Holly Lodge (Bridlington) Limited

Holly Lodge Residential Home

Inspection report

8-10 Station Avenue
Bridlington
Humberside
YO16 4LZ
Tel: 01262 678508
Website:

Date of inspection visit: 27 January 2015
Date of publication: 27/03/2015

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

Overall summary

The inspection took place on the 27 January 2015. The inspection was unannounced. At the last inspection the service was fully compliant with the regulations and no improvements were required.

Holly Lodge is situated in the town of Bridlington. It offers accommodation for up to 19 people who have a mental health illness over two separate properties and has a mixture of single and shared rooms. There are several communal rooms and gardens to the rear of the property. There were seventeen people living at the home on the day of our visit.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

Most people felt that there were enough staff on duty although some people said this could be improved upon particularly at weekends. Appropriate checks were completed when new staff were recruited.

People received their medication as prescribed by their GP. Medication systems were well managed.

The home was clean and free from any unpleasant odour however a programme of redecoration would enhance it further.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded within their care records and were known and understood by staff.

Training was provided for all staff and staff could suggest courses which were of interest or which would benefit people living at the home. People living at the home were able to attend training with staff.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

People told us they enjoyed the food and we saw that people could help themselves to food and drink.

People generally expressed positive comments regarding the care they received. The majority told us they were treated with kindness and compassion and we saw this throughout our visit. They told us that staff respected their privacy and maintained their dignity at all times.

People told us that the registered manager and staff responded to their needs. Each person had individual care records which focused on them as a person. They told us that social opportunities were available and said they could choose how to spend their time.

The home had not received any complaints as they dealt with any concerns immediately. The complaints procedure was displayed and people told us they could talk to staff if there was a problem.

The manager and a number of staff had been in post for a long time. They knew the service and the people they supported well.

There were a number of quality monitoring systems in place which aimed to seek the views of people. All of the relatives and health professionals we spoke with said that the manager and staff communicated well.

Staff spoke positively of the culture in place and health professionals said the service was well managed and run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Most people told us they felt safe and we found that risks were appropriately managed.

Medicines were correctly stored and disposed of and records were accurately maintained.

Most people told us that there were sufficient numbers of staff to care for them. Recruitment checks were completed before people started work.

Good

Is the service effective?
The service was effective.

Staff received training and development which supported them in delivering effective care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People told us they enjoyed the food and had a choice of what they wanted to eat and drink.

Good

Is the service caring?
The service was caring

People told us they were well cared for and it was clear that they knew the staff well. They told us they were listened to.

People told us that they were treated with dignity and respect and this was observed throughout our visit.

Good

Is the service responsive?
The service was responsive.

People had individualised care records in place and old us that staff delivered care in a way which they wanted.

People were involved in a range of activities and had good links with the local community. However some people may benefit from additional social activity. People spent their time the way they wanted.

People were encouraged to give their views and opinions and raise any concerns or complaints.

Good

Is the service well-led?
The service was well led.

The registered manager had systems in place which helped to review and develop the service. They sought out the views and opinions of people living at the home, other stakeholders and staff and acted upon any feedback.

Good

Holly Lodge Residential Home

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 was planned to check 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.

The inspection took place on 27 January 2015 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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.

Prior to our visit we looked at the information we held for this service. This included notifications.

During our inspection we talked with 10 people using the service, 2 relatives, 2 staff, and we reviewed a selection of records which included 3 care files, 3 recruitment records, medication systems, complaints and records used to monitor the quality of the service.

We also spoke with 4 health professionals who were involved with the service.

Good

Is the service safe?

Our findings

People were asked if they felt safe. The overall view from people was that they felt safe. Of the nine people who were asked this question eight said “Yes”. Quotes from people included: “I feel safe, yes” and “I'm not frightened of anyone in this place.” People were also asked if staff kept them safe from other people in the home. Comments were mixed. Of the seven people who were asked this question four said “Yes.” Others said “Not always” or “No”. People told us that on occasions there were altercations between people living at the home.

We spoke with a health professional who said “My client is safe and treated as an individual.”

The home had clear systems and processes in place for managing safeguarding concerns. All safeguarding concerns were reported and acted upon with outcomes recorded in the safeguarding file. This helped the registered manager to review the information so that any required changes could be implemented. The home had policies in place which staff understood. We spoke with staff about their understanding of safeguarding vulnerable adults. They were able to clearly describe how they would escalate concerns should they identify possible abuse. They told us they had received training in safeguarding vulnerable adults and we saw records to support this. This training helped to keep their knowledge and skills up to date.

