

## Holly Lodge (Bridlington) Limited

# Lucy Lodge

### Inspection report

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Bridlington  
North Humberside  
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### Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Lucy Lodge is a residential care home that was providing accommodation and personal care to 16 younger people, some of whom were living with mental health needs.

People's experience of using this service: 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.

Managers were not always clear about their regulatory requirements: The registered manager had failed to ensure they had submitted all notifications as they are legally required to do as part of their registration with the Care Quality Commission (CQC). During the inspection we checked and found the provider had submitted and received approvals for two applications in relation to depriving a person of their liberty pursuant to Mental Capacity Act 2005. Providers are required to submit these notifications so that where needed the CQC can take follow-up action.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

People received support where this was required, and staff encouraged their independence to live fulfilled lives free from unnecessary restriction.

Staff had received training and clear guidance was followed to keep people safe from avoidable abuse. Where people had been assessed as at risk from any activity, support plans provided guidance for staff to provide safe care and support.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People's records were detailed, person centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Records confirmed people's input and where they were unable to consent the provider followed appropriate legislation to make sure any decisions were in the persons best interest.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

The registered manager and their deputy were responsive to any concerns we raised during the inspection; implementing corrective actions immediately where this was apparent and discussing plans where further improvements were required.

Staff were friendly and polite. Staff took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

People knew the owner and the registered manager and told us they trusted them. Staff told us the registered manager was supportive and approachable.

The provider completed oversight of the service to ensure quality assurance remained a priority and was effective in maintaining standards and driving improvements.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This inspection was a planned inspection following registration of the new provider.

Enforcement: Action we told provider to take. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Lucy Lodge

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was mental health.

**Service and service type:** Lucy Lodge is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection we reviewed information, we held about the service. We reviewed information the provider sent us in the Provider Information Return (PIR). 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.

During our visit we spoke with the nominated individual, the registered manager, the deputy manager and three care staff. We spoke with ten people who lived at the home, and two relatives by telephone. We reviewed documents and records that related to the management of the service. We looked at three people's care records, a range of policies, procedures and guidance used by staff in their role, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports. We reviewed three staff member files, checks and risk assessments for the environment and records associated with the management and administration of people's medicines.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us the service was safe. Comments included, "Yes, I feel very safe here, staff look after me," and "I have one to one support. Staff follow information in my care plan to keep me safe."
- Staff had a good understanding of how to safeguard people
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all the relevant professionals when appropriate.

Staffing and recruitment.

- We observed sufficient numbers of staff on shift to support people safely. Staff said there were enough staff to meet people's needs safely and they did not feel rushed or under pressure. A staff member told us, "Staffing has really improved; there is a better structure, we have a dedicated cleaner and a cook which means we can spend more quality time with people."
- Appropriate recruitment checks were conducted prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management.

- People received care and support safely without unnecessary restrictions in place.
- The provider completed assessments of people's needs. Any identified risks were recorded. Support plans helped staff to reduce the risks when providing assistance.
- Service records, the environment and equipment were safe and well maintained.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

Using medicines safely.

- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance to help people to manage and administer their medicines and provided prompts where people were independent.

Learning lessons when things go wrong.

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Preventing and controlling infection.

- All the communal areas and people's bedrooms were clean and there were no unpleasant odours. Everybody spoke positively about the cleanliness of the home. One person said, "Everything is clean and

tidy; new carpets and decorating and smells nice."

- The provider had policies and procedures in place to control and prevent the spread of infections.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and found the provider was working within the principles of the MCA.
- Staff had a working knowledge of the MCA and understood where people had a DoLS in place, the importance of supporting them to make other day to day decisions and choices.
- The provider was improving record keeping ensuring decisions made in people's best interest were clearly recorded, with signed input from those with the associated knowledge and expertise.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's assessments were detailed. Information was regularly reviewed which ensured it remained up to date.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported them to have a good quality of life.
- The staff team were committed to ensuring people's diverse needs were met. Staff told us further training was planned to ensure their knowledge in equality and diversity remained up to date.

