

Eastern Healthcare Ltd

The Hollies and Hollies Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected this service on 21 and 23 January 2015. The inspection was unannounced.

The Hollies and Hollies Lodge provides accommodation and support to 23 people living with a long term mental health condition.

There was a 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 and associated Regulations about how the service is run.

At our last inspection in July 2014, we found breaches of the regulations and asked the provider to make improvements to how people were protected; how the services was monitored; record keeping and how we were notified of significant events. This action had been completed.

Most people felt settled and safe at the home, received good support from staff, had positive relations with other people living there, and the freedom to come and go as they pleased. The manager communicated well with relatives and improvements in the premises had taken place since the new providers had taken over.

Safeguarding procedures were followed and action was taken to keep people safe. Staff knew how to manage

Summary of findings

risks to promote people's safety and independence. Robust recruitment and selection procedures were in place prior to staff starting work to ensure they were suitable for their job and there were enough staff on duty to meet people's needs. However improvements were needed in the recording and administration of people's medicines and you can see what action we have told the provider to take at the back of the full version of the report.

People's needs were assessed and support was planned and delivered in line with their individual needs. Support plans contained a good level of information which explained how to meet people's needs in a way that they liked. People's health care needs were monitored closely by staff and they were supported to access health care professionals when needed

Staff were supported in their work and received essential training for their role. However we have made a recommendation that staff receive further training on the subject of enduring mental health conditions so that they can better understand how these illnesses affect people.

People felt able and comfortable to raise concerns, and the quality of the service that people received was regularly monitored to ensure it was of a good standard. Leadership in the home was strong and created an open, positive and inclusive environment both for people living there, and staff working there. It was clear there had been improvements in the home since our last inspection and the manager was bringing about change.

Summary of findings

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 not consistently safe

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose.

Recruitment procedures were robust and ensured that only suitable staff were employed to look after people using this service. Staffing levels were sufficient to meet people's needs and allowed them to access the community regularly.

However improvements were needed in how people's medicines were managed to ensure they received them safely.

Requires Improvement



Is the service effective?

The service was not consistently effective

People received their care from well supported and supervised staff. They were assisted to maintain good health and had access to healthcare professionals for ongoing healthcare support.

However improvements were needed to ensure staff had the knowledge and skills regarding long term mental health conditions so they could better understand people's needs. Improvements were also needed in how mealtimes were managed to ensure that these were a pleasant experience for people.

Requires Improvement



Is the service caring?

The service was caring.

People were cared for by caring and empathetic staff who understood their individual needs and treated them respectfully. People's privacy and dignity was promoted and their independence encouraged.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs. Their views were valued and their suggestions and concerns were taken seriously by staff.

People were supported to maintain their specific interest and hobbies.

Good



Is the service well-led?

The service was well-led.

The home had effective management in place which ensured the delivery of person centred care and promoted an open culture.

Good



Summary of findings

<p>The new manager was bringing about good changes to the service and had successfully addressed previous non-compliance within the service.</p>	
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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 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.

The inspection took place on 21 and 23 January 2015 and was unannounced. It was carried out by one inspector.

Before our inspection we looked at all the information we had available about the service. This included information from notifications received by us. A notification is

information about important events, which the service is required to send to us by law. We used this information to plan what areas we were going to focus on during the inspection.

During our inspection we observed staff interacting with people who used the service and spoke with three people, the registered manager, three support staff and a visiting GP. We looked at three people's care records to see if their records were accurate and up to date. We reviewed two staff recruitment files and further records relating to the management of the service including quality audits.

Following our inspection we contacted a number of health and social care professionals who knew the service well including a social worker and consultant psychiatrist. We also spoke with a further five relatives by telephone.

Is the service safe?

Our findings

People told us they received their medicines regularly and that staff had never forgotten to give them. We witnessed people being given their medicines during lunch and saw this was done safely and correctly.

We checked medicines storage and a sample of people's medicines administration records (MAR). These had been completed in full and showed that people had received their medicines as prescribed. However we noted a number of shortfalls. The temperature of the room where medicines were stored was not monitored to ensure it was within safe limits. The amount of tablets carried forward each month was not recorded, making it very difficult to account for the total number of tablets in stock. The date on which bottles of liquid medication had been opened had not been recorded. There were no protocols in place for two people who had their medication prescribed, 'as and when required' to help manage their behaviour. The MAR stated that the person should be given it when anxious, however there was no information for staff of what anxiety meant for that person, how to recognise it and when to administer their medicine so that it was done consistently and safely. Staff had not recorded the reason for their decision to administer the medicine on the back of the MAR. This meant that it was not possible to audit the reason for any medicines being administered. In order to receive their medicines, people had to queue outside the home's clinical room at certain times of the day. This practice was institutionalised and little effort had been made by staff to support people to retain and manage their own medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

At our previous inspection in July 2014 we found that people living at the home were not provided with information about how to report any safeguarding concerns they might have. We issued a compliance action as a result. During this inspection, in January 2015, we noted posters around the home giving people details of who to contact to report any safeguarding concerns, and an advocacy agency's details to provide support if needed. People we spoke with told us they had read these posters and the information they contained.