We looked at the care records for three people living at this home. Each of these had up-to-date risk assessments. They covered areas such as mental health deterioration, capacity and decision making, infection control and mobility. These risk assessments had been incorporated into the plan of care. This meant that people could still make decisions yet were aware of potential risks and how to minimise these.

The registered manager carried out regular checks on the environment to ensure it was safe. They told us that infection control, fire safety and legionella checks were all completed by external agents with a report written of any required action. We were shown copies of these and could see that suggested actions were being responded to. A recent environmental health check had been completed and the home had been awarded a five star rating which is the highest that can be awarded. All of the checks that we looked at were up to date.

People were asked if there were enough staff. Ten people were asked this question. Of these seven said that there were. One person said “There are enough staff.” However, one person said “In the daytime and the weekend there's not enough staff.” Another person said “When staff are poorly they can't take time off. I don't think there's enough staff. I think they could do with more.” We shared this feedback with the registered manager who agreed to look at this further.

The home comprised of two houses which were next door to each other. One was where people lived independently the other was for people who may require some support or supervision and there were two staff on duty. In addition to the two staff on duty there were also domestic staff and a cook. The domestic staff had received the same training as the care staff so could support people if necessary. At night there was a waking member of staff and a sleep in member of staff.

We looked at two recruitment records. We saw that the necessary recruitment and selection processes were in place. We found that appropriate checks were undertaken before new staff begun work. This included written references, satisfactory Disclosure and Barring Service Clearance (DBS), health screening and evidence of the staff member’s identity. This helped to ensure that staff were suitable to work with people who lived at this home.

People were asked if they felt their medicines were managed correctly, if they got them on time and if they understood what they were for. Out of ten people who were asked these questions nine said “Yes”. One said: “I don't always get it on time.” Another person told us “Yes, we have our medication when it’s due. I have my tablets four times a day.”

The registered manager had good systems to manage people’s medication. We saw that people received their medication as prescribed by their doctor. Any medicines which had been given were recorded on their medication administration records (MAR). People signed their records to give their consent to staff administering their medicines. All staff received medication training and regular competency checks were completed to check that staff were giving medication safely.

People were asked if they felt the home was clean and hygienic. Nine people were asked this question. Of these seven were complimentary. One comment was: “Yes, all

Good

Is the service safe?

tidy. They (the staff) hoover and dust." Two people made negative comments. These were: "It's just a bit rough and ready at the moment. It needs a refit, sprucing up a bit, redecoration. Home is where you make it."

We saw that the home had an infection control lead who was responsible for driving good standards of hygiene and infection control at the home. The registered manager told us that a programme of redecoration was going to take place over the next year to improve the premises inside as some areas were looking tired and worn and required attention. We saw that the home had cleaning schedules in place and domestic staff were employed to clean the home.

Good

Is the service effective?

Our findings

People told us they could make choices about their day to day care. They said: "We can mostly do as we like", "I work every day. If I want to go out I go out" and "Get a bath alright. Clean beds. Washed and changed." Another person said "If you need to be accompanied, you just ask the day before."

Relatives and professionals spoken with confirmed that the service was good at providing effective care to people. Comments included "They have worked miracles with my client. They are person centred in their approach and really focused on the things that that were important. They are treated as a human not as a patient. They are fully person centred."

People were asked if staff listened to their choices and acted on what they heard. Of the five people who were asked this question three said "Yes." However two were less positive and said: "Sometimes they do" and "Usually, [but] sometimes the staff are very busy."

One relative said that they would like to see people further encouraged to make choices. An example given was encouraging someone to wear some new clothes which had been bought for them.

We spoke with three health professionals who all confirmed that staff were very knowledgeable and competent in supporting people with their mental health needs. However, one professional felt that the manager could be more proactive in discussing any decline with the person they supported as it was felt that this was sometimes left to other professionals. All of the professionals we spoke with confirmed that the manager and staff sought advice and support where necessary.

We saw from care records that people's needs were assessed prior to them moving in to the home. People told us that staff talked to them about their care needs. We saw from care records that people were signing their agreement to these records and were involved in the review and update of these records.

People told us that their individual likes, dislikes and preferences were taken into account regarding their care. One person said, "Everything is done for you. I get help with my care." The five people we asked confirmed that they received the care they wanted in the way they wanted.

We looked at the staff training matrix. We saw that training was provided in a range of topics. People living at the home were able to attend the training with staff. One person said "I attended fire safety and oral hygiene training. I enjoyed this."

