities on offer. Activities were planned and organised to take account of people's preferences, needs and abilities. People had an activity planner in place and were supported on a one to one or two to one basis to fulfil their plans.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person told us if they were not happy they would speak with the manager or staff. A relative told us, "I have had to make complaints in the past and they were generally dealt with but in the last 12 months I don't think I have had any concerns that I needed to speak with the manager about at all".

Good

Is the service well-led?

Our findings

At the last inspection we found the service was not always well led and awarded a rating of requires improvement. Audits had identified the need for repairs however these had not always been completed in a timely way. Following our inspection the provider sent us an action plan detailing the improvements they would make. During this inspection, we found that sufficient action had been taken to address these concerns.

At this inspection, we found this section had improved to good.

There was not registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in May 2018 and the service had been led during that time by the assistant regional director. A new manager was in post and had applied to the CQC to become the registered manager.

People spoke positively about the manager. One person said, "The new manager is great I like him, he takes me fishing". Another person told us, "The manager is brilliant. He chats to me every day and he helps me". A relative told us, "The new manager is active, available and approachable. The past couple of years the home has not had the stability of leadership. The assistant regional director has worked hard to keep the home going and I really do hope that the new manager stays and continues to have the positive approach to care he has brought with him". A health and social care professional told us, "The service has been well led by the assistant regional director and by its current home manager but it would be a concern if this manager were to leave as previous managers have".

Staff told us they were well supported by the assistant regional director and manager. One staff member said, "[name of manager] is good, very fair, trusting and listens to you; he encourages you to speak up and is very hands on". Another told us, "The new manager is very knowledgeable and approachable, just what this service needed. He is firm but fair and the home is no longer 'chaotic'. Everyone knows what is expected". A third member of staff told us, "I get really good support from the manager. If I have a problem I can go and talk to him. He is very supportive". The manager had been nominated for the providers 'employee of the month award in May 2018. The nomination read, 'I think already in his short time at Holly Lodge he has created a major change in the atmosphere, and has been working tirelessly to improve the service already. He is committed and hardworking, and is focused on completing the tasks set out in front of him. He is calm and organised and has a clear idea of what the service needs and how to get there".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they

thought the home was well managed. They told us that they felt well supported by management and said that they enjoyed working in the home.

There were effective systems in place to monitor the quality of the service. The provider spent time at the home each month and undertook audits, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. Audits included; medicines management, care planning, incident management, health and safety and infection control. These were used to monitor the quality of the service provided and to look for any improvements that could be made. Action plans to redress any shortfalls were put in place and promptly addressed. Results of all the audits and reviews were collated to form an overall service action plan which showed evidence of a commitment to continuous improvement in the service. The provider maintained oversight of the service through a weekly reporting system. The management team reported key performance indicators on this weekly report. These included; occupancy, accidents, incidents, complaints and staffing.

The service had effective systems of communications in place. Staff told us there was a communication book and handovers were taking place at the beginning of each shift; this allowed staff to be informed for instance, of any changes in people's needs and any activities or healthcare appointments people had planned for that day. The manager e-mailed relatives with updates on people regarding activities undertaken, well-being, goals and achievements. A relative told us, "In the past communication has let the service down but it has started to improve recently with more regular contact from the home which is good".

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. We looked at the minutes for staff meetings held in June, September and October 2018. Subjects discussed included, service user updates, activities, events, key working, introduction of new care plans, reflective practice and supervisions. Staff told us meetings were informative and valuable. One member of staff told us, "Yes they are good. We get to discuss the home and talk openly and freely about our roles and how we can best deliver care. It is also a time for management to share their expectations".

Meetings with people living at the service were undertaken on a one to one basis every month. The assistant regional director told us, "Due to people's complex needs having a joint house meeting does not work very well for them so we meet with everyone individually each month". Records we reviewed confirmed this. Records / minutes of meetings were in pictorial format and various activities were discussed with answers / responses recorded as smiley [for positive responses] or sad faces [negative responses] depending on the answers. People were asked what they liked or disliked about the service, what they liked to do and anything they would like to change.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous

inspection of Holly Lodge was displayed prominently in the home for people to see and on the provider's web site.