

Forest Care Limited

Holly Lodge Nursing Home

Inspection report

St Catherine's Road
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GU16 9NP

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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

This inspection took place on 30 November 2018 and was unannounced. Holly Lodge Nursing Home 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. At the time of our inspection there were 57 people living at the home.

Holly Lodge Nursing Home provides specialist care and support for people living with dementia and physical health care needs. It's a large purpose-built nursing home spread over two floors accessed by internal lifts and is set in extensive landscaped grounds surrounded by woodlands. At the time of our inspection there was an experienced 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. They were aware of the legal requirement to display their CQC rating.

At our last inspection of the service on 7 November 2016 we rated the service overall as 'Good' and 'Requires Improvement' in Effective. This was because people's dietary needs and preferences were not always respected and met by staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the breach of Regulation 9 had been met.

Risks to people were assessed and safely managed by staff. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take to ensure peoples safety and well-being. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. 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's nutritional needs and preferences were met. People had access to health and social care professionals when required and staff worked well with health and social care professionals to meet their needs.

People told us staff treated them with kindness and respected their privacy and dignity. People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. People were involved in making decisions about

their care. There was a range of activities available to meet people's interests and needs. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis.

There were well-led systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. The provider worked in partnership with other professionals to ensure people received appropriate levels of care and support to meet their needs.

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

Risks to people's health and well-being were assessed, managed and reviewed on a regular basis to ensure people's safety.

There were systems in place to safeguard people from possible harm or abuse and staff were aware of the action to take if they had any concerns.

There were systems in place for the monitoring, investigating and learning from incidents and accidents.

There were safe, robust staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

Medicines were stored, managed and administered safely.

There were systems in place to manage emergencies and to reduce the risk of infection.

Good 

Is the service effective?

The service was effective

There were processes in place to ensure staff new to the service were provided with an induction.

Staff were supported to do their job and received regular training, supervision and annual appraisals of their work performance.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's physical, mental and social needs were assessed before they moved into the home.

The home environment was suitably maintained and adapted to

Good 

meet people's needs.

People were supported to eat a well-balanced diet and cultural and nutritional preferences were met.

People were supported to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring

People were supported to maintain relationships that were important to them.

There were established and affectionate relationships between staff, people and their relatives.

People were able to express their views and were provided with information about the service.

People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive

People's diverse needs were met and staff were committed to supporting people to meet their needs.

People were involved in making decisions about their care.

There were a range of activities available to meet people's interests and needs.

The service provided care and support to people at the end of their lives.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led

There were well-led systems in place to monitor the quality of the service provided.

The leadership at the home was positive and there was an open and inclusive culture. Staff spoke positively about the registered manager.

Staff worked well as a team, communicated clearly and supported each other where needed.

People's views about the service were sought and considered.

The provider worked in partnership with professionals to ensure people received appropriate levels of care and support to meet their needs.

Holly Lodge Nursing 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 checked whether the provider was 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 the 30 November 2018 and was unannounced. The inspection was carried out by one inspector, a specialist nurse advisor and an 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.

Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and incidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We used the information the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with 13 people using the service and five visiting relatives. People living at the home had varying levels of communication so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

We also spoke with 18 members of staff including the provider's director of services, registered manager, head of care, nursing and care staff, the chef and domestic staff. We looked at 12 people's care plans and care records, six staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures. Following our inspection, the provider and registered manager also sent us information we requested.

Is the service safe?

Our findings

People and their relatives told us they felt safe within the home environment and with staff that supported them. Comments included, "I feel very safe, it's a lovely home", "Oh yes I'm completely safe here and the staff are lovely", "The staff make me feel safe, they are always putting their head round the door as they pass by", and, "I have some of my furniture here so it helps me to feel safe." A relative told us, "I am very happy with the care [relative] gets. Staff are very supportive and I feel comfortable knowing [relative] is safe."