People told us they felt safe at the home. One relative told us, "My brother has never had concerns about any of the staff, or the way he's treated. If he had he would let me know". Another relative reported, "Some of the other residents get on his nerves, but overall he feels safe there and that's really important to him".

In the provider's most recent 'residents' survey', completed by eight people, all respondents stated that they felt safe at The Hollies and that staff treated them with respect. Staff told us they received regular training in how to protect people and demonstrated a satisfactory awareness of safeguarding procedures and the correct action to be taken in response to incidents. In September 2014, the manager had completed the two day advanced course in safeguarding people to improve her knowledge and skills in this area. She told us of a recent referral she had made in response to a safeguarding issue for one person living at the service. We spoke with the social worker who was dealing with the allegation who told us, "Jackie (the manager) has gone out her way to help me with this; she's been brilliant and provided me with lots of useful information". This showed us the manager took appropriate action to help protect people's safety and welfare.

People were supported to take risks as part of an independent lifestyle and there were detailed risk assessments in place that covered many aspects of people's daily life. We saw personalised assessments for such things as smoking, bathing and being bullied by others. These assessments were up to date and had been reviewed regularly. One staff member told us they always read the risk assessment when taking people on activities to ensure they were aware of potential hazards to people.

People felt that there were enough staff available to assist them. There was a consistent and established staff team and no agency staff had been used at the home since June 2014. Staff reported that there were enough of them on duty to support people in their daily life and to undertake frequent trips and outings in the community. The manager stated that staffing levels could be increased when needed to better meet people's specific needs. For example, the weekend prior to our inspection additional staff had been employed for someone who had just been discharged from hospital to ensure they had enough support.

Is the service safe?

We checked the personnel files for two recently employed staff and found that safe and effective recruitment practices had been followed to ensure they were fit for the role and able to meet people's needs.

There was an effective system in place to ensure that all equipment was serviced regularly, and equipment we viewed during our inspection was fit for purpose and displayed a sticker to show when it had last been serviced.

Is the service effective?

Our findings

At our previous inspection in July 2014 we found that staff had not received appropriate professional development and support. We issued a compliance action as a result. During this inspection, in January 2015, we found that staff now received regular supervision of their work, and we saw that supervision dates had been organised for staff for the forthcoming year. Annual appraisals were in the process of being introduced and staff had already completed self-assessments of their performance in preparation of this.

Staff told us that they received regular training in areas essential to the service such as fire safety, infection control and food hygiene. The training records we viewed confirmed this. 12 of 13 staff held an NVQ Level 2 or above in care (a nationally recognised qualification for the care sector). However there was little evidence that staff had received training in relation to mental health issues such as schizophrenia and bi-polar disorder, from which some of the people living at the home experienced. Staff reported that they would value training on these illnesses to better understand people's needs. One health care professional reported, "Staff don't have a particularly good knowledge of, organic mental illnesses, but they do show a keen interest in patients".

People told us they were not restricted in any way, and could choose how to spend their day and were able to leave the premises unaccompanied whenever they wanted. They told us that staff respected their decisions and consulted them about their care. One person commented, "I live how I want, the geography of this place is my only restriction", referring to the remote location of the service. Staff we spoke with had a basic understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and described to us how they supported people to make decisions. One staff member told us that they had undertaken some on-line training about the Mental Capacity Act which they described as, "really good" as it had improved their knowledge about assessing people's decision making abilities. However, the home's policies in regards to this legislation needed to be updated to reflect recent changes.

People told us they received enough food and drink, and that they were weighed regularly to monitor their well-being. The manager told us that she had recently

purchased new scales so that people could be weighed more accurately. Staff supported people to have enough to eat and drink and one relative commented, "If they can't get [family member] to the dining room, they make sure to take him sandwiches to his room". One person who was on a fortified diet due to significant weight loss whilst in hospital had gained five kilos since returning to the home.

We observed a lunchtime meal during our inspection. The dining room was small and cramped, and people struggled to get past chairs and each other, meaning that people could not eat their meal in comfort. There was no salt and pepper on the table so that people could season their food, or napkins available for them to use. We saw that one person struggled to eat their meal due to limited fine motor skills. There was no plate guard or specialist cutlery available to assist this person.. People drank juice from plastic cups. Staff told us the reason for this was in case of broken glass, although we found no evidence to suggest there was a risk of danger to anyone from this.

