

# The White Horse Care Trust

## Holly Lodge

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Holly Lodge provides accommodation with nursing and personal care for up to 18 people with a learning disability and associated health needs. The service is one of many, run by the White Horse Care Trust within Wiltshire and Swindon. At the time of our inspection 16 people were living in the home. The home has a vacant bed which was used to provide respite care. The home is divided into three different units with six bedrooms on each unit.

At the last inspection on 01 September 2015 the service was rated good overall with one requires improvement in the Responsive domain. This domain had two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not maintained accurate records in respect of each person, including a record of the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not designed care and treatment to reflect people's preferences and ensure that support plans reflected people's care and support needs because accurate and appropriate records were not maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook a full comprehensive inspection on 27 and 28 March 2017. After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

At this inspection we found the service had made all the necessary improvements and remained Good. We have improved the rating for the key question 'Is the service responsive' from 'requires improvement' to 'good'.

A registered manager was employed by the service and was present throughout our inspection. 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.

People's care was provided with kindness and compassion. Staff respected people's privacy and dignity. We observed that people looked relaxed and comfortable in the company of staff and did not hesitate to seek assistance when required. Staff had a good understanding of people's needs, abilities and preferences.

People were protected against the risks of potential harm or abuse. Staff knew how to keep people safe

from the risk of abuse or harm whilst still supporting them to remain independent. Risks to people had been identified and guidance was in place to support staff to minimise these risks. There were sufficient staff deployed to keep people safe and meet their needs. Appropriate recruitment practices were followed to ensure that staff employed at the service were suitable to support people safely.

People were supported to eat a balanced diet. Where required people had access to specialist diets. Staff supported people to access appropriate healthcare services they needed to maintain good health.

There were arrangements in place to ensure people's medicines were managed and administered safely and as prescribed.

Care plans were in place detailing how people wished to be supported with their care. The care plans had been completed by those people who knew the person well and where possible people using the service.

The registered manager and staff had knowledge of the Mental Capacity Act 2005. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

There were quality assurance systems in place which enabled the provider and registered manager to assess, monitor and improve the quality and safety of the service people received. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in a timely manner.

## 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 remains Good.

### Is the service effective?

Good ●

This service remains Effective.

### Is the service caring?

Good ●

This service remained Caring.

### Is the service responsive?

Good ●

The service was responsive

Care and support plans were personalised. People's needs were reviewed regularly and as required.

People had a range of activities they could be involved in. People could choose what activities they took part in.

People's concerns and complaints were investigated and responded to in good time.

### Is the service well-led?

Good ●

The service remained Well-led.

# 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 was a comprehensive inspection and took place on 27 and 28 March 2017 and was unannounced. One inspector attended both days of the inspection and was joined by an expert by experience on the second day. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the 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.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with eight people using the service about their views on the quality of the care and support being provided. As some of the people using the service were unable to verbally tell us their views about all aspects of the care they received, we spoke with two relatives about their views on the quality of the care and support being provided to their family member. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included seven care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. During the visit we met people who use the service. We spoke with the registered manager, a registered nurse, 13 care staff care staff and staff from the catering and housekeeping department. We received positive feedback from three health and social care professionals who work alongside Holly Lodge.

# Is the service safe?

## Our findings

At this inspection we found people continued to be protected from the risk of harm or abuse. Staff knew how to keep people safe and protect them from the risk of harm or abuse. Staff had received training in the safeguarding of vulnerable adults and were aware of their responsibilities to report any concerns should they suspect abuse was taking place or people were at risk of harm. Their comments included "I would look for changes in people's behaviour or mood. If I was worried I would report it to the nurse or team leader. If I saw poor practice with staff I would address it myself and then speak to the nurse or team leader. I have confidence they would do something" and "If I saw someone being scared of a staff member I would report it straight away to the nurse or team leader who I know would do something".