During the course of our inspection we observed there were enough staff on duty and deployed throughout the home to meet people's care and support needs promptly. We saw that people's requests for support and call bells were responded to in a timely manner. The registered manager told us that staffing levels were arranged and analysed according to people's needs and regular staff were used to cover any shortfalls in staffing to ensure continuity. Staff rotas we reviewed corresponded with the staff on duty at the time of our inspection. One member of staff told us, "We have a very good consistent staffing team here. The staff ratio is very good and there is always enough of us to make sure people are safe and well cared for."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of six members of staff and found completed application forms that included applicant's full employment history and explanations for any breaks in employment, employment references, health declarations, proof of identification and evidence that criminal record checks had been completed to ensure people were protected from the risk of unsuitable staff. We also saw that checks had been made with the Nursing and Midwifery Council to confirm that nursing staff had up to date professional registration.

Risks to people were identified, assessed and reviewed to help keep them safe. Computer based care plans and risk assessments were completed to assess levels of risk to people's physical, mental and emotional well-being. Electronic care plans contained risk assessments documenting individual areas of risks such as risks relating to nutrition and hydration, mobility and transfers, skin integrity and wound management, medicines management, behaviour and for specialised medical areas such as diabetes management. Risk assessments included guidance for staff and the actions they should take to support people safely whilst ensuring their well-being. For example, how staff were required to support people when using equipment to mobilise to reduce the risks of falls; the use of bed rails to ensure their safety whilst in bed and the prevention and management of the risk of pressure wounds. Where people were at risk due to their behaviours or placed others at risk we saw staff were provided with guidance to manage the behaviour, for example, by using de-escalation techniques and best-known methods of communication. This enabled staff to provide care and support to people in a consistent and safe manner.

Accidents and incidents involving the safety and well-being of people were recorded, monitored and acted on appropriately. There were robust systems in place to record and review accidents and incidents and to look for any patterns and trends. These also included the completion of the provider's post falls protocols and observation charts where required which ensured staff acted appropriately in line with procedures. Records were detailed and looked at factors that contributed to the accident and ensured actions were taken to reduce the risk of re-occurrence. Records showed that health and social care professionals such as

GP's and emergency service were referred to when required.

People were protected from the risk of abuse. There were up to date policies and procedures in place for safeguarding adults from abuse. Staff we spoke with were aware of their responsibilities to safeguard people, including the actions to take if they had any concerns. Training records confirmed that staff received training on safeguarding adults from abuse and the provider had a whistle blowing procedure in place. Staff we spoke with told us they would use the whistle blowing procedure to report issues or concerns of poor practice if they needed to. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms, a safeguarding monitoring tool to learn from any on-going enquiries and contact information for local authorities to assist in managing any concerns if required.

There were arrangements in place to deal with foreseeable emergencies. Records confirmed fire drills were carried out and the fire alarm system was tested regularly by maintenance staff at the home and external engineers. Staff said they knew what to do in the event of a fire and had received appropriate training. People had individual emergency evacuation plans in place which highlighted the level of support they would need to evacuate the building safely in the event of an emergency. There were systems in place to manage gas safety, portable electrical appliances, electrical installations and water safety. Equipment such as hoists, slings, wheelchairs, mobility aids and lifts were serviced regularly to ensure they were functioning correctly and safe for use. We saw that bed rails and pressure relieving mattresses were checked by nursing and care staff, however we conducted a random check of foam mattresses and found that two mattresses were breached and malodorous. We brought this to the attention of the registered manager and head of care who took immediate action to dispose of the mattresses and to replace them with new ones. Following our inspection, the head of care sent us information relating to newly implemented regular mattress checks that nursing and domestic staff were undertaking.

Throughout the course of our inspection we observed the home was clean and free from odours. Hand washing reminders were displayed in bathrooms and hand sanitizer was available throughout the home to promote good infection control standards. We observed domestic staff were cleaning the home during our inspection. They told us personal protective equipment such as gloves and aprons and cleaning equipment was made available to them and care staff when they needed it. Training records confirmed that staff had completed training on infection control and food safety. The home was awarded a rating of five by the food standards agency in September 2017, which is the highest possible rating. The food standards agency is responsible for protecting people's health in relation to food.

There were processes in place to ensure people's medicines were recorded, stored and administered safely. The provider used an electronic medicines administration system to ensure people received their medicines safely. This included a number of safety features such as, the prevention of staff administering time sensitive medicines too early. Medicines were stored safely and securely including controlled drugs and medicines that required refrigeration. Medicines were administered by nurses who were appropriately trained and who had their competency assessed to ensure the safe management and administration of medicines. Staff confirmed they had received up to date medicines training and they were skilled and knowledgeable to manage medicines safely. The provider had an up to date medicines policy in place which provided guidance for staff and medicine audits and checks were conducted to ensure continued safe medicines practice.

