

Imperial Care UK Ltd

Holly Lodge Residential Home

Inspection report

208 Maidstone Road
Chatham
Kent
ME4 6HS

Tel: 01634843588

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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

About the service

Holly Lodge Residential Home is a care home providing personal care. The service is registered to provide support to up to 22 people. At the time of the inspection 21 people were living there. Not everyone who lived at the service received personal care. This is help with tasks related to personal hygiene and eating.

The accommodation was provided in one adapted building. People living at the service were older and many lived with dementia.

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

The people and relatives we spoke with all told us they were happy with the service. Comments included, "The staff are marvellous." And, "The staff are kind to me and to my friends." Health and social care professionals were also positive about the staff and the safety of the service.

Care plans had been reviewed and included the information staff needed to support people to remain safe. People received their medicines as prescribed and were protected from the risk of infection spreading. Staff knew how to keep people safe from abuse. If there were incidents or accidents staff reported these and they were investigated, and action was taken as needed.

There was enough staff to support people safely. Staff were not rushed and had time to spend talking to people and provide emotional comfort. Staff were recruited safely and had the skills and knowledge to provide support to people. There were regular staff meetings and supervisions and appraisals took place to discuss staff practice.

People were supported to maintain their health. People were supported to eat well and drink enough. The feedback on the food at the service was positive. If people became unwell they were supported to access health care services such as the GP.

When people moved to the service, their needs were assessed. These assessments were used to develop person centred care plans which included information on people's needs and preferences. People's equality needs such as religious or cultural needs were met. End of life care was discussed with people and their wishes and preferences were recorded. People were involved in planning their own care and their preferences and choices were respected.

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. Staff supported people to make day to day choices.

The service was lively, and people enjoyed the activities which were offered. Relatives told us that they were

welcome at the service and had a good relationship with staff. There was a complaints system in place if people or their relatives were unhappy about anything at the service. People had opportunities to feedback about the service through written surveys and residents' and relatives' meetings.

There was a positive atmosphere at the service and staff were happy in their roles. Staff were well supported and supervised appropriately. Checks of the service quality were undertaken and issues were acted upon where identified. The provider and registered manager understood their legal responsibility to report significant events to CQC and did so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published on 28 March 2019).

Following the last inspection, the provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holly Lodge Residential Home

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Holly Lodge Residential Home 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 during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives or visiting friends about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the chef. We also spoke to one visiting health and social care professional.

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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and updated quality assurance records. We contacted health and social care professionals who regularly visit the service and received feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Risks to people from the environment were not well managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's risk assessments had been reviewed and new assessments were in place. The new assessments contained the information staff needed to reduce risks to people. For example, where people were at risk of falls a risk assessment was now in place to reduce the risk of a fall occurring. These had been updated as people's motility needs had changed. One health and social care professional wrote to us and said, 'I am confident that staff know how to deliver a service safely.'
- Where people needed equipment to support them to remain safe this was in place. For example, where people used bed rails, the equipment they needed to prevent limbs being trapped in between the rails had been assessed. This equipment was in place.
- People were protected from risks from the environment. For example, checks on the safety of the gas and electric supplies had been undertaken. At the last inspection appropriate equipment was not available to ensure the safe evacuation of people with impaired mobility. Suitable equipment was now in place and accessible in the event of a fire. Staff had undertaken fire drills, practicing using this equipment, and were able to demonstrate they knew how to use it.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify someone may be being abused and how to report concerns.
- Staff had undertaken safeguarding training and were confident any concerns raised would be acted upon and reported.
- The registered manager knew how to report concerns and was aware of the local safeguarding procedures. People told us they felt safe living at the service and relatives had no concerns.

Staffing and recruitment

- There continued to be enough permanent staff to provide support to people. The staff team was supported by a cook and cleaning staff.
- People's requests for assistance were responded to quickly and staff said they had enough time to

support people and spend social time with them. People and their relatives confirmed this. One relative said, "There always seems to be staff around if I need something."

- Checks had been undertaken to make sure staff were suitable to work with vulnerable people before they started. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored safely and kept secure.
- Medicine administration records (MARs) were complete and accurate. There was one missed dose of medication the day before the inspection. We raised this with the deputy manager who contacted the GP to seek the best course of action. Immediately after the inspection a new system was put in place to reduce the risk of this re-occurring and identify any gaps in MARs immediately.
- Where people had 'as and when' medicines, such as pain relief, there was guidance for staff in place. For example, how often these medicines could be administered during a 24-hour period. We saw people were asked if they wanted pain relief medicine during the day.
- Staff received training to administer medicines and their competency was checked regularly. We spoke to a visiting health care professional told us they had no concerns about medicines management at the service.

