

# Mr Mohammed Iftikhar Ali

# 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

### About the home:

Holly Lodge is a residential care home registered to provide personal care and support for up to 23 people aged 65 and over. At the time of the inspection there were 15 people living in the home.

### People's experience of using this home:

People who used the home continued to be supported to remain safe. Staff knew people well and supported them with kindness and consideration. Staff knew how to keep people safe and had received training in safeguarding and how to reduce the risks of harm from occurring.

People received medications safely and risks to people had been assessed and managed to identify and reduce or address the impact of any known risks. People were supported to access healthcare services as needed and staff responded promptly to changes in people's health. Other aspects of safety, including fire safety and issues of personal safety, were well managed in the home.

People continued to be supported in a comfortable home with access to all communal areas and private space as they wished. People were supported to maintain their health through a good diet that provided them with choice and addressed their nutritional needs. Drinks were readily available at all times.

People's rights were upheld and protected and people received kind support and assistance to have choice and control over their day to day lives. People's preferences and experiences were known and staff provided personalised encouragement and enabled people to do as much as possible for themselves.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment of staff ensured people were supported by staff of good character. People were supported by staff who were well trained and focussed on supporting them with their plans.

There was a range of effective monitoring systems in place that checked if the home was well managed and delivered care that was supportive enabling people to have a good quality of life. People and staff were encouraged to provide feedback about the home. The registered manager was aware of their responsibility to report events that occurred within the home to the CQC and other external agencies.

The home met the characteristics of a rating of good in all areas. More information is in the full report.

### Rating at last inspection:

The service was rated Good at the last inspection; the reports was published in October 2015.

### Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the 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?

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

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

One inspector carried out this inspection visit.

#### Service and service type:

Holly Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered 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.

#### Notice of inspection

The inspection was unannounced.

#### What we did:

##### Before the inspection:

We reviewed information we had received about the home since the last inspection in October 2015. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the home does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met and spoke with three the people living at Holly Lodge, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with three relatives. We spoke with two care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

# 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 continued to feel safe living at the home. They told us that they were safe living in the home and were well supported by staff at all times. One person said. "I am well cared for ... staff are always around and I'm safe here."
- Staff were clear about issues that could be indicative of abuse and referred to action they would take to report any concerns and keep people safe.
- Staff had received training about safeguarding and supporting people. Records detailed when staff had received training and they were provided with updates/refresher training regularly.

Assessing risk, safety monitoring and management

- People's care and support needs were known to the staff who were clear about actions they would take to keep people safe, recognising that each person had different support needs.
- A visitor advised that their relative had been well supported with a health condition and that risks had reduced since they had been in the home.
- Risks to people's health, safety and welfare were assessed at the time of admission and then records were reviewed and revised when changes occurred.
- Staff increased the support provided to people, discreetly at times, to reduce risks of falling when they were walking about the home.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One person said, "Staff are good, and [Name] is safe." We heard call bells sounding out on occasions during the visit and noted that they were responded to promptly by staff.
- We found that there were enough staff rostered to be on duty to meet people's needs and saw that staffing levels were adequate to meet care and support. Staff vacancies, absences and periods of annual leave were being covered by regular staff working additional hours.

Using medicines safely

- People received their medicines on time and in a safe way. Staff had been trained and followed the provider's processes when administering medication.
- The administration of medication was undertaken in an orderly and safe manner. We saw that people receiving medication were familiar with the routine in place.
- We saw that some people had been prescribed medication to be taken 'as required' and that staff had a consistent understanding about the protocols when people would receive such medication.

### Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms.
- Staff told us that they had received training in how to reduce the risk of the spread of infection.
- The kitchen was very clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place in April 2018 and the rating awarded was the very good (with highest level 5 awarded).

### Learning lessons when things go wrong

- The registered manager advised that they undertook analysis after any incident or near-miss to identify if there was any improvement or change that needed to be made reduce the risk of the incident happening again.