There was a range of essential training offered which included core topics for example; first aid, safeguarding vulnerable adults, fire safety, health and safety and infection control. In addition to the core training provided, service specific training was also provided. This included training in topics such as mental health and palliative care (care of the dying). All new staff received an induction programme when they commenced employment. One staff member told us "All of my training is up to date." This helped to ensure that staff had the relevant skills and knowledge to provide care for people.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. No recent applications had needed to be made. The registered manager told us that MCA and DoLS training had been provided for staff in December 2014. A health professional said how knowledgeable the manager was in this area.

Information about the Human Rights Act was displayed on the noticeboard for people to see. We also saw information about advocacy and independent mental capacity advocates (IMCAs). IMCAs can represent the views of people who may be unable to make decisions for themselves. One person told us that they were being supported by an IMCA. This helped to ensure that people's views were being sought.

We saw evidence of people giving their consent to any care or treatment. People's written consent was recorded within their care records. This included consent to their medication being given by staff and consent to their care, treatment and support. People told us that staff explained

Good

Is the service effective?

what they were doing before carrying out any tasks and we saw this throughout our visit. The policy on consent was dated 2011 and may benefit from review. The registered manager agreed to look at this.

People were able to make choices and decisions about all aspects of their daily lives. They told us they could choose how they wanted to spend their time. Some people went out independently. Comments included, "I'm independent. I can go out when I like" and "I play bingo and scrabble, it's really up to you. My family and friends can visit and I can go and visit them."

We spoke with a staff member who said, "Its home from home here. People can participate in tasks such as cooking. We have a kettle in the dining room so people can make their own drinks. We try to minimise boundaries."

People were asked about the food they received. Comments were positive and included: "The food is good. Shepherd's pie is my favourite"; "It's very good indeed", "Brilliant. Fish and chips on Fridays", "Good. I like breakfast and tea" and "Very nice. I like the bacon sandwiches."

However, one person complained that there was only a cooked breakfast every other morning, that there were too many beans and that there was a lack of fresh fruit and oily fish.

The relatives and professionals we spoke with also spoke positively about the food provided and the flexibility that could be offered regarding mealtimes.

There was a chef employed at the home. They had worked there for twelve years so knew people and their individual likes and dislikes. The chef told us that people often bought their own food. They explained that they could cook this themselves or the chef would cook it for them. We spoke with the chef who told us "We have a winter and a summer menu. People are asked on a morning what they would like. There is always a choice." Relatives and professionals also confirmed this.

We observed people being offered a choice at mealtime and saw that people could choose where they wanted to have their meals. People said they could ask for individual items and we saw this during our visit. Staff were aware of people's individual preferences and went out of their way to make sure these were maintained.

People told us their health needs were monitored and that they could see a doctor or other health professional when they wanted. However, one person told us that they had waited for two weeks to access a health appointment. Staff knew and understood people's health needs and these were kept under review. People told us that they had community psychiatric nurses to support them and that community mental health team meetings were held. This helped to ensure that any deterioration in mental health was picked up quickly so that appropriate support could be accessed.

The health professionals spoke highly of the care provided at Holly Lodge and said "The manager and staff are knowledgeable and their practice and attitude is professional." Another person said "People are taken to a GP if there are any health issues."

People were asked about their rooms and we were shown some people's rooms where people invited us to see them. Comments included: "It's a nice room. I have everything I need"; "It's more or less what I need. A room with a view", "Yes, it's warm and comfortable" and "There's everything here that you need."

We did identify some concerns regarding the equipment available and whether or not this was fit for purpose. One person needed a chair lift and although this was available there were some concerns about whether or not this was suitable. A health professional also expressed concern about the suitability and availability of equipment and we have shared this with the manager to see if this could be considered further.

Good

Is the service caring?

Our findings

People were asked if they felt well cared for. Comments were positive and included “Yes, when I want to go camping in the summer the staff take me”, “Yes. They do my washing and make nice meals” and “Yes, anything you want you just ask them.” People also said “Yes, I am now. When I was first here I was getting too many injections. It's got better” and “Definitely, yes.” However two people were less positive and said: “Sometimes I am, sometimes I'm not. I'd say 50:50” and “No, I'm not getting any personal care as such.”

People were asked if they had a care plan and if they knew what was in it. Of the nine people asked this question five people responded yes. Comments included: “Yes, [it contains] what I do and things like that”, “Yes, washing and bathing” and “Yes, loads, pages of my wants and needs.” However others were less clear and said: “Yes, I've signed a lot of things, but I don't know what. It records what I've been doing”, “No. I go and see them if I want anything” and “Not sure.”

