

Choice Pathways Limited

Holly Lodge

Inspection report

6 Milford Road
Pennington
Lymington
Hampshire
SO41 8DJ

Tel: 02031953557
Website: www.choicecaregroup.com

Date of inspection visit:
29 April 2016

Date of publication:
27 May 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on the 28 and 29 April 2016 and was unannounced.

Holly Lodge is a detached house providing residential accommodation for 11 adults with a learning disability and autistic spectrum disorder. The home has seven rooms located on the first floor and one on the ground floor. Within the grounds there is a separate single storey detached annexe which consists of a two bedroom apartment and a one bedroom apartment providing residential accommodation for a further three adults. At the time of the inspection there were nine people living in the home.

The service did not have a registered manager. The previous registered manager had left the service in August 2015. The service was being overseen by a manager from another home within Choice Pathways Limited group. 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.

Some staff had not completed all of the training relevant to their role. Training records showed shortfalls of training epilepsy management personal behaviour support and autism spectrum disorder (ASD).

People told us they were safe and well cared for at the home. People knew how they could raise a concern about their safety or the quality of the service they received.

Staff knew how to identify abuse and protect people from it.

Medicines were ordered, stored, administered and disposed of correctly.

The provider had robust recruitment systems in place.

The service had carried out risk assessments to ensure that they protected people from harm.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

People were provided with meals and drinks that they enjoyed. People were supported to prepare meals for themselves and others.

Policies and procedures governing how the service needed to be run were kept up to date

The manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

Is the service effective?

Requires Improvement ●

The service was not always effective. Some staff had not received training to ensure they had the skills and knowledge they required to carry out their roles and responsibilities.

The manager was knowledgeable about the Deprivation of Liberty Safeguards and how to protect people's rights.

People received appropriate nutritional support. Where people needed support to eat or to drink this was provided.

Is the service caring?

Good ●

The service was caring. People received the support they needed from staff they knew and who treated them with kindness and respect.

Staff spent time with people and understood that this was an essential part of caring for people. Staff had positive engagements with the people they supported.

People were included in decisions about their care and their lives. The staff supported people to maintain their independence and protected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People received care that was personalised and met their needs

Care plans were based on comprehensive assessments. The service had gathered information about people's background and their personal histories.

The registered provider had a procedure to receive and respond to complaints.

Is the service well-led?

Good ●

The service was well led. Staff felt supported in their role.

There were processes in place to learn from events such as incidents and accidents.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.

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 checked 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 the 28 and 29 April 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we contacted four visiting health and social care professionals in relation to the care provided at Holly Lodge. During our inspection we spoke with two people living at the service, the manager, assistant area director and three staff. Following our inspection we spoke with three relatives by telephone.

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.

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

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People told us or indicated they felt safe. People appeared relaxed in the company of staff. One person told us, "I like it here. If I am worried the staff look after me". Another person said, "I like to go out but get scared. The staff come with me to keep me safe". People's relatives told us that they had no concerns about safety in the home. One relative told us, "It is very safe". Another relative said, "I have no worries about X [relative] being there". A further relative told us, "X [relative] wouldn't ask to go back if they didn't feel safe".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. Staff described the different types of abuse and what might indicate that abuse was taking place. There were safeguarding policies and procedures in place, which provided staff with guidance on the actions to take if they identified any abuse. Staff told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. All members of staff confirmed they received training in recognising the possible signs of abuse and how to report any suspicions.

People were encouraged to be as independent as possible whilst remaining safe. Staff had assessed the risks associated with people's medical conditions and behaviour as well as those relating to the use of equipment, such as kitchen implements. Risk assessments showed that staff had also considered the risks in relation to the environment and any activities which may have posed a risk to staff or people living at the home. Staff demonstrated that they knew the arrangements for evacuation of the home in case of fire and there were regular tests of the alarm systems.

Staff understood how to calm people when needed to and had recorded known triggers which caused people to become anxious or agitated. If people behaved in a way that could put others at risk, this was managed safely through verbal encouragement, diversion and discussion. One member of staff told us they managed each person's behaviour differently according to their individual guidelines. They told us that some people liked to listen to music, others preferred going to their rooms or getting some fresh air. These preferences were recorded in their care records. Any incidents or accidents people experienced were recorded and monitored. Actions were taken to minimise the risk of further incidents which could cause harm. Staff understood the importance of recording incidents and taking action to keep people safe.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Recruitment records included a written application form with a full employment history. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were enough staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal

care and people's care needs and their planned daily activities were met in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet. 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. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

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. We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place.

There was an emergency plan in place to appropriately support people if the home needed to be evacuated. People living at the home had Personal Emergency Evacuation Plans (PEEPs). These were located in manager's office at the entrance to the home and were easily accessible to the emergency services.

Is the service effective?

