

# Community Homes of Intensive Care and Education Limited

## Holly Lodge

### Inspection report

6 Milford Road  
Pennington  
Lymington  
Hampshire  
SO41 8DJ

Tel: 01590670019

Date of inspection visit:

25 October 2022

02 November 2022

Date of publication:

29 December 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Holly Lodge is a residential care home providing personal care to up to 11 people. The service provides support to younger adults who have a learning disability, autistic spectrum disorder or mental health conditions. At the time of our inspection there were 7 people using the service.

The service was provided in a main house providing accommodation over 2 floors and 3 annexes located in the rear garden of the premises. These had been developed into 1 bedroom accommodation's with living areas, bathrooms and kitchenettes. People living in the annexes could access the main premises for meals or could live more independently in their own space.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Peoples support was centred around them and staff supported them to be as independent as possible and lead fulfilling lives. Staff supported people to make choices and had received training in communication methods to ensure people were understood.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** Staff knew people well and used social stories to support them through difficult situations. Staff completed training including bespoke training designed around the people using the service. Consideration was given to risks and people were supported in a safe way to access the community and participate in a wide range of activities. Staff were empathetic and showed care and support when people were in crisis.

**Right Culture:** The management team lead by example and worked alongside support staff as needed. They had developed a culture fully focussed on people and the environment reflected this. There were photos of people enjoying activities throughout the premises. People were spoken with as equals and were supported to enjoy a wide range of experiences.

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

### Rating at last inspection

The last rating for this service was good (published 27 November 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about people's well-being and staff conduct. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained the same based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Holly Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Holly 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector, a specialist advisor who was a nurse experienced in working with people who have a learning disability and 2 Experts by Experience, 1 supported on site and the second contacted relatives for feedback following our 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.

#### Service and service type

Holly Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Holly Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the inspection we spoke with the registered manager, deputy manager, deputy regional director, 3 support workers, 1 relative and 5 residents. We reviewed records including 6 care records, premises health and safety records, 2 recruitment records and management audits. We spent time observing people in their home as not everyone was able to speak with us and give their feedback. After the inspection we contacted relatives of people living at Holly Lodge for feedback about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Records we reviewed showed potential safeguarding concerns were investigated and actions taken as needed.
- People were protected from potential abuse by staff members trained to identify the signs and symptoms of different types of abuse. Staff received regular training updates to ensure they remained aware of current best practice.
- Staff were confident in the actions they should take if they suspected abuse was happening and were confident should they report abuse the management team would act.
- Relatives told us they believed their family members were safe.

Assessing risk, safety monitoring and management

- Care records contained risk assessments that minimised residual risk. These were reviewed to ensure current information was available to staff providing support.
- The premises were well managed with numerous checks and services completed by staff or contractors. There were risk assessments completed by external contractors for specific risks such as water hygiene and fire and any actions identified had been completed.
- People had personal emergency egress plans, PEEPS in place and regular fire evacuation drills enabled these to be updated should anyone's needs change.
- We saw there were areas of the premises accessible by people with staff support. For example, offices and the kitchen had keypad entry locks that prevented access unless with staff. This was for safety reasons; people could be at increased risk of harm should they access the kitchen independently.
- Other considerations about risks had been taken. For example, one person had roll up doors concealing their kitchen. This had reduced some incidents as the kitchen had been identified as a trigger to them. The doors were discreet and bespoke to the accommodation and did not conspicuously indicate they were there to reduce risk.

Staffing and recruitment

- Staff were safely recruited and all requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This included obtaining references, a full employment history and a Disclosure and Barring Service, DBS check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff deployed to meet people's needs and any funded 1 to 1 hours.
- Agency staff members were in use however they were regular staff who were familiar with people at Holly Lodge. Contracted staff also covered available hours on an overtime basis, so people were supported by

familiar staff.