Is the service effective?

Our findings

At our last comprehensive inspection on 7 November 2016 we found a breach of regulation as people's dietary needs and preferences were not always respected and met by staff. At this inspection we found that people's dietary needs and preferences were met and respected and people received their meals and support where required promptly. People and their relatives told us they were happy with the menus and the food served at the home and they were offered a range of choices. Comments included, "I can't complain about the food. I enjoy it all", "The food is good and if I don't like something, the chef will always make me something else", and, "The food is lovely. We get lots of it and we can choose what we want." A relative who was visiting their loved one and joined them for the lunch time meal told us, "The food is very nice. There is plenty of choice and it's always served hot. I am pleased with the care [relative] gets."

We visited the kitchen and observed it was clean and well organised. There were systems in place to manage risks in relation to people's nutritional and dietary needs. We spoke with the chef who showed us dietary and allergy information which was displayed within the kitchen to ensure catering staff were aware of any dietary modifications needed or dietary and cultural preferences. Information also contained people's weights and MUST (Malnutrition Universal Screening Tool) scores to ensure their dietary needs were assessed and catered for. Care plans demonstrated that people received suitable foods and diets in line with their needs and wishes, for example pureed or soft foods and foods with no or low sugar content. Rotational menus were in place to give variety and there were choices of meals provided daily including culturally diverse menus.

We observed the lunchtime and evening meal in the dining and lounge areas where some people preferred to eat their meals. We also saw that people who ate their meals in their rooms were supported appropriately by staff in a timely manner. The atmosphere in the dining areas were relaxed and there were enough staff to support people promptly when required. Staff communicated effectively with people about the choices on offer and used meal samples to support them in making their choice of meal. People had a choice of drink to accompany their meal for example, a selection of fruit juices. Food was served promptly from heated trolleys by the chef and kitchen assistants, which enabled them to receive direct feedback on the food served. Where required, we observed staff supported people with their meals on a one to one basis. People received their specialised diets where appropriate, for example soft or reduced sugar diets. We saw that people's independence at mealtimes was promoted through the use of adaptive cutlery and accessories. A range of hot and cold drinks, fruits, snacks, smoothies and energy shots were available to people throughout the day or night to ensure their nutritional needs and preferences were met.

People's individual care needs and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments incorporated details about people's personal histories to help develop person centred care plans. Care plans included information about people's health and wellbeing, life story, physical and mental health needs, communication and medicines amongst others. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed and respected.

People were supported by staff that had good knowledge and understanding of gaining consent and the Mental Capacity Act 2005. People and their relatives confirmed that staff sought their consent before supporting them. One relative commented, "I've always been involved in [relative's] care from the time of their arrival." Another relative said, "I know the care plans are up to date because I am regularly asked if I think there are any changes." During our inspection we observed staff sought consent and offered choices to people, for example, if they wanted to join in the activities on offer or for their choice of foods and drink.

Staff we spoke with demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently, but, where necessary to act in someone's best interests. 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 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. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty for their safety, where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People were supported to maintain their health and well-being and when required were referred to health and social care professionals for intervention. Records, information and guidance from visiting health and social care professionals were retained in people's care plans to ensure staff were aware of people's presenting health and social care needs. One person commented, "If you ask, you can see the doctor. I've never been refused." Another person said, "I see a dentist, they come here to see you if you need them."

The home environment was suitably adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was available for people who required it such as walking frames, wheel chairs, hand rails and lifts to access to all floors. However, we noted that two toilets in communal areas that were deemed 'accessible' did not conform to wheelchair standards. There was little turning space and no handrails on the back of the toilet door which made it difficult to close once inside. We drew this to the registered managers attention. They informed us that there was an imminent refurbishment plan in place and we saw drawings displayed on the ground floor communal wall which showed the work that was planned to take place. We were told that the aim of the work was to make the home more accessible and adaptable to all and more stimulating for people who have cognitive impairments and/ or who are living with dementia.