Staff support: induction, training, skills and experience.

- People received care and support from skilled and knowledgeable staff. A relative said, "I am so pleased with staff at the home because they know how to meet my son's complex needs; they are always met."
- Staff told us they completed an induction to their role and received regular ongoing training and supervision to keep their knowledge up to date and remain competent. One staff member said, "I have regular supervisions. I requested some in depth training in first aid; it was provided and I have completed it."

Supporting people to eat and drink enough to maintain a balanced diet.

- Care plans contained people's food preferences and specific instructions around their diets. The cook was clear about catering to meet people's dietary needs. One person said, "I am diabetic. Staff make sure I get both my medication and the right sort of food."
- People received appropriate levels of support during meal times according to their assessed needs. We



observed staff supported people to enjoy food and drink throughout the day.

- People were involved in meal choices and were supported to maintain a balanced diet. A staff member told us, "Meal times and the quality of food has really improved. We recognise the importance of people enjoying a balanced meal and the impact it has on their behaviour and wellbeing."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were assured of a consistent service should they need to attend other services. Records included a hospital passport. Hospital passports are communication tools to inform other health services and professionals of people's health needs. These were written in detail and provided information on how to care for people in a person-centred way.
- Records of healthcare professional visits were recorded and outcomes were used to update people's care plans.
- People confirmed they were supported to access healthcare professionals to maintain their wellbeing. For example, a GP when they needed to, without any unnecessary delay.

Adapting service, design, decoration to meet people's needs.

- The environment was relaxed, and people told us they felt comfortable both in the communal areas and their own rooms.
- All areas of the home were safe to navigate. Access to an outdoor garden area was provided along with a separate conservatory where people could choose to smoke without affecting others.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received a service from staff who were friendly and polite. We observed good interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. One relative said, "The level of care my son gets is brilliant. I can't fault it."
- People had been consulted with and their wishes and preferences had been recorded. Staff used this information to care for them in the way they liked.

Supporting people to express their views and be involved in making decisions about their care.

- People's records confirmed their input and involvement with assessing their needs and planning their care. One person said, "Both me and my mum have been involved in the plans for my care. My care plan is reviewed regularly and mum is consulted with but does not interfere. She trusts the carers."
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs as well as what was important to them.
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- Staff were polite and showed empathy to people's needs.
- Staff knocked on people's bedroom doors before entering and our discussions confirmed they understood the importance of treating people with dignity. A relative said, "Staff are extremely respectful and sensitive to their needs. They respect their privacy and always support them in a dignified way."
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required.
- Where people required assistance to mobilise around the home, staff were available to assist which included taking them to the bathroom, dining room or back to their bedrooms.
- Relatives told us they felt welcomed and comfortable when they visited the service. Comments included, "I visit regularly and I am always made welcome. [Person's name] is in very good hands here."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans recorded people's input and provided staff with information to support them with their choices and preferences.
- The provider checked people's goals were being met with corrective actions and amendments implemented where this was not apparent.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- People were supported to follow their faith. The home had good links with the nearby church. A staff member told us, "There are two people who we support to go to the catholic church. It is important we help them to maintain their faith."
- People were supported to enjoy their interests, hobbies and attend a variety of organised events, trips out and work experiences.
- Where people had been assessed as safe to do so, they were free to go out unsupervised. One person told us, "I go out for a walk each day and pick up the daily paper." Another said, "I have a bus pass; I use it to go into town."
- One person required one to one support. They had recorded a full itinerary of activities which included activities to help them maintain their health and wellbeing. This included, swimming, trips to the cinema and taking part in a scheme which provided outdoor activities.
- Where people choose to, they could remain in their rooms. However, the provider ensured everybody was protected from social isolation. A staff member discussed how one person had suffered from social anxiety prior to residing at Lucy Lodge. Staff had implemented innovative practice to slowly involve the person in daily activities. The staff member said, "[Person's name] spends some time in communal rooms now; they appreciate the safety we can offer them and this has helped them integrate with other people. A real success story."
- People received information in a way they could understand following The Accessible Information Standard (AIS). AIS is a legal requirement that was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns.