Our findings

Some staff did not have all of the training relevant to their role. For example, training records showed that of the 29 staff listed only 16 had completed training in epilepsy awareness and only two in personal behaviour support. Despite being a specialist autism home only five staff had received training in autism. A number of staff told us they felt additional training in autism and other subjects would be helpful and would assist them to understand in more detail why people presented with particular behaviours that could challenge. People living at the home were not always supported by appropriately trained staff. This impacted on people's ability to live their lives as independently as possible. Staff may not have an adequate understanding or skills in managing people when their behaviour may challenge them or the service. A healthcare professional told us, "The staff have a basic understanding of positive behaviour support, but this needs to be developed. Positive behaviour support training is lacking, knowledge of autism spectrum disorder (ASD) is adequate. When we spoke with the manager and assistant area director about this they were aware that training in autism and the other areas identified was required and were trying to facilitate this with the provider. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and a health care professional told us staff met people's needs. One person said, "The staff here are good and I like X [staff] because she takes me out to the shops". One relative told us, "X [person] is so happy there, nothing is too much trouble for the staff. It's nice to see my [relative] so happy". A visiting health care professional told us, "The staff here do a very good job. They support the individual as best as they can in very difficult situations".

New staff were supported in their role and had been through the provider's own corporate induction programme. This involved attending training sessions, and shadowing other staff. An induction programme which embraced the 15 standards that are set out in the Care Certificate had been implemented. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision. The manager told us, "At the moment we have supervision meetings every 3 months or sooner if needed however we are aiming to have these meetings every month". Annual appraisal had been completed in December 2015. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home.

The service worked closely with the local authority to ensure that people's rights were upheld. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people living at the home were subject to a DoLS and the provider was complying with the conditions applied to the authorisation. The

home had submitted a further four applications to the local authority which had yet to be authorised. The manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People had sufficient amounts to eat and drink. One person said, "The food here is nice." Another person said, "We get a choice of what we want". They went on to tell us how they had a cooking night where they helped staff to prepare the evening meal. Menus were planned weekly in advance by people living at Holly Lodge. Alternative meals were available if people wanted something other than the planned meal.

People were supported to access other services, such as the local hospital, optician or dentist. One person told us they had been to the doctors the day before our inspection. They told us, "They come with me to appointments, I like that". Staff told us that they always supported people to attend required appointments if this was the person's choice. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

People and relatives told us and their care plans showed they were involved in decisions about their care and treatment. Consent was sought from people before they received care. People confirmed that staff always asked them before supporting them with any aspect of their care or social activities. Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement.

Is the service caring?

Our findings

People told us they enjoyed living at the service and were happy with the staff that supported them. One person said, "I do like the staff, they help me and look after me". When we asked another person if they thought staff were kind and caring, they gave us a huge smile and nodded, to confirm their agreement. A relative told us, "I'm really happy with the care X [person] receives. The care is amazing". Another relative told us, "I'm so pleased that X [person] is happy at Holly Lodge. It's nice to see them happy". A further relative added, "All the staff are very caring genuine people".

People's bedrooms had been personalised and decorated with personal possessions which reflected their personal interests and hobbies. People told us they were able to have visitors at any time. People had the freedom to spend time in the service where they wanted to, using the communal lounge, dining area or gardens if they did not want to use their bedrooms.

People were relaxed with the staff that supported them and smiled and chatted with staff when they were near them. People often sought out staff to talk about their day or what they wanted to do and staff always responded with a smile and gave them the time they needed to discuss things.

Staff told us they enjoyed supporting people and had their best interests at heart. One staff member said, "I really do care about them". Another member of staff said, "We all want them to have the best care they can have". Staff had positive engagements with the people they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non-verbal communication methods when necessary. For example, picture cards.

Staff were aware of people's likes and dislikes and ensured their preferences for support were respected. People's care plans included a section which provided information for staff about people's preferences, their life histories and things that were important to them. We found that this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

People were encouraged to make choices about their care and support. One person told us, "I can do what I want to and go where I want". Another person said, "If I don't want something then I tell them". Staff gave people information about their care and support in a manner they could understand. Staff knew people well and understood how to engage them in a meaningful way. We looked at care records and saw that planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and staff took time to ensure they were comfortable before they went out. Staff knocked on people's doors before entering their rooms and made sure doors were shut

during delivery of personal care. Staff promoted dignity in all their interactions with people, using a quiet voice to communicate something when appropriate. The service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Advocacy services were available to people should these be needed. The manager told us that there was access to an advocacy service if required. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

Is the service responsive?

Our findings

People received care that was personalised to their wishes and preferences. They were able to make choices about all aspects of their day to day lives. One person told us, "Yes, I get the care I need and that makes me happy". Another person spoke with us about their daily routine and how staff supported them with this. From our conversations we saw that the care and support was based upon their needs and was person centred. Relatives also confirmed that the care given was appropriate to meet people's needs. One relative said, "X [Person's Name] gets everything they need". They explained how they had been involved in planning people's care, as well as regularly reviewing it, to ensure care plans were current and reflective of needs.

