

# Holly Lodge Residential Home Limited

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## 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 service

Holly Lodge Residential Home is a residential care home providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 12 people.

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

Medicines were administered safely. How medicines were stored was reviewed and changed to follow good practice guidance during the inspection. All other risks people faced were assessed and safely managed. People and relatives felt the care and support kept people safe. Staff showed good knowledge of safeguarding procedures. Infection prevention was ongoing, and the home was clean and well maintained.

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. The provider had strong links with health professionals. This promoted timely support and positive outcomes for people. People had access to food and drinks, 24 hours a day if requested. Staff told us the training ensured they had the skills to carry out their roles effectively and the management team were supportive.

Staff were knowledgeable about people's backgrounds and preferences. They were caring, patient and took time to ensure people felt valued. They worked in partnership with people, offered choices and promoted people's independence. Due to the stability of the staff team there was a rapport between people, visitors and staff.

People took part in valued activities within the home. The provider would deliver end of life care to ensure people stayed in a familiar environment with people they knew. People's communication needs were identified, and appropriate support offered. There was a complaints procedure which was made available to people and their families.

The management team had good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well-led. The provider used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

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 20 January 2017).

### 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 Limited

## **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

One Inspector carried out the inspection

#### Service and service type

Holly Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The registered manager was unavailable during the inspection, the nominated individual and deputy manager were on site during our visits.

#### Notice of inspection

This inspection was unannounced on the first day.

#### 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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service three relatives and two visiting friends about their experience of the care provided. We spoke with five members of staff including the provider, assistant manager, senior care worker and two care staff. We did not use the Short Observational Framework for Inspection (SOFI) as the home was small. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We did observe the day to day interactions and activities that took place during the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines when they should. The service had systems to protect people from unsafe administration of medicines. We found the medicines we checked matched with the records kept.
- Good practice guidance was not consistently followed. The provider reviewed their systems and made changes during the inspection to ensure medicines were consistently stored safely.

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

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One person told us, "I do feel safe. There is always somebody about to get help if I need it."
- The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. Staff told us they had safeguarding training yearly and were able to say who they would inform should they witness anything of concern.

### Assessing risk, safety monitoring and management

- The management team assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe.
- Staff knew how to support people in an emergency. For example, people had personal emergency evacuation plans which ensured in case of a fire staff had appropriate guidance on how to support people out of the building.

### Staffing and recruitment

- The provider followed safe staff recruitment procedures. They recruited staff in a safe way. All the necessary background checks, including criminal records checks had been carried out with the Disclosure and Barring Service. This ensured only suitable people were employed to support people. One relative said, "They are very selective about who they have working here."
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe. One person said, "The staff are always around."

### Preventing and controlling infection

- People were protected against the risk of infection. We observed staff used personal protective equipment (PPE), when providing care and support to people. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.

- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

#### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The deputy manager reviewed all incidents and look for themes and patterns.

# 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 good. At this inspection this key question has now remained the same. 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

- The management team assessed people before they moved into Holly Lodge Residential Care Home. This was to check their needs were understood and could be met effectively. When people's care needs changed a review was completed to see if their care plan needed changes to reflect their current needs. One relative said, "They phone you at the slightest thing and call the G.P. when needed."
- The provider used current legislation and best practice guidance to improve quality and deliver effective outcomes for people. We saw up-to-date information related to oral health.

Staff support: induction, training, skills and experience

- Staff told us support in their role continued through their employment. They told us they received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. One staff member said, "I can discuss any concerns and I know they [management team] would act on them." Staff said they could contact the provider for advice and guidance in between supervisions.
- Staff told us they had access to ongoing training and development relevant to their role. This included refresher training and updates in specific skills to meet individual's specific needs. One staff member told us, "The training really helped me."

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

- The provider made sure people were supported effectively with food and drinks. Drinks were available and offered throughout the day. One person said, "I am offered a cup of tea all the time."
- Staff monitored people's food and fluid intake, when appropriate. Staff prepared separate meals for people who had ongoing health conditions. Staff monitored people's weight for signs of changes and where necessary referred people for medical assessment. One relative told us, "[Family member's] has put weight on since they came here."

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

- The service worked effectively with healthcare professionals, so people received a good standard of care to maintain their health. Records showed the management team had contacted health professionals to review people's eyesight and oral health. They had worked with health professionals to avoid hospital admissions.
- Staff were aware of what action to take if people were unwell or had an accident. Care records showed

contact with health care services including GPs, community-based nurses and mental health professionals. One visitor told us, "[Person] is having the best care here."

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

- The home was suitable to meet people's needs. Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people with limited mobility needed it. There were fire doors linked to automatic closers. This meant the doors closed if there was a fire.
- Call bells were positioned throughout the home and beside beds to allow additional support to be requested, should it be required. Corridors were free from hazards to allow people to walk independently with minimal risk.
- People and relatives told us they were happy with the bedrooms and general environment. Bedrooms were decorated with personal items to promote a homely feel. There was an outside area where people could relax.