People had regular access to other relevant healthcare professionals and staff supported them to attend medical appointments if needed. One person reported, "If there's a problem I just speak to staff and they ring the GP for me". It was clear that staff had built up strong relationships with local health care professionals including the GP and consultant psychiatrist. Both these professionals told us that they received appropriate referrals, that they had confidence in the staff's ability to care for people and would recommend the service. The provider employed a massage therapist who visited the home every two weeks to promote people's well-being.

A number of much needed improvements had been made to the premises; new flooring had been put down, carpets replaced, nine rooms had been refurbished and a specialist kitchen had been installed. Areas of the home had been redecorated and the grounds surround the premises were being extensively renovated to create a pleasant space for people. Many of the relatives and health care professionals welcomed these improvements to premises. However we found that even newly decorated areas of the home still looked gloomy. One social worker told us, "The corridors are dark and depressing". The main lounge was bare and only had comfortable seating for five people, despite 23 people living at the service. We saw people enter the room to watch TV, and then leave as there was nowhere for them to sit.

Is the service effective?

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with enduring mental health illnesses.

Is the service caring?

Our findings

The majority of the people had lived at The Hollies and Hollies Lodge for a number of years and had developed close and inclusive relationship with both the staff and with each other. One person told us, “I get on with everyone here, both the staff and other residents; we just rub along together mostly”. Another person commented, “Staff know me and know I am a gentle person and always willing to help”. People told us that staff treated them in a way that they liked and felt that staff understood their needs. For example, one person told us they suffered from flash backs and staff really understood their experience of this and supported them well. Another person reported that staff recognised when he was getting agitated and knew how to calm him down.

People told us they were involved in making decisions and planning their care. People had signed their specific care plans and risk assessments to show that they had been consulted about their care and how it was to be delivered to them by staff.

Relatives we spoke with told us that staff were caring and thoughtful, and one commented, “I know if staff haven’t seen ([family member] in the morning, they always go down and check”. Staff supported people to maintain family links and friendships outside the home. Relatives in particular appreciated the contact they had with staff, and one commented, “Jackie (the manager) takes time to talk to me about ([family member]”. Another told us he had developed good email communication with the manager that had been instrumental in keeping him up to date with what was happening with his family member.

One GP who knew the home well, “I think very highly of the staff, they are consistently patient with some people’s very difficult behaviour”. We found that staff showed great patience with the constant interruptions from people visiting the main office during our inspection.

Staff spoke with genuine respect about the people they supported. One staff member commented, “I enjoy my work, there’s something different every day and I work with very interesting people”. We observed numerous positive interactions between staff and people which demonstrated staff’s knowledge of the people living there and their personal preferences.

People told us that they had their own keys to lock their bedroom door to ensure their privacy and security. People were able to choose whom they saw and when, and could see visitors in their rooms and in private. One person reported, “We never get interrupted in our rooms, they leave us alone when we’re in there”. People had access to a coin operated phone; however this was placed right in the middle of a busy corridor, thereby compromising people’s ability to make private phone calls. One person told us she found it difficult to make calls as she was often distracted by people pushing past her in the corridor.

In the most recent survey of people living at the home all eight respondents stated that they were able to live their lives as independently as they wished. Meaningful opportunities were created for people to be as independent as possible. This included helping with the home’s domestic and gardening tasks. People were paid a small sum of money for undertaking jobs around the premises and one person told us he particularly liked to help with the garden. Another person had been encouraged to manage their insulin injections, without the need for staff support. One relative told us that her family member had been helped by staff to set up a bank account, so his money could be looked after more safely. Cooking lessons were provided in a specialist kitchen which had recently been installed to help people practice their independent living skills.

Is the service responsive?

Our findings

People we spoke with told us that staff knew them well, supported them in the way they wanted and made sure they got what they needed. Staff spoke knowledgeably about the needs of the people who used the service and explained clearly to us the ways in which they supported people. Staff had a good knowledge of people's triggers and how best to manage some of their more complex behaviours.

People told us that their mental health had stabilised or improved since they had moved into the home. One person stated, "Here is much better than the hospital, I get peaceful sleeps and the staff are good". Another told us, "Staff seem to know people's problems, and it doesn't phase them".

One relative told us that staff had worked effectively with his family member to reduce the amount of alcohol he drank. A care professional told us that, with help from staff and regular meals, another person had managed to stabilise their diabetes.

Although peaceful, the service was in a remote location, with no access to public transport and two people told us it felt isolated, "There's nothing to do here: the nearest village is about 3 miles away". Another person stated that he liked to walk to the nearest village. They could only do this safely in the summer time as there were no pavements on any of the roads. However the home had its own minibus which was used regularly to transport people to local villages and places of interest.