The manager told us that comprehensive pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. They also told us they worked closely with local authority and other health and social care professional to ensure they could meet the person's needs. The manager told us how it was important to ensure that any new admissions were right for the service, that their needs could be met whilst also considering the balance of the people already residing at the service to avoid any disruption or distress to either party.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One staff member said, "They give us the information we need but we always talk to people so we can get more". Care plans contained detailed information about people's health and social care needs. The plans were individualised to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People's needs were reviewed and changes were reflected in their care records. The manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes. They worked hard to ensure that all records were reflective of specific needs. Each person had an assigned key worker who was responsible for reviewing their needs and care records regularly or if people's needs changed. Staff told us that they kept people's relatives or people important in their lives, updated through regular telephone calls or when they visited the service. Regular key worker meetings took place where people would meet with their key worker to discuss any concerns they might have or any changes they wanted in their care.

People told us they led active lives. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. Some people had additional funding, specifically to support them to undertake a range of activities. People were also supported to take part in activities that would give them access to people in the local community and avoid becoming socially isolated. Each person had an activity timetable with activities taking place in the home and in the community. People undertook activities with the support of staff. These included attending college, trips to the shops, bowling, visiting the library, badminton and meals out. In the home people were supported with cookery, arts and crafts and games and puzzles. People were supported to undertake

activities of their choice.

People and their relatives were provided with information if they needed to make a complaint. One person told us they would speak to any member of staff if they had any concerns at all. A relative told us, "I've not had to make a complaint at all. It never goes that far. If I'm not happy about something I speak to the staff and it gets sorted". The manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. The complaints log showed complaints were responded to appropriately and in accordance with the provider process. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service had been without a registered manager since August 2015. A new manager had been appointed in August 2015 however they left the service in March 2016. At the time of our inspection the service was being led by a manager from another home who told us they would continue to work from the location until a new registered manager had been appointed. The assistant area director told us they were in the process of advertising the position and was able to demonstrate to us that the provider was taking steps to recruit a replacement.

People, their relatives and health professional were mostly positive about Holly Lodge and the staff team. Staff told us the manager was approachable and communicated with them well. Comments from people living at the home included, "I like it here" and "I have lots to do here so I like it". One relative told us, "The manager is very approachable. I do worry however that there seems to be new faces [staff] each time I visit". Another relative said, "They [staff] do a very good job. I visit regularly and at odd times but I'm always made very welcome". One healthcare professional told us, "I have found Holly Lodge staff to be very accommodating toward myself. They always provide honest opinions good feedback and implement recommendations when asked to". Another healthcare professional told us, "There have been huge staff changes over the last 18 months, many staff have left, and there have been staff shortages". A further healthcare professional added, "There have been constant recruitment and retention issues". We spoke with the assistant area director who told us, "Whilst we accept there have been recruitment and retention issues, we as a company have had a recruitment drive both locally and nationally. Holly Lodge now has sufficient numbers of staff to meet people's needs".

Staff told us about the support they received from the manager. One member of staff told us, "She is putting new systems in place and as a team we are all supporting each other. She's a good leader, firm but fair, her door is always open and she's easy to speak with". Another member of staff said, "The manager is good at explaining what needs to be done and why. We get good direction from her. She looks out for people using the service. She is approachable".

Staff said they enjoyed working at the service. One member of staff said, "I like being a key worker, seeing people happy and helping them to do the things they like. Sometimes when I'm off work for a while and I come back people show me they are glad to see me. That makes me happy to do this job". Another member of staff told us, "We have a good team; we are all here for the people who use this service. When they are happy we are happy".

Team meetings were held regularly and were well attended by staff. One member of staff told us, "The team meetings are helpful. We talk about what's new and what people living here need. Staff can voice their views and put forward any ideas. We discuss any incidents or accidents and what we need to do to stop the same things happening again".

The manager told us that due to people's complex needs it was difficult to have a structured meeting for people living at the home however their door was 'always open' to people living at the home who wanted to

discuss anything they wished to. People and relatives confirmed this and told us they could talk to the manager or staff at any time.

The provider had systems in place which ensured the effective running of the home. For example, we saw processes were in place to learn from events such as incidents and accidents. We saw that the manager and provider carried out regular audits of the home such as medicines, care planning and health and safety checks.

People's personal records including medical records were accurate and fit for purpose. Care plans and risk assessments were reviewed regularly by the manager or key worker. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff said they would feel confident raising any concerns with the manager. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. Comments from staff included "I would report any issue that I was concerned about, no matter how small." And "I know how to report safeguarding and am confident to do so".

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 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity had not received appropriate training as is necessary to enable them to carry out the duties they are required to perform