Staff we spoke with told us they had completed an induction when they started work and were provided with appropriate training. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers. One member of staff told us, "I had a good indication when I started working here. I had lots of training and worked with other staff so I could get to know the job and people well." Staff told us they

received regular management support, supervision and appraisals of their work performance. Records confirmed that all staff had received regular supervisions with their line managers. One member of staff told us, "I feel very much supported to do my job. The manager is always available if we need them and staff work really well together and support each other."

Staff were provided with appropriate training that met the needs of the staffing team and the people they supported. The registered manager showed us a training matrix that ensured staff were kept up to date with best practice and which confirmed that staff had completed training on a range of topics. These included, basic life support, manual handling, fire safety, health and safety, the MCA and DoLS, safeguarding and dementia awareness amongst others. Nursing staff had also completed training on the administration of medicines and topics such as wound care and diabetes. One member of staff told us, "You can ask if you think a certain course would help you. I asked for further training on dementia which was agreed and I found this very useful, especially the virtual training."

Is the service caring?

Our findings

Throughout our inspection we observed people were treated with kindness and respect and received compassionate emotional support from staff when required. People and their relatives told us staff were caring and friendly. Comments included, "I think staff are kind and they work so hard. It's not an easy job", "They [staff] are all very lovely", "Staff are very kind and some can feel like friends", "Staff are usually good, they do things for me if I ask them. I can choose things like my clothes." A relative commented, "Staff are very caring. They know [relative] so well and how to manage [relative]. They are always so friendly when I visit and I feel very much involved in [relatives] care."

People were involved in decisions about their day to day care, were supported to express their views and were provided with information about the service that met their needs. A relative told us, "Communication with the home is very good. Staff always make sure we are informed about things and we were given lots of information about the home." The registered manager told us that people received a copy of the provider's service user guide and statement of purpose on admission to the home. This provided people with information about the home including staff information and the organisational structure of the home, individual plan of care, social activities hobbies and leisure interests, consultation with residents and their representatives, civil rights, concerns and complaints and the values principles and aims of the service amongst others.

People's diverse needs were assessed and respected. Care plans included information about people's cultural requirements and spiritual beliefs and staff told us and we observed that they were committed to supporting people to meet their needs. Care plans considered and documented the support people may require in regard to any protected characteristics under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. One member of staff said, "It's important we remember that everyone is different, whether this is from the time they wish to get up, the clothes they wear or through their beliefs, we support everyone how they would like us to." Another member of staff commented, "We have people and staff working here from lots of different cultural backgrounds. We embrace that and learn from each other." A third member of staff commented, "I am respectful that this is the clients home." We observed a sign displayed in the lounge area which stated, "Our residents do not live in our place of work, we work in their home."

Throughout the course of our inspection we observed people had positive, respectful relationships with the staff who cared for them. For example, during supper time we saw staff were supportive and attentive to one person living with dementia. They were unable to remain seated for the duration of their meal as they liked to walk so staff supported them to do so and either offered them food choices to eat whilst walking and or monitored them until they wished to return to finish their meal which was kept hot. Staff knew the people they supported well and had good knowledge of their personalities, behaviour and communication needs. They were aware of individual's daily routines, preferences, life histories, family and the things that were important to them. One member of staff told us, "I feel I get to know residents, their family, friends and visitors. Residents have amazing stories to tell us and it is incredible what some of them have done. I wish I had more time to sit and talk at times." A new member of staff commented, "When we have handovers we

can always ask specific questions about people. We all communicate well."

Staff we spoke with told us they supported people to maintain their independence as much as possible and to manage as many things as they could safely for themselves. One member of staff commented, "I like to develop relationships with clients and their families. The culture of the home is to focus on support. We are person centred and encourage people's wellbeing. We do not restrict people but try to safely enable them. We anticipate rather than assume people's needs." One person told us, "I always try to do somethings for myself. If I can't manage it then staff help me but they always ask and let me try." Another person said, "They [staff] asked if I didn't mind having a male care worker help me. It was good I was given the choice." A member of staff said, "It's important that we maximise people's independence and promote their dignity, privacy and rights. We have training on equality and diversity and I always make sure that doors and curtains are closed so people receive personal care support in private." Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner and knocked on people's doors before entering.