- The service had an accessible complaints procedure in the service for people and visitors to refer to should they be unhappy with any aspect of the service.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Where complaints had been made, they were responded to in line with provider's policy.

End of life care and support.

- People's end of life care preferences were discussed. Where people agreed, information was recorded. This help to ensure people would receive dignified, comfortable and pain free care at the end of their life and to support and maintain their cultural and spiritual requirements.
- Staff understood people's needs, were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created promoted high-quality, person-centred care. However, some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had failed to ensure they had submitted all notifications as they are legally required to do as part of their registration with the CQC. During the inspection we checked and found the provider had not submitted two notifications in relation to outcomes from applications to deprive a person of their liberty pursuant to Mental Capacity Act 2005. Providers are required to submit these notifications so that where needed the CQC can take follow-up action.

This was a breach of Care Quality Commission (Registration) Regulations 2009 (part4). Regulation 18: Notification of other incidents.

- Feedback about the provider was positive. Staff told us, "People's lives have improved so much; the food, the environment and the way we support people have had such a positive impact on the way people live."
- Staff spoke positively about their roles and responsibilities. They had a clear understanding of when to escalate concerns or to seek additional support. One staff member said, "The owner and manager are usually about and always available. They are supportive of us as staff and appreciate how to get the best for people who live here."

Continuous learning and improving care.

- Checks completed by the provider failed to ensure all notifications were submitted as required as part of their registration with the CQC.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service. This enabled the provider to collate information daily to show how the service was performing.
- The provider completed weekly visits to the home. Their oversight was used to maintain standards and to identify areas for improvement.
- Where accidents and incidents had occurred, staff had completed associated paperwork. Actions were implemented. For example, a 72-hour short term personal plan was routinely implemented to keep people safe from further incidents such as when they had fallen.
- An individual falls diary was completed and evaluated on weekly basis. Further actions included referrals to the falls team, observations, and checks with implementation of equipment which helped to improve people's care.
- Staff were clear about their roles and responsibilities and when to escalate any concerns for further investigation.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager promoted a high standard of person centred care and support for people.
- The provider and registered manager were visible and accessible to support people in the home. They knew people, their needs and their relatives well.
- People and their relatives spoke positively about the management of the service and felt they could approach staff with any problems. A relative told us, "The service is so much more transparent, and open. Management and staff have great communication and a desire to improve."
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development.
- Effective communication between the registered manager and staff team supported a well organised service for people. A staff member said, "I have been here six years. Under the new owner there has been nothing but positive changes. The home is so much nicer for people and staff are treated better. We are kept informed; brilliant communication so we know, and can expect improvements to happen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.
- Staff worked closely with other health professionals where people required expert advice and intervention. Examples included, GP's, district nurses and psychiatrists.
- The provider sought the views of staff, people and their relatives to continuously improve the service. A staff member said, "They listen to our feedback and change even small things. For example, we used to boil a kettle to make drinks; which took time away from people. The manager bought a hot water boiler; it's always on so everybody can have a hot drink when they want one, and we can spend more time supporting people."
- A relative said, "There are regular meetings for everyone, including residents." Minutes of these meetings recorded feedback people had provided about the change of ownership, changes to meal times, medication routines and implementation of Saturday movie days all provided because people had requested these changes.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had failed to ensure they had submitted all notifications as they are legally required to do as part of their registration with the CQC. The provider had failed to notify the CQC of outcomes for two applications in relation to depriving a person of their liberty pursuant to Mental Capacity Act 2005. Regulation 18 4(4A)(a) (4B)(a)(b)(c)(d)

### **The enforcement action we took:**

To be agreed