#### Using medicines safely

- Medicines were safely managed. The medicines cabinet was in a secure area and temperatures were monitored to ensure storage was safe, and a refrigerator was available for medicines should it be required.
- Suitable care plans were in place and when needed, additional authorisations had been sought to administer medicines in more person-centred ways. For example, we saw a GP letter to advise administering a person's medicines crushed and with yoghurt as they were struggling with swallowing tablets.
- Staff completed training in administering medicines and were checked for competence before supporting people. If the registered manager considered they were not able to administer medicines they would be stopped from doing so, either until they had retrained or permanently.
- Staff had also been trained to administer PRN, or as and when required Midazolam, an epilepsy rescue medicine. The medicine had a clear PRN protocol and was taken with the person when out in the community.
- There were some medicines stored that were no longer required. The pharmacy still generated records for these medicines and they were still counted weekly. It would be worth contacting the GP and pharmacy to discontinue the medicines to avoid potential future errors and minimise waste.

#### Preventing and controlling infection

- The premises were very clean and there were no malodours. There was a housekeeper working at Holly Lodge to ensure the premises were hygienically cleaned.
- People were supported by staff in cleaning some areas of the premises.
- We saw 1 bedroom was very sparsely furnished. This was in part for infection control reasons, the room needed to be regularly thoroughly cleaned and the person also preferred a more stark, plain environment.
- Audits of infection prevention and control were undertaken and any identified actions were completed at the earliest opportunity.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People had been supported throughout the pandemic to remain in contact with relatives and friends. The providers policy and procedures around visiting had been updated in line with government guidance.
- When we inspected, people were able to have visitors to the premises and go out with friends and family without restriction. Care was taken when accessing the premises to ensure visitors were not symptomatic of COVID-19, temperatures were checked, and visitors asked if they had any COVID-19 symptoms.

#### Learning lessons when things go wrong

- There was a strong culture of learning when things went wrong. Accidents, incidents and near misses were recorded in an accident book and the registered manager reviewed them. Investigations took place as needed and any learning from incidents was shared with teams through supervision or meetings.



- An overview of each incident was submitted to the providers quality team who analysed data and identified themes.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were detailed and person-centred. On admission full needs assessments, risk assessments and care plans were created with the person, staff and relatives. These were reviewed either annually or if there were changes in the person.
- There were a wide range of care plans, some of which were devised by other teams within the providers organisation. Personal behaviour support plans, (PBS) plans, were devised by a specific team with expertise in this area. These plans were reviewed and added to as needed, the registered manager could feed learning to the team who may incorporate it into PBS plans.
- There were also plans for emergency events such as seizure. We saw a care plan for epilepsy including sudden unexpected death in epilepsy, SUDEP. There were actions to monitor the person every 30 minutes through the night and descriptions of seizures to inform staff.
- People were encouraged to make choices about day to day events and activities. For example, people chose meals to be added to the service menu, what clothing to wear and activities to participate in. People were also encouraged to be participants, for example, if they wanted a drink, staff would support them to make the tea, using questions and prompts to aid them.

Staff support: induction, training, skills and experience

- Staff completed an induction on commencing in role at Holly Lodge. Mandatory training was completed during the first weeks at work and new staff worked alongside experienced staff, shadowing them to learn the role and get to know people.
- Training was a blend of courses completed on an online platform and face to face classroom-based courses delivered to small groups such as first aid life support and moving and handling.
- Staff new to caring roles completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training bespoke to people living at Holly Lodge was also provided. For example, should a new person be admitted to the service who was living with a medical condition staff were not familiar with, or who had particular disabilities, training would be devised and delivered by the provider to ensure appropriate care was planned.
- Staff were supported to complete qualifications in health and social care such as diplomas to enhance current practice and offer them skills needed to progress within the service.
- Staff felt able to raise concerns with the management team and had regular 1 to 1 or supervision meetings with them. There was also a very open culture and staff and management worked alongside each other on a daily basis.

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

- The menu at Holly Lodge was devised by people and staff. Food prepared was appetising and a staff member who ate with people told us it was very tasty.
- Staff knew people well and their likes and dislikes around food. One person disliked chewy food, sweet things and roast dinners and alternatives to these foods were provided. People were supported in a person-centred way, and whether eating as a group at the dining table or in their own space they were supported as needed.
- We saw one person standing throughout a meal. They moved around the house and garden and returned to the table for more food as they wished. This was their preferred way of having a meal so staff supported them to eat this way.
- Other people were developing skills, a staff member told us, "I like the idea of promoting independence for example [person] has started cooking with tins. It started because I asked them, and they seemed keen. We did beans on toast and then cheesy beans on toast and we're going to work our way up to ready meals! They're so happy about it! They goes all proud of themselves and goes 'Yay!'."
- Many meals were prepared by staff with support from people. They may assist with chopping vegetables or just stir a pan; they were supported to contribute according to their ability.
- Care plans contained relevant details about people's dietary requirements and preferences.