People were supported to maintain relationships that mattered to them and visitors told us they were made to feel welcomed when they visited the home. On relative told us, "I can come here when I want to and stay as long as I like. No-one ever seems to mind. I can have lunch or supper here." Another relative commented, "I visit often and staff always welcome me. I can come on any day or at any time, it's never a problem."

Is the service responsive?

Our findings

Throughout our inspection we observed that people received responsive, personalised care to meet their needs. People and their relatives told us that staff had the skills and knowledge to meet their needs and wishes. One relative told us, "My loved has been here several years and I'm very happy with the care they receive. [Relative] gets along with all the staff, they know [relative] very well and they manage [relatives] needs respectively. Of course, I don't want [relative] to be in a home, but this is the best place. It is good that I can go away from here knowing [relative] is safe and happy." Another relative commented, "They [staff] really know how to care for [relative]. They know all [relatives] moods and what [relative] likes and don't like. The care [relative] gets is great."

We saw that staff had good knowledge and understanding of people's needs and preferences. Staff were able to tell us about people's physical, mental and emotional care needs and about the level of support they required. They knew people's preferred routines, behaviours and how best to support them. One member of staff told us, "I think all our staff are well trained. If we have any concerns we consult with each other for the best way forward. I monitor how we work to ensure everything is done properly. I think we are always learning and getting better at how we manage people in difficult situations. I work within the team and I will always ask myself what is best for the individual."

People received care which met their individual needs and preferences. Personalised care plans were in place and developed based on assessments of people's needs and risks. The home had a computer based records and care planning system in place to record individual's care needs, health and well-being. Staff used portable electronic devices to update people's care plans and we saw that care plans were updated instantly and accurately to reflect people's needs at that time. This ensured staff were responsive to people's change in needs as they had access to the latest information.

Care plans documented the support people required and contained guidance for staff to support people appropriately in areas such as personal care, nutrition and hydration, physical and mental health, mobility, skin integrity, communication and medicines amongst others. Care plans were reviewed on a regular basis to help ensure they remained up to date and reflective of people's current needs. One relative told us, "I am fully involved in my relative's care plan and they always discuss if it needs to be reviewed or if anything needs to be changed. They [staff] are very good."

The home environment assisted in the promotion of people's independence, in meeting their needs safely and equipment was readily available for people when needed. For example, with the use of dementia friendly colours, pictorial signage and memory boxes that were in place to aid orientation and the use of wheelchairs and walking aids to support safer mobility around the home.

We saw the home was proactive in ensuring good communication and information was displayed around the home for people in accessible formats in line with the Accessible Information Standard. The Accessible Information Standard ensures that services must identify, record, assess, share and meet people's information and communication needs. The registered manager told us they had access to different

communication formats to ensure everyone's needs were met and advised visual pictorial communication aids and signs worked better for some people particularly for people living with dementia.

Staff worked in partnership with health and social care professionals to ensure people's needs and preferences were met. For example, care plans and records showed that staff worked with visiting GP's, speech and language therapists, social workers and with palliative care teams to ensure people's end of life care needs were respected and met. Staff provided responsive support to people at the end of their lives and care plans included information about their end of life preferences where they had chosen to discuss this. We saw that some people had 'Do Not Attempt Resuscitation' orders (DNARs) in place where they, or their relatives where appropriate had agreed with a GP that this was in their best interests.

People were supported to take part in a range of activities that were meaningful to them and that met their need for social interaction and stimulation. One person said, "I like it when we go out, I really enjoy the trips." Another person commented, "Yes I enjoy the activities. We do all sorts of things like games and music and art." During our inspection we observed group activities in the lounge which included making decorations and decorating the home and the Christmas trees which were positioned throughout the home. People appeared happy and engaged in the activity and with the staff who were involved with them.

People and their relatives told us they were aware of the provider's complaints procedure and had confidence that any issues they raised would be dealt with appropriately. Comments included, "Staff, they're lovely. The Manager's really good. If there's a problem it's dealt with straight away", "If there's a problem it's usually sorted out at the time", and, "As soon as you raise an issue or ask for something, it's dealt with. Any change and I get a phone call."

There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The policy included information on what people could expect if they raised any concerns, details of the timescale for responses and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There was a complaints monitoring tool in place which enabled the registered manager to evaluate the complaints process, monitor complaints received and to share any learning with the staffing team.

Is the service well-led?