The relatives we spoke with spoke highly of the care. Comments included “It’s so good. Absolutely wonderful. They keep us up to date. It really is grand.”

During the inspection we observed positive interactions between people who lived and worked at the service. Staff spent time with people and also involved them in general conversations. Staff appeared warm, professional and engaged with people. However, one person did express concerns about the way staff spoke to them and a health professional also commented on the ‘banter’ between staff and those using the service which they felt may on occasions be construed negatively.

People spoke positively of the staff who provided care for them. Comments included: “They're perfect. Hard working. All good, helpful. Could do with more staff on”, “They're very helpful. If you talk to them they always try to help you” and “They are quite helpful, for example one picked up my post for me today.” Other comments included “Very good. They give you help if you want it. X is one of my favourites” and “Very nice. If you're not feeling too well, they're straight away to help you.”

We asked people if staff treated them well. They told us the following: “Kid gloves. I'm looked after ever so well”, “Moderately. We don't have to wait for our food. We get tablets on time. I can get my pocket money when I like. They are very good, yes” and “They always ask you if you need anything.” Another person said; “They talk to me.”

People told us that staff listened to their views. Comments included: “Yes, they tell me things and explain them”, “Yes, if I've got something useful to say to them”, “I voice my opinions sometimes” and “Yes, they have to because I'm domineering.” Another person said “Yes, they usually listen if you want anything.” However two people were less positive. One said: “Sometimes they do, but sometimes they shout. I'm a little bit deaf.”

The registered manager told us within the PIR that “We encourage our clients to have regular meetings with social workers and the local community mental health teams to ensure our clients have regular contact with other workers outside of our service. This helps to maintain other links within the community where they can also raise any concerns about their care.

The service had a newsletter which provided information about the home and what was happening. People were supported to access advocacy services where this was required.

People told us that generally they received support from staff when they needed it which was unrushed however two people did say that on occasions staff were busy.

People told us their privacy and dignity was respected. Comments included: “Yes, after I've had my shower they put a towel around me. They dress me and perfume me. I'm happy with this”, “Yes, nobody bothers me” and “I am respected yes, I get a shower every morning.” We observed people being treated with dignity throughout our visit. In the PIR the provider said “Our clients are regularly given questionnaires regarding their privacy, dignity and independence and encouraged to document them to help us evaluate our care provision.

We saw that people were encouraged and supported to maintain contact with their family and friends both inside and outside of the home. Relatives confirmed this.

Good

Is the service responsive?

Our findings

We observed good interactions between staff and people living at the home. In particular, we observed the nice rapport between the domestic staff and people. They had comforting and appropriate things to say to one distressed person.

People told us the registered manager and staff were responsive to their needs. One person told us; “They (the staff) run a good home. The manager does a good job.”

Each person living at this home had individual care records. We looked in detail at three of these records. The records were organised and included pre-admission and admission assessment, care plans, consent forms, risk assessments, reviews and input from healthcare professionals. There was information about people’s life histories, likes, dislikes and cultural, spiritual and social preferences. This helped staff understand the preferences of the people who used the service and to adjust care plans accordingly.

Care plans contained information about capacity and what to do if people’s mental health declined. It was evident from talking with staff that they knew and understood people’s needs well and could recognise potential signs of a decline in someone’s mental health, however this information was not always recorded in detail which meant that for new staff they may be less aware of the signs to look out for. We also discussed whether care plans could be written in first person particularly where people had been involved with discussions regarding their care.

In addition to the care records held we also saw that a one page summary of care had been developed. These one page summaries provided important information that mattered to the individual. It included people’s likes, dislikes and personal preferences. They were person centred and reflected the individual. Overall we found that care records were person centred and reflected people’s individual diverse needs. Records included people’s wishes with regard to end of life care.

The registered provider told us in the information return that, “When producing a person centred care plan we are agreeing to support an individual with care and empathy whilst respecting their decisions. We agree to their responses even when there is a degree of risk involved, these risks are documented by the client and other individuals involved.”

We received mixed views and opinions regarding the social activities provided. Some people told us that they had a range of social opportunities and we were told that various activities were arranged. Comments included “I go walking, watch TV, I like reading and go out shopping a lot”, “I work in my room. Sometimes I go to church. I was a volunteer, on call” and “I do the Sun crossword every morning. I do some art next door and I've published seven books of poetry.”