# 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.

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

- People's needs had been fully assessed prior to admission into the home and was an ongoing after admission.
- Each person had an individual set of care plans that covered all aspects of their care and daily lives. The plans had been reviewed regularly and updated as needed to ensure that people received consistent care from all staff. One visitor spoke highly of the support that had been provided by staff commenting, "They have rehabilitated my [Relative] from palliative care back to health - amazing."
- Reviews were regularly held to see whether the identified care and support provided was suitable and meeting each person's needs.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff. Staff spoke positively about the training they received to equip them to deliver good care. One staff member commented, "Since I have been here I have had good access to training." The staff member then they went on to list all the training they had received.
- Many of the care staff had worked at the home for a long time and were experienced in supporting people.
- The registered manager advised that staff were regularly encouraged to undertake additional training. Competency checks of core skills were undertaken by the registered manager on a regular basis.
- The provider had processes in place for the safe recruitment of staff with references and criminal record checks carried out before staff commenced working in the home. These steps helped to ensure that staff were of good character.
- The registered manager advised that all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

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

- We received a number positive comments from people about the meals they were served which they enjoyed. One relative said, "There is always enough to eat and drink. My [relative] likes good cooked dinners and these are provided." One person added, "I like the food, it's good plain cooking," Another person commented about the food and summarised their comments by adding, "The food is good."
- We saw the lunch time meal being served. Some people chose to have their meal whilst seated at the dining tables and other people had their meals served to them whilst they remained seated in easy chairs in the lounge. Staff knew people's dietary likes and preferences.
- Some people were supported to eat their meal and we saw that this was well managed so that people ate

their full meal. Some people needed the consistency of their food altered so that they could eat it without the risk of choking. We saw that action had been taken to improve this support for people. We discussed with the manager methods that they were interested in introducing to improve the appeal and consistency of softened diets.

- People were supported to drink often throughout the day. Hot drinks were provided regularly and in addition there were cold drinks available at all times. One relative said, "They always ensure that [Name] has plenty to drink."
- There was a set menu used in the home for planning and shopping purposes however, people were asked what they would like to eat at each meal with alternatives always available. Whilst most people ate well, when people were not eating and drinking enough to maintain good health additional records were maintained to help monitor the person's food and drink. Encouragement was provided to people in respect of food and drink consumed.

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

- People had care plans for their nursing and healthcare needs which staff followed to help ensure they maintained good health.
- People were supported by the staff to receive consistent support through good communication with external agencies and professionals.
- People's healthcare needs were known and well supported, with clear records and care plans in place. People said they saw their doctors when they needed to. Staff advised that they had a good working relationship with people's GPs.
- Plans were agreed with other agencies, when appropriate, to ensure that long term issues or plans were fully considered and followed.

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

- Some people's rooms had been personalised with belongings that reflected their personal interests or hobbies.
- We saw that the communal lounges and the dining room was tidy and homely. People made full use of the three lounge areas and toilets were located close to the communal areas of the home. A lift provided easy access to bedrooms on the first floor and second floors and there was a platform lift that provided access to some bedrooms on the lower ground floor. People used the lifts on their own if they wished to support their independence although staff assistance was available and offered for those less sure of moving around without support.
- The registered manager advised that repairs and ongoing maintenance tasks were carried out promptly when needed.
- We saw that one ground floor corridor which served a number of rooms was in need of redecoration and replacement of suitable flooring. The registered manager advised that the provider had informed them that the refurbishment was due to commence during the following few months.

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 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 whether the home was working within the principles of the MCA, and found that this was the case. Staff supported people when needed by talking through decisions they had made. We saw that staff supported people to make choices and have as much control as possible over all aspects of their lives.

# 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; respecting equality and diversity

- We saw that people engaged and chatted with staff often throughout the day and staff spent time with people in the communal areas of the home engaging in conversations or activities such as joining in a game of bingo and singing.
- The staff were caring and kind and understood what was important to people. We saw that people were afforded respect and were informed or reminded about plans that had been made for the day.
- One visitor commented, "The positive, understanding, patient and kind attitude of all staff at all times is a testament to the culture of the home. This is totally embedded by the manager and deputy."

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

- We saw that people were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in light hearted jokes with them.
- One relative spoke about how people were supported by staff to make everyday decisions as well as major decisions. They commented, "I receive great communications from the home staff, they show a good awareness of (Relative's name) needs and how they are to be met." "[Name] decided on this home and moved in. [Name] has been happy ever since and it's good because staff listen to what they want."
- Staff encouraged people to share their views and opinions about how they were supported and people were encouraged to express their views and make decisions about their routines and lifestyles. For example, people determined their own routines including times when they wanted to go to bed and when they wanted to get up.
- Records showed relatives were also involved in discussing and planning people's care when this had been agreed by the person living in the home.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and protected people's privacy and dignity. One person told us, "The staff are very respectful and they don't talk about other people in front of us."
- Visitors spoke about the kindness and support provided to them by staff when the person using the service was ill or becoming frail.
- Staff encouraged people to be as independent as possible and supported people who wanted only little support and assistance.
- Staff were trained in equality and diversity and were respectful of people's cultural backgrounds and beliefs.