Our findings

People and their relatives spoke positively about the care they received and were complimentary about the staff and management of the home. Comments included, "I couldn't ask for better. I know [relative] is cared for very well", "Staff are all very nice, it all runs like clockwork", "Staff are very friendly. They know [relative] well and [relative] is very happy here", "Nothing is too much trouble, the manager is good and things get sorted", and, "The manager is always around and very approachable, I'm happy [relative] is here."

At the time of our inspection there was an experienced registered manager in post. They knew the service very well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required, in good time. They were aware of the legal requirement to display their CQC rating. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Throughout our inspection we saw that the registered manager put people's needs first and was constantly visible and available within the home to people, their relatives, visitors and staff.

The provider had a vision to provide good person-centred care which reflected people's needs and preferences. Staff we spoke with told us the registered manager was supportive and approachable. They promoted and encouraged the provider's vision which was understood by the staffing team. One member of staff commented, "I think the home is successful because the manager's expectations are high and we all know that and respond accordingly." Staff told us there was also a strong sense of teamwork and continued learning which was promoted by the registered manager. One member of staff commented, "The manager reacts quickly to ensure people's needs are met. The work load is variable, and of course we do have bad days, but he will always ask 'what will help'. He is a good team leader and good to get along with."

Throughout our inspection we observed staff appeared to be very motivated to delivering a 'good' service, they were smartly presented and identifiably dressed wearing name badges and there was a real sense of a caring culture within the home that was made a priority by all staff. We saw that staff worked well as a team communicating clearly and offering each other support where needed. There were effective lines of communication within the home providing staff with the opportunity to meet and communicate on a regular basis. Staff we spoke with told us they regularly attended team meetings. One member of staff said, "We have staff handovers several times a day and provide each other with written handover notes as well to ensure all staff are aware of people's daily needs." Another member of staff commented, "We have regular meetings for different departments, for example the nurses meet separately to care staff. I think this helps us to understand and share information about our different roles better. I feel very supported and informed." We also noted that meetings with staff were held in response to any specific incidents or concerns to enable learning from them ensuring the risk of reoccurrence was minimised.

There were systems in place to ensure the provider sought the views of people and their relatives through regular residents and relatives meetings, annual surveys and through the use of comments and suggestion feedback cards. We looked at the results of the survey conducted in July 2018 which were positive. Results showed that 95 percent of people were either very satisfied or quite satisfied with how staff supported them.

100 percent said they were either very satisfied or quite satisfied with the attitudes of staff and their general manner and 100 percent said they were either very satisfied or quite satisfied with the arrangements made to keep them safe and secure. People were also provided with the opportunity to leave comments on the survey and we saw several had been made. One comment made said, "From the moment I visited to look around, every attention to detail and no end of questions have been answered. The management of Holly Lodge is brilliant, the calming influence comes from the management and through all the staff. The management are very knowledgeable and assist in every way they can, from showing you round, settling residents in, and assisting in completing paperwork. I cannot rate them highly enough." Another person remarked, "Holly Lodge is so tranquil and calming that I have noticed a change in [relative] as soon as they became a resident. Nothing seems to be too much bother for any of the staff, who always seem to smile even in some difficult circumstances. The staff greet you by name and know from very early on who you are visiting and your relationship with that person. Information is relayed and questions asked to ensure everything possible is done for the residents. I would recommend Holly Lodge to anyone who found themselves in the same position as we did, it is well managed and the staff obviously enjoy what they do. I cannot thank all the staff and management enough."

There were well-led governance arrangements in place to monitor, assess and improve the quality of the service. Records we looked at demonstrated that regular checks and audits were conducted in a range of areas to ensure the service was managed well and people received good standards of care. Audits undertaken focused on areas such as care plans and records, health and safety, medicines, staff training and accidents and incidents amongst others. An external contracted company conducted quality assurance audits checking the service against CQC's regulations and key lines of enquiry. Following the last external audit conducted in October 2018 we saw that an action plan was implemented and completed for areas that were considered to require some improvement. For example, we saw that where recommendations were made for staff to have further recorded guidance on the use of de-escalation techniques this had been actioned.

The provider worked in partnership with other agencies to ensure people received appropriate support to meet their needs. Records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare. The home also engaged with the local community and built relationships with local people including schools and community services such as visiting hairstylists.