Staff continued to have the information they needed to support people appropriately. Staff understood the risk assessments that were in place to support people to remain safe whilst supporting them to remain independent. The risk assessments covered areas of risk such as falls, malnutrition, safe moving and handling and being able to access the community. People living at the service also had a personal emergency evacuation plan should they need to be evacuated in the event of a fire.

People received support from suitably skilled staff to keep them safe and to meet their needs. Team leaders kept the numbers of staff required to support people under review and adjusted these numbers as necessary. All staffing rotas were reviewed by a lead nurse who would ensure that appropriate cover was sought for staff absences where required. From observations we saw that staff were available to support people as required. Safe recruitment and selection processes were in place. Appropriate checks continued to be undertaken before staff commenced work. These records included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the person's identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines continued to be managed and administered safely. Only registered nurses or trained staff were able to administer people's prescribed medicines. Medicines were stored safely. There continued to be no set "medicines round". Instead people received their medicines at staggered times throughout the day as required. Nursing staff waited until people had taken all medicines before signing the medicines administration record (MAR chart). We reviewed the medicine administration records for nine people which showed that medicines had all been administered as prescribed. Since our last inspection improvements had been implemented with regards to how medicines were audited and stocks were monitored.

The premises remained well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection and cross contamination. Each unit was allocated a minimum of one housekeeping staff each day. Cleaning responsibilities were identified in cleaning schedules which housekeeping staff signed to say when tasks had been completed. A monthly audit of infection control continued to be carried out as part of the overall management monitoring system.

## Is the service effective?

### Our findings

People were supported to eat and drink sufficient amounts. Staff carried out nutritional assessments on people to ensure they were receiving adequate fluids and a well-balanced diet. Staff monitored people's weight for signs of loss or gains and made referrals where appropriate to dietitians. Where required people continued to have access to specialist diets. We saw from records that where people were at risk of poor nutrition they were supported to have fortified diets.

Where people continued to have complex nutritional needs, appropriate external advice and support was sought and appropriate risk assessments were in place. For example, several people using the service had a PEG (percutaneous endoscopic gastrostomy) or a PEJ (percutaneous endoscopic jejunostomy) which are used when people are unable to swallow or to eat enough. These people continued to have nutritional plans in place in line with advice from healthcare professionals such as the speech and language therapy team.

People ate their main meal at lunchtime which was prepared in the main kitchen. There was a choice of two main meals and we were told that if people did not want what was on offer then alternatives could be provided. Breakfast and evening meals were prepared on each unit by staff. We observed on the first day of our inspection that one person did not eat the meal they were offered. However, on this occasion an alternative meal was not offered when their plate was taken away by staff. On the second day, on the same unit, we observed the same person was refusing to eat their lunchtime meal which was shepherd's pie. The staff member offered the person an alternative stating they did not like mince. We asked the staff member why the person would have been provided with that meal option if they didn't like it. They said "Because sometimes he'll eat it but personally I don't think he likes it, he never seems keen on it to me." We have fed this back to the registered manager who agreed to address this with staff immediately.

People's health needs continued to be met by staff who ensured they received support and treatment from the relevant health and social care professionals. The service had links with other healthcare professionals such as dentists, Speech and Language Therapists (SaLT), social workers, GPs and community nurses. We received positive feedback from three health and social care professionals who work alongside Holly Lodge. Their comments included "Holly lodge is a nursing home and are very proactive when making referrals for health to be involved in the care and support of our customers. This includes occupational therapists, physio's, SaLT etc. Holly lodge have a very good relationship with community health team (CTPLD) colleagues who regularly visit the home" and "People's health needs are met through having a good relationship with the local GP surgery, the local Integrated Community Nursing Team and the CTPLD. The site also has on duty nurses and each unit is managed by a registered nurse".

People continued to receive care from staff that had the skills and knowledge to meet their needs. New staff members received a comprehensive induction to their role. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members. Records showed staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was

provided.