#### 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, 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff had received training in MCA and DoLS. They knew how to support people in making decisions and how to offer choice with day to day decisions and activities. From records viewed, we saw people's consent to care and treatment was routinely sought.

# 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 now remained the same. 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

- Staff were knowledgeable about people's backgrounds and preferences. Records included information on 'what is important to me' to guide staff on building positive relationships.
- We observed people were comfortable in the company of staff and actively engaged in conversations. One person told us, "I like to have a chat with the staff." Feedback from one relative included, 'Holly Lodge is a safe and caring haven for my [family member].'
- The provider organised regular visits from a local vicar to meet people's spiritual needs. The service included specially printed hymn sheets to promote people's participation.

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

- The provider reviewed people's views and needs on every admission which included consultation with relatives. Care records showed care planning was centred on people's individual needs and preferences. One person had requested to self-administer their medicine. This was fully supported by the management team.
- The provider, when appropriate had worked with people's advocates. These are independent people who support people to ensure their rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. We noted people's personal private information was stored securely. There was no personal information left visible on desks or secured to the wall for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name and seemed to know them very well. They were polite, very friendly and cheerful when supporting people. One member of staff told us, "We have built positive relationships with people, through length of service of staff and continuity of care."

# 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 good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- The management team completed an assessment of people's needs before they could move into Holly Lodge Residential Care Home. This ensured the service was right for the person and the service could meet the person's needs. One relative told us, "The care is very good, it is very personal."
- The provider ensured care plans contained relevant information on people's support needs. People had access to call bells to request additional support.
- Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One person told us, "When I ask questions, they [staff] have the answers."

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.

- We saw people's communication needs had been assessed and where support was required this had been met. There were scheduled visits with opticians to support people who were visually impaired.
- Staff were able to say how best to communicate with people who may be anxious. This included offering reassurance or changing staff members to promote effective communication.

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

- People had access to planned activities most days of the week which included quizzes, karaoke and exercises. We noted celebration activities were arranged for birthdays, seasonal and one off events. These included Valentine's day, Easter and Dignity day. The service had also employed professional entertainers. The provider told us, "The residents love it when we are doing something for them." Feedback from relatives included, 'Lots of dancing to Jeff's singing and lots of smiles.'
- The service used technology to improve the lives of people. People had access to the internet and noted people contacted relatives by video conferencing using a handheld computer. One relative told us, "[Family member] and I, have just been talking with my sister on the I pad."
- Visitors told us they were made to feel very welcome and felt included within the home. One visitor stated, "You are greeted with a smile and a cheer when you arrive.". One relative commented, "Everyone is so nice here."

Improving care quality in response to complaints or concerns

- The service had a comprehensive complaints policy. The registered manager had not received any complaints since the last inspection.
- People, relatives and staff all said they knew how to complain and were confident the provider would act on any complaints received.

End of life care and support

- The deputy manager has completed training in palliative and end of life care training at degree level. This included working alongside staff at a local hospice. They said, "I learnt about dementia, I learnt how to communicate with G.P.s, I learnt about body language and how to unpick things." Information was also shared with staff at team meetings.
- Staff told us they had received training in end of life care and knew how to maintain people's dignity. One staff member said, "It is all about making sure people's wishes are met."
- The provider had taken responsive action and liaised with health professionals and ensured end of life medicines were on site for one person just in case they needed them.

# 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 good. At this inspection this key question has now remained the same. 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

- The provider and staff created a warm and friendly atmosphere which made people and visitors feel relaxed and welcome. The registered manager was visible about the home and seen to engage with people in a kind and caring manner. One relative stated, "There is a family atmosphere. It is a home from home. There is nowhere better"
- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One visitor said, "Nothing is too much trouble." One staff member told us, "[Deputy manager] knows her job, and provider is always about for support, she mucks in."

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

- People spoke positively about how the service was managed. They informed us the provider and deputy manager had a good understanding of people's needs and backgrounds.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong. The management team knew how to share information with relevant parties, when appropriate. The provider understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, as required by law.

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

- The provider and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Relatives and people who used the service were very positive about the quality of support they received.
- The service had quality assurance processes and systems to monitor and improve the service. The provider worked with the deputy manager in auditing the home environment and service delivered.
- Discussion with the staff confirmed they were clear about their role and between them and management provided a well-run and consistent service. One staff member said, "The management team are very good. They go out of their way to help you, we have a good team here"

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

- The provider had systems to gather the views of people and relatives. We saw feedback from comment

cards was overwhelmingly positive. These included, 'The team at Holly Lodge have been exceptional,' and 'I have no concerns for [family member's] wellbeing. It is a home from home.'

- The service held regular meetings for people and staff to share their views. The feedback was then audited, and appropriate actions taken based on the feedback. For example, the menu was reviewed, and activity DVD's were purchased.
- There were good relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health concerns with district nurses. There were links with local churches. Ministers visited to provide spiritual support to people who wanted it.

#### Continuous learning and improving care

- The provider and deputy manager were committed to ensuring continuous improvement. They received updates from CQC and care home forums which they had introduced within the service. They completed audits of care plans and, where required, raised learning issues with staff individually or in a group setting.