Other comments included “I garden. Do a bit of gardening and digging” and “I used to do quite a lot of activities. I walk about and now still try to do some sewing and crocheting.” However one person told us that more staff were needed so that more activities could take place and from our observations and discussions with people during our visit, we found that some people may benefit from more interesting and stimulating activity. Some people were living quite isolated, insular lives and may benefit from some additional activity outside of the home. However others attended a range of social, leisure and occupational opportunities. We shared this with the registered manager for them to consider further.

People told us their friends and relatives could visit. Comments included, “They come here. [they're made] very welcome”, “Yes, they come here. I meet my friend in town. She's my best friend.” Another person said “Yes, every day. I see my sister.”

The home had not received any complaints. However, they had policies and procedures in place should they arise. All of the people we spoke with during our visit said that they could talk to the registered manager or staff should they have any concerns. Comments included: “I would go to the manager. I would feel comfortable doing that”, “I can speak to the manager” and “The person who is in charge at the time.” Another person named three members of staff they could approach. We saw that the complaints procedure was displayed and that this was available in accessible formats.

People told us that they could talk with staff about what was important to them. People generally felt that they were consulted about their views and opinions. One person told us that they were a representative for other people living at the home. They said they could raise issues on their behalf.

People told us that resident meetings took place although they were unclear of the frequency of these. One said “There are meetings on an as-and-when basis.” Another

Good

Is the service responsive?

person told us that meetings took place two or three times a year. We looked at the meeting minutes for these meetings and saw that they had taken place in January and September.

One person said that they didn't join the meetings, and another said: “No. If you want anything you go and see the manager. The manager is good.”

The registered manager told us that there had been three admissions to hospital in the last year. We saw people had hospital passports included within their care records. These aim to provide hospital staff with important information about them and their health when they are admitted to hospital which can help make people’s needs and wishes known when they move between services.

Good

Is the service well-led?

Our findings

One person told us they were happy with the service. They said "I wouldn't change much. I've been made very welcome." The professionals and relatives we spoke with spoke highly of the registered manager and staff working at Holly Lodge. They confirmed that they were knowledgeable and professional and had in-depth knowledge of those they supported. A relative said "The manager and deputy manager are approachable, I can ring them anytime."

The home had a registered manager. The manager and the majority of staff employed had worked at the service for a number of years.

People told us that the manager was approachable and they confirmed they were able to talk to him. One person said "Of course I do. I tell him where to go sometimes. He's one of my best friends." People told us that they felt confident in expressing their views. We observed people speaking with the manager throughout our visit and it was obvious that people knew the manager well.

People told us that they were asked for their views and opinions. One person said, "Yes, they tell me things and explain them." Other comments from people included "Yes, if I've got something useful to say to them", "I voice my opinions sometimes", "Yes, they have to because I'm domineering" and "Yes and they usually listen if you want anything." People told us that staff knew them well. One person said "They know what I'm doing and they know what I'm talking about." Another said "Yes, I been here over 30 years."

In addition to speaking to people on a daily basis, meetings also took place. We saw minutes of these meetings. We saw that people were asked for suggestions for improvement within these meetings.

The registered manager carried out accident and incident analysis to minimise future risks to people. All staff were trained in completion of incident and learning lessons forms for accidents, incidents, events, errors and near misses. We saw that there was a business continuity plan for dealing with emergencies.

Surveys were sent out to relatives, health professionals and people using the service on an annual basis. We saw that the results of these surveys were summarised. We could see from these that people had expressed their satisfaction with the service received.

Staff told us that there was a positive open culture in place at the home. They told us they received appraisals, supervisions and support. They said the registered manager knew them well and all confirmed that they felt able to raise ideas and suggestions. They told us that they were continually trying to improve. The registered manager said that supervisions were used as a way of reviewing practice.

We asked the registered manager had they monitored and reviewed the service they provided to ensure it met latest legislation and best practice guidance. They told us that they used the internet to keep up to date with research and best practice In addition they told us that they worked with a range of professionals. The provider visited the home at least once per month.

We were told that audits were completed, this included audits on medication. Audits identified any areas of improvement and action plans were created to address these.

The registered manager was aware of improvements which were required to the premises. They told us that redecoration and repairs were going to be carried out. However, there was no formal plan to address this so the registered manager agreed to discuss this with the provider.

The registered manager understood their responsibilities and submitted relevant notifications to the Care Quality Commission. External professionals spoken with during our inspection confirmed that the registered manager and staff worked well with them. One professional commented, "They are very helpful and they do a good job. They contact us if there are any concerns."

Some people felt that they were not treated equally. One person said "No, by no means. Staff have their favourites. People are treated better if they have family visiting." This was looked at further during our visit. It was clear that people who were living more independently received less support from staff and this was sometimes perceived as being unfair.