## 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

- Reviews of the care and support needs were undertaken regularly. All relatives commented positively about the support provided. One relative commented, "They maintain a good watch on [Name] health. They call the doctor when they are unwell and take the initiative when needed [to make changes]."
- A relative said, "I am very pleased with the home, the care is very good. I am very happy with care and support." Another person said, "I'm well cared for, people aren't always as kind as they should be [in other places] but it's different here." A relative commented that they had seen staff manage difficult situations with compassion, patience, warmth, affection and kindness."
- We saw that each person was supported to follow and engage in their preferred interests and hobbies. One person enjoyed reading and commented, "They ensure I have the daily newspaper and I have lots of books when I want them, they are large print ones."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. However there had been no complaints since our last inspection.
- People were clear about who they would talk to if they had any concerns. The registered manager was well known to everyone and had daily contact with everyone when they were in the home.
- Relatives advised that they would be happy to raise any issues or complaints with the registered manager; "We wouldn't hesitate to raise anything but I know there would be no complaints as everything is fine."

End of life care and support

- The registered manager and staff gave people the opportunity to discuss their end-of-life wishes and these were recorded in their care plans. At the time of the inspection no one was receiving end of life support.
- Most of the staff had received training in palliative care. Staff helped people through the provision of end-of-life care and understood the stages people went through when they were reaching the end of their lives.
- Recently bereaved relatives visited the home during the inspection and spoke of the high quality care that was afforded to their relative at the time of their death.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they were happy with the home.
- Staff understood their duty to provide high-quality, personalised care based on their training and the registered manager's vision and values.
- The registered manager promoted transparency and honesty. Relatives knew who the registered manager was and said they could approach her with any issues and they would be listened to.
- The registered manager spoke of plans they had to further improve communication in the home between people living in the home, visitors and staff, advising that consideration was being given to introducing a newsletter to keep everyone up to date.

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

- People and staff spoke highly of the registered manager and deputy and commented that they could always approach them to raise any issues or queries. A member of staff commented, "The management team are approachable." We have handovers and if there is any query we go and find one of them to sort it out."
- Quality assurance checks put in place by the provider were being undertaken regularly and staff and people spoke highly of the registered managers commitment and approachable nature. Staff had regular supervision meetings and staff meetings were held every three months with an agenda shared in advance.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level. They said that when they had issues they could raise them and be listened to. All staff said they questioned practice if they had any concerns and were aware of the safeguarding and whistleblowing procedures.

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

- People and relatives were involved in how the home was run. They were invited to share their views at one-to-one meetings, care reviews, and group meetings.
- The provider sent out annual questionnaires to people, relatives and staff to gather their feedback on the home. Records showed the results of these questionnaires were analysed and action taken, where necessary, to make improvements.

- The registered manager involved staff at management level in developing areas of the home. In addition to monitoring the quality of care, the registered manager had implemented several complementary monitoring systems to ensure that all aspects of the home were safe and compliant with the regulations.

#### Continuous learning and improving care

- The staff team were all motivated and keen to develop and learn.
- Staff advised that the registered manager supported them and helped secure training on any relevant topic they were interested in.
- Staff were supported to increase their skills and knowledge through completing National Vocational Qualifications and other training course.
- The registered manager and staff were committed to ongoing improvement at the home. They worked to action plans which identified where improvements were needed and who was responsible for ensuring they were carried out.

#### Working in partnership with others

- The home worked in partnership with health and social care professionals from other agencies to ensure people's needs were met and they had the care, support and services they were entitled to
- Relatives made very positive comments about the staff indicating that they worked well to provide the level of care needed and involved them in discussions and plans. Relatives said that they were always welcomed into the home.
- People, relatives and staff took part in organised social events periodically throughout the year to enable all to get together. In addition to enjoying the event they used the opportunities to discuss further improvements.