Staff continued to receive regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; training and development opportunities and other matters relating to the provision of care for people using the service. These meetings would also be an opportunity to discuss any difficulties or concerns staff had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff received training in MCA and DoLS and remained knowledgeable about MCA and were able to explain how they applied its principles when supporting people to make decisions. Staff gave examples of how a person's best interests were taken into account if a person lacked capacity to make a decision. For example, when people were supported to make decisions relating to personal care and support. All necessary DoLS applications had been submitted by the registered manager to the local authority. We saw in care plans assessments of people's capacity had been completed and best interest decisions documented.



## Is the service caring?

### Our findings

Relatives spoke positively about the care and support their family member received. Comments included "The staff are nice and caring. They are very attentive. I am happy he is so well looked after" and "The staff are so caring. She is always clean and tidy. They (staff) are always talking to her, telling her what they are doing".

Health professionals spoke positively about the care and support provided by Holly Lodge. Their comments included "There are many residents at Holly Lodge with complex health needs who need support for all aspects of their life however, the team at Holly Lodge try to promote and maintain peoples independence based on the abilities of the individual" and "When I have visited individuals staff are always sure to include them in the conversation explaining what we are going to do. Maintaining their dignity during any personal care needs required. People have individualised bedrooms suitable and appropriate to the person's age and gender".

Staff continued to have positive relationships with people. We saw from our observations staff showed kindness and compassion when speaking with people and offering them care and support. People looked comfortable in the company of staff, smiling and sharing conversation. They did not hesitate to ask for help and support when required.

We saw positive interactions between staff and people. One person continually asked for a drink even when they had one on their tray. Staff patiently took the time to remind the person that their drink was in front of them. If the person did not have a drink staff gave reassurance about providing the person with their drink.

We observed the lunchtime meal in each unit. People who required support were supported at a pace appropriate to them. We observed one staff member supporting a person to eat their lunch on the first day. They encouraged the person by saying "Well done" and checking they were ready before offering the person anymore food. However we observed the tea time meal on another unit on the first day of our inspection. One person was not supported in line with their care plan. The care plan stated that if the person was not eating their meal then staff should offer encouragement. We did not observe the person being offered any encouragement or support. They were not offered an alternative meal. We have fed this back to the registered manager for action.

One person told us they felt all their care needs were met. They said they were well looked after, had regular communication with the staff and were happy living at Holly Lodge.

A person used sign language, some of which they had invented themselves. Staff had shown patience and compassion with this person by learning how to communicate with them by learning their sign language. This person can get quite anxious if they are not understood, but they have developed such a good relationship with staff that they communicated with the person quite easily.

Staff respected people's privacy, knocking on their bedroom door before entering and ensuring personal

care was carried out in private. During our visit we observed people being able to choose where they wished to spend their time. This included spending time in their bedrooms, the communal lounge or garden. We observed staff being discreet and respectful when discussing care with one person.

We observed some interactions that weren't so positive. We observed that when staff were supporting people who were in wheelchairs they did not always inform them that they were going to move them or take them to another area before pushing the wheelchair. However we observed that there were some staff who did make people aware of what was happening and checked the person was alright before pushing the wheelchair. We have fed this back to the registered manager who said they would address this with staff.

The service provided end of life care which meant people experienced a comfortable and pain free end of life. The service worked in partnership with other appropriate healthcare specialists such as GPs and district nurses. Where necessary people and staff were supported by palliative care specialists. Comments from healthcare professionals included "End of life care is extremely well managed at Holly Lodge, ensuring other professionals are accessed as soon as people's needs deteriorate Family are contacted as appropriate to their needs and wishes. In the last few hours of the person's life carers sit with them until they pass away" and "Holly Lodge support people with complex needs, life limiting conditions and dementia. I have been a case manager for several individual's with dementia and the care, compassion, dignity and respect the staff show the individual's and their families is heart-warming to see. The staff go above and beyond for people who are terminally ill and have always managed death with respect".

One health professional told us "As my customer was end of life, the manager and I discussed nursing options etc. to ensure his comfort and dignity but also to safeguard him. My customer's family also needed to be included in this process, I gave the manager advice about approaching his family and also the background of their involvement. The manager was very open and honest with the family which ensured a safe and dignified end of life".