Preventing and controlling infection

- The service was clean and free from clutter which could harbour infection. One relative said, "It always smells fresh and clean. The kitchen is spotless."
- Personal protective equipment continued to be available and was used where appropriate. Soiled washing was separated to prevent cross contamination.
- Staff had completed infection control training and knew how to prevent and control infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again.
- Where there had been incidents of emotional based behaviour these incidents had been recorded and analysed using best practice tools. Staff knew how to support people to remain calm and what to do if they showed signs of distress which could lead to an incident occurring.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure complete and accurate records were maintained in that risks to people were not always documented. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs had been assessed before they moved in to the service to plan people's care and make sure staff had the skills they needed to support them. Care plan documentation had been re-designed, and people's needs were now recorded in their care plans.
- The assessment included looking at risks to people, personal care, medicine, nutrition and hydration, and preferences. Assessments also looked at needs relating to people's protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, culture and religion.
- Best practice tools were used in the assessment of people's needs. For example, tools to assess the risks to people's skin integrity and dental health. These were updated regularly to assess if people's needs had changed.

Staff support: induction, training, skills and experience

- Staff had the skills and training they needed to support people. This included mandatory training and training in areas where there were specific needs such as dementia awareness and managing challenging behaviour.
- Staff completed the Care Certificate if they did not have a higher qualification. The Care Certificate is an identified set of standards which social care workers must adhere to in their daily working life. New staff undertook an induction and period of shadowing prior to working alone to learn people's routines.
- Staff continued to receive regular supervision and appraisal and told us they felt supported in their role. There were development opportunities for staff if they wanted to take these up. For example, senior staff had been offered the opportunity to undertake a diploma in leadership for health and social care. Some staff had started this course.

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

- People told us they enjoyed the food. Comments included, "The food is very nice." And "lunch was lovely."

The cook is very good." More than one relative told us that people had regained weight when after they moved in to the service.

- The menu was on display and the cook spoke to people to ask what they wanted to eat. The menu was changed every four weeks. People were invited to make suggestions for the menu at residents' meetings. Where people did not like what was on offer that day, they were offered alternatives. Cultural needs and preferences such as following a vegetarian diet were well catered for.
- Where people were at risk from choking or had difficulty swallowing there was information for staff on how to support them safely. We observed that people were supported with a modified texture diet where this was needed.
- People were offered a choice of regular drinks throughout the day. Where people were at risk of dehydration their fluid intake was monitored to ensure that they were drinking enough.

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

- Staff worked well with other agencies. Feedback from health and social care professionals was positive about the relationship they had with staff at the service.
- People had access to health care services where they needed it. This included GP's, the speech and language team, occupational therapy, and nurses.
- There was information for people to take with them to hospital if this was needed. This included information on medicines, allergies, health needs and people's next of kin.
- Oral health risk assessments had been undertaken and people had oral health care plans in place. Staff had the skills and learning they needed to support people with this. People had been supported to access the dentist where concerns had been identified.

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

At our last inspection we recommended the provider considered seeking advice and guidance from a reputable source to assess people's needs in relation to their living environment. The provider had made improvements.

- Most people living in the service were living with dementia. At the last inspection we found that signage needed to be improved to assist people to navigate their way around. At this inspection signage was in place. For example, on people's bedroom doors and toilet doors. We observed people were able to navigate their way around independently. There was a quiet space where people could go to sit if they wanted to do so or spend time with their relatives without background noise and distraction.
- The communal areas and much of the accommodation was on the ground floor and was fully accessible. Accommodation upstairs was only accessible using the stairs or a stairlift. People's mobility needs were assessed before they moved in to a room upstairs.
- People were able to personalise their room if they wanted to do so with pictures and other decorations.

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 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.

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, and found that they were.

- Where people were deprived of their liberty applications had been made to the DoLS office for authorisation to do so.
- Where decisions were needed to be made on people's behalf in their best interests these were made with input from relevant parties and were recorded.
- Staff understood the MCA and that people were able to make some decisions for themselves with support. For example, people were offered choices throughout the day such as where they wanted to sit, what they wanted to eat and what they wanted to do.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the service and relatives' feedback was positive. Comments included said, "The staff are so kind, they look after me so well.", "It is marvellous here. They look after my [loved one] so well." And, "They settled in great. They have put on weight. They made a packed lunch today as they needed to go to hospital which was really thoughtful."
- People were comfortable in staffs' company and conversation flowed freely. Staff recognised when people were upset or felt down and offered comfort and reassurance. They asked people if they wanted to sit somewhere quieter and talk about what was upsetting them.
- People's equality and diversity needs were respected. For example, one person was no longer able to attend religious events as regularly as they used to. The registered manager kept them up to date about events at their place of worship. They fetched the person sweets from religious festivals as this was important to the person.