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

- The premises looked like a communal residence such as flats from outside and inside looked like a large family home. Décor was in good condition and there were lots of photos of people participating in various activities displayed around the home.
- There were 3 annexes in the rear garden of the service, each a single occupancy flatlet with access directly to the garden. One of these had been designed with a particular person in mind and in partnership with them, their relatives and the local authority. Décor and facilities had been designed to meet their particular requirements to enable them to live safely and contentedly at Holly Lodge.
- There were locked areas around the premises and the doors to the service were locked and only staff had fobs to open them. Relevant authorisations were in place to cover the security in the service.
- There were suitable lounges and a dining room where people could eat and relax together, and people had personalised bedrooms. One person had their room decorated with football memorabilia from their favourite team. A person was being admitted to the service in 2023 and the registered manager had already begun to plan with them the décor of their room to make sure when they started to transition to the service everything was in place to make them feel at home.

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

- There were positive links between the service and their GP surgery. Doctors from the surgery attended the service to see people to minimise the possible distress seeing them at the service could cause. When we were inspecting, a GP attended to see a person who had been experiencing symptoms. The GP arranged for further tests, enabling the person to access appropriate care.
- Relatives were also happy with access to dentistry. One person had an appointment in the service due to the lockdown and being unable to attend the local hospital dentist.
- The registered manager had also forged positive working relationships with social care professionals which meant support was available to people without delay.

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

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and had all necessary DoLS authorisations in place or awaiting agreement.
- We saw records of MCA assessments and best interest decisions in people's care records. Assessments were decision specific and not an overarching assessment.
- We heard staff asking people what they would like to do, how they wanted to do things and encouraging choices.
- Staff knew people well and were familiar with deescalating techniques and PROACT-SCIPr-UK© plans for people. PROACT-SCIPr-UK© is a 'Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention, revised for the UK'. Use of PROACT-SCIPr-UK© meant interventions that involved restraint were avoided as far as possible and people were supported positively when in crisis.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were very happy with how their family members were cared for telling us that staff spoke with them and included them in their family members lives.
- We saw staff speaking to people with respect, asking and not telling and generally providing kind and respectful care.
- People were able to access community facilities and enjoy fulfilling lives, supported by staff in a person-centred way. People had positive outcomes, for example one person who had spent a significant time in a secured unit could now pop out with staff to the shops and buy things they wanted. This was something they had been unable to do for some time.
- Some people had much better relationships with families as a result of input from the management team and staff at Holly Lodge. One person was now able to visit a relative and stay there for short breaks and another had improved their relationship with a relative so they were now both able to enjoy time together.
- The provider had also worked with people to enable them to visit relatives at their homes whereas prior to moving to Holly Lodge this had not been possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. If people had accidents, or if there had been an incident, relevant persons were informed such as relatives and social care professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported in the service by a deputy manager and a regional director. Both were very familiar with the service and knew people well.
- The registered manager was aware of the need to monitor service provision in order to identify challenges and potential risks and to ensure care delivery remained good. Audits were completed regularly which were shared with a quality team and deputy regional director.
- The deputy regional director also made a formalised visit to the service each month. They generated a report covering areas such as safeguarding, complaints and staffing, identifying actions for improvement if required. There was a continual focus on how well the service was performing and improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Annual surveys were issued to people, relatives and staff. Responses to surveys were analysed and learning taken to improve the service. Feedback was also obtained through speaking with relevant people such as relatives.
- The provider was aware of and responsive to people's needs in terms of their protected characteristics under the Equality Act 2010. For example, in terms of disability, different methods of communication were used dependent on needs. One person could use sign language so staff had been trained in Makaton and used a combination of that and the persons own signs. Another person dealt with situations better when social stories were used to reinforce what was happening.
- The provider had forged positive working relationships with health and social care professionals sharing relevant information with them as required.