# Is the service responsive?

## Our findings

During our last inspection on 01 September 2015 we found that the registered person had not maintained accurate records in respect of each person, including a record of the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not designed care and treatment to reflect people's preferences and ensure that support plans reflected people's care and support needs because accurate and appropriate records were not maintained. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the steps to make the necessary improvements.

We found that people's care plans were reviewed and contained personalised information which included people's likes, dislikes and preferences. Staff had access to information and guidance about how to support people in a person centred way. For example, one person's care plan recorded that the person did not like to be woken early. Once awake a morning routine was in place which described how they would like to receive their personal care.

People's needs were documented and reviewed on a regular basis to ensure care and support provided helped people to maintain good physical and emotional well-being. For example, for those people at risk of pressure ulceration care plans contained guidance to support staff to reduce the risk of this occurring.

Relatives we spoke with confirmed they were involved in planning their family member's care and support and had the opportunity to regularly discuss what was working well or not so well. One relative told us "They all know her well and each year I attend a meeting where we discuss her care and I can put my point of view across".

However, we observed one person experience a seizure on the second day of our inspection. When we reviewed this person's care records there was no up to date guidance for staff on what they should do to support this person whilst experiencing a seizure and after. The guidance available had been completed in October 2015 and did not refer to the types of seizures the person was currently experiencing. We have raised this with the registered manager who took immediate action and contacted the appropriate health professional for guidance.

People were supported to take part in activities both within the home and in their local community. We spoke with the activity co-ordinator who told us they organised activities based on people's interests. They had a one page profile on each person which included information on their likes and dislikes. Activities were planned weekly and people could choose if they wished to join in. Activities also took place on each unit which other people could also join in with. People got to go out on regular day trips. The activity co-

ordinator and staff were able to spend one to one time with people throughout the week. Activities included arts and crafts, games, trips out, music and external entertainers such as a drumming company, theatre companies and music for health. People's participation in activities was recorded to ascertain their level of participation and if they were enjoying the session or not. This helped the activity co-ordinator in planning activities for people.

Relatives were aware of the complaints system and knew how to make a complaint and who to speak with. They said they felt they would be listened to and that any actions needed to resolve the situation would be taken. They said they had a good working relationship with the registered manager and staff team. We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. There had not been any complaints since the service had registered. We saw the service had received compliments from family members which included "Please accept my sincere thanks for every little way you cared and supported (person's name)" and "I could see a positive change in her when we visited".

## Is the service well-led?

### Our findings

There was a registered manager in post who was supported by a deputy manager. 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.'

The registered manager said they continued to receive regular supervision and support and attend management meetings where they could discuss the service provision. To keep up with best practice the registered manager continued to attend training as required by the provider and was undertaking a qualification in management.

The registered manager was knowledgeable about the people who used the service, their complex needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. Staff told us they felt well supported in their roles. They told us that as well as regular one to one supervision they had on-going support throughout the day. They spoke positively about support from management. Comments included "Management are supportive and approachable" and "I feel that I get lots of support. I don't have any concerns about care here but if I did I could speak with the nurse, team leader or manager".

Health professionals spoke positively about the approachability of the management and staff team at Holly Lodge. Their comments included "Both managers and staff are very approachable. Concerns are dealt with immediately and if there is a need for further clarification staff and management are very proactive with regards to requests to organise professional meetings" and "Managers at Holly Lodge are approachable, they are willing to listen to the concerns raised and the relationship between my team and Holly Lodge is an open and honest one. Holly Lodge make time to meet with staff from my team to sort out any concerns and issues, they are willing to follow advice and care plans put in by professionals".

The quality of care and service continued to be maintained. The registered manager carried out audits to assure themselves of the quality and safety of the service people received. Any shortfalls identified were addressed to improve the care people received. Audits completed included health and safety, infection control and safe medicines management. Care plans and risk assessments were regularly reviewed which ensured they contained accurate and up to date information.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.