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

- People and their relatives told us they were involved in making decisions about their day to day care.
- People's preferences and choices were clearly documented in their care plans. Staff were aware of these and respected them.
- Communication plans were in place and staff were aware of people's communication needs. One visiting health professional told us that staff provided good support when they needed to speak with people who had communication needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to do things for themselves where they were able to.
- Staff were discreet when they asked people personal questions such as, if they wanted to go to the toilet or if they were upset. There were private spaces where people could go and talk to staff if they wanted to. Bedroom doors were kept closed when staff were supporting people.
- People's records were stored securely in a locked cabinet. Staff understood the importance of protecting people's private information and ensured that records were all kept away.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider sought to research through reputable sources, a way to provide a more structured approach to providing social stimulation that meets people's interests and preferences. The provider had made improvements.

- Since the last inspection the provider had recruited an activity co-ordinator. Although they were unavoidably away from work at the time of the inspection. There was a schedule of activities in place which continued to be delivered by other staff.
- People had been consulted on what activities they wanted to undertake. During the inspection we observed people engaged in a number of activities including chair-based exercises and activities designed to stimulate people's memories. People enjoyed these activities. One relative said, "[My relative] is happy here, they always seem to be doing some sort of activity."
- There were two lounges downstairs. One had been decorated as a music room and equipped with a voice activated music player. This room was lively all day, people knew how to put on their favourite music and were dancing and socialising for a large part of both days.
- Relatives told us they were welcome to visit people at the service and there was a positive relationship with some neighbours who had been invited to attend social events.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised. People had completed the 'This is me' plans which are a best practice tool to document people's life history and preferences. Staff knew people well and reminisced with them about their previous working life.
- Staff knew people's preferences and respected these. For example, one person liked to wear an article of outside clothing when indoors. Staff were aware of this and supported the person to do so as it made them feel more comfortable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed.
- Where people needed aids for communication such as pictures these were in place.
- One person's first language was not English. There were a number of staff and the registered manager who shared a common language with this person and supported their communication to enable understanding.

Improving care quality in response to complaints or concerns

- There continued to be a complaints policy in place which was accessible to people and their relatives. This was included in the welcome pack.
- Residents and relatives also had the opportunity to raise concerns at the resident's meetings which were held regularly.
- Where complaints were received these had been investigated and responded to appropriately.

End of life care and support

- People had the opportunity to express their end of life care preferences. Where these were expressed they had been documented.
- Some people's end of life care plans continued to record that their relatives knew their wishes and would take care of arrangements. However, the service was in the process of building on these plans by using the My Wishes form. This is a recognised tool designed to capture detailed information about people's preferences.
- Where appropriate anticipatory medicines for people were in place to ensure that staff could support people to remain comfortable when the time came. People's care plans were updated to reflect the care they wanted at the end of their life when this was needed.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure a robust approach to improving the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had addressed the concerns found at the last inspection in that risk assessments, and fire safety equipment was now in place. People's care plans recorded their needs.
- A new deputy manager had started at the service to strengthen the management team. This had a positive impact on the leadership of the service. One health and social care professional told us, 'I am pleased to say that the home took our advice on board and worked hard to turn the situation around. I am confident that staff know how to deliver a service safely.'
- Audits undertaken to check on the quality of the service. Audits included health and safety, medicines, care plans, risk assessments and the environment and equipment. Where issues had been identified action had been taken.
- The registered manager had submitted notifications to CQC as required by law. The rating was on display at the service as required and could be viewed by people and their relatives. The rating was also displayed on the services website.

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

- There was a positive culture at the service. People knew the management team well. The registered manager and deputy manager spent some of their time working alongside staff which gave them a good oversight of staff practice and any challenges they might face.
- Staff were well supported in their role. They had regular supervision and were well motivated. Staff were well motivated. One staff said, "It's relaxed, the management is really good towards staff and for the residents."

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

characteristics

- The registered manager sought feedback from people and their relatives through an annual survey. Feedback had been positive. There were regular meetings for people and relatives where they could share their views. People and relatives knew the registered manager well and could speak to them or the provider directly if they preferred or needed to do so.
- There were regular meetings for staff and staff were also invited to complete an annual survey. Staff told us the provider was responsive to suggestions and acted upon them where appropriate. For example, staff asked for some equipment to aid with hair washing and this was provided.

Working in partnership with others

- The registered manager kept up to date with best practice and changes within the sector. For example, they regularly attended events to learn about and share best practice.
- There were links with local organisations within the community. For example, people from the church came to sing with people at Christmas and a hairdresser visited people regularly.
- People were referred to health and social care services appropriately such as GPs, nurses and mental health professionals. Feedback from health and social care professionals about the service and staff was positive.

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

- There were no previous incidents which qualified as duty of candour incidents. However, the management team understood their responsibilities if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Where incidents had occurred, they had been responded to and acted upon. Lessons had been learnt and shared with staff and relatives had been informed where appropriate. One relative said, "They let me know when [my relative] is unwell, they tell me straight away if they need anything or if anything has happened."