Social care professionals told us that staff worked well with them to maintain people's well-being and respond to their needs. One social worker told us that staff were good at keeping them up to date with people's progress. Another social care professional stated that the service had responded quickly when someone needed a placement at very short notice.

Support plans set out the specific assistance people required so that staff had the information they needed to ensure people received care in a way that they liked. People had been fully involved in the decisions about their care and had signed their plans to show they were in agreement with them.

The plans also included detailed instructions for staff in how to manage people's behaviour so that this was done consistently and safely. We noted a particularly detailed plan in place for one person to support them to limit the number of cigarettes they smoked each day, and another plan informing staff of how to support one person to manage their diabetes effectively. One social worker told us, "People's care plans are good and have all the information I need".

Important information was shared at regular handovers and in progress notes to ensure staff had up to date information about people's needs. Progress notes we viewed were detailed and gave an overview of the support people had received throughout the day. Staff told us of a recently introduced communication book that had made it easier for important information about people to be passed on between shifts.

Staff gave us many of examples of how they helped maintain people's individual interests and hobbies. For example, one person loved music and his key worker told us she was planning a trip to a vinyl record store in Norwich with him; another person loved the outdoors so went dog walking and bird watching with a member of staff, and another staff member supported one person in their model making. In addition to this, there were regular art therapy sessions, cooking classes and weekly trips to local places of interest. However two people told us they were regularly bored, citing the lack of opportunities to socialise outside the service due to its remote location.

People we spoke with felt confident and comfortable about raising their concerns, telling us they would talk to the manager or their key worker. We viewed posters on noticeboards around the home giving people good information about the home's complaints procedure and contact details of where they could raise concerns. There was also contact information about a local advocacy group which could support people if needed.

Family members also felt confident about raising their concerns. In a recent survey, where people were asked for their views about the home in relation to complaints, one relative stated, "I have always been able to resolve any problems by talking to the manager or deputy". Another reported, "A concern was raised and dealt with".

Is the service well-led?

Our findings

At our previous inspection in July 2014 we found that there was not an effective system in place to gather the views of visiting health and social care professionals about the quality of care people received. We issued a compliance action as a result. To address this, in September 2014 the manager had sent out surveys to eight health and social care professionals who knew the service well. Some areas of improvement had been identified by these professionals and we saw that the manager had taken action to implement them such as updating information about the home and what it offered.

At our previous inspection in July 2014 we found that we had not been notified of important events that had affected the welfare of people who lived at the home. Since this date we have been notified of important events including the admission of one person to hospital, and another person who had been sectioned under the Mental Health Act. This meant we were kept up to date of important events that took place at the home between our inspection visits.

The home had an experienced registered manager who had worked in a range of care settings previously. She held a number of nationally recognised qualifications for the care sector. We spoke with three staff, all of whom spoke positively about the registered manager and told us that she was approachable, fair and communicated well with them. It was clear that staff had confidence in her and appreciated the changes she had introduced since taking up her post. One visiting health care professional echoed these sentiments stating, “Jackie’s now got a firm grip of the place”. We found that the manager was proactive, responsive and keen to improve her service. For example, we identified some areas for improvement during our visit. The next day, we had an email from her telling us the action she had already taken to implement them.

People’s views about the service provided were gathered in a number of ways including surveys and through engagement with their key worker. We found evidence that

people’s suggestions for improving the service had been acted upon by the manager. In response to specific issues raised via the ‘residents’ survey’, measures had been taken to increase portion size at meals, to improve people’s involvement in planning their care and to provide information to people about staff’s roles. However meetings with people were, as one staff member described, ‘few and far between’, with the last one being held in May 2014.

Staff told us they felt valued and described their morale as good, citing good team work, the variety of the job and a supportive manager as the reasons. One staff member stated, “We’re given flexibility and our strengths are allowed to come out”. This staff member told us that she had been able to incorporate her work training dogs into her current role, bringing the dogs into the home for the enjoyment and therapy of people living there.

There was an open and transparent culture within the home. Staff told us they were able to raise any concerns or issues they had. We saw that one staff member had reported concerns about a colleague’s practice and that this had been dealt with professionally by the manager. Staff meetings were held, and minutes we viewed showed that a range of issues were discussed with staff including medicine protocols and the various home’s policies.

Record keeping was of a good standard and all records required by regulation for the protection of people and for the efficient and effective running of the service were maintained, accurate and up to date.

There was a system of audits in place to monitor the service and we viewed completed checks of the quality of care plans, infection control and medicine records. The manager collected information about incidents and accidents and reviewed these to identify any patterns so that action could be taken to prevent their reoccurrence.

Although we identified a number of shortfalls during our inspection, the manager was aware of them and had plans in place to address them. She had introduced many improvements in the short time she had been in post.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe management of medicines.