

# Community Homes of Intensive Care and Education Limited

## Holly Lodge

### Inspection report

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31 October 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on the 30 and 31 October 2017 and was unannounced.

The service did not have 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. The previous registered manager had left on 31 May 2017 and the service had been managed from 5 June 2017 by a registered manager from one of the provider's homes nearby, the deputy manager from that location and the assistant regional director. An application for registered manager at this location was received by the commission on the 25 June 2017 and was in progress.

Holly Lodge is a detached house providing residential accommodation for 11 adults with a learning disability approximately one mile from the town of Lymington in Hampshire. The home has eight single rooms in the main house and three self-contained flats in the grounds of the home providing residential accommodation for a further three adults.

The provider had systems in place to respond to and manage safeguarding matters and make sure that safeguarding concerns were raised with other agencies.

People living at Holly Lodge told us people were cared for safely and if they had any concerns they would speak to the staff or management.

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell us of the strategies in place to keep people safe.

There were sufficient numbers of qualified, skilled and experienced staff deployed at all times to meet people's needs. Staff were not hurried or rushed and when people requested care or support, this was delivered quickly. The provider operated safe and effective recruitment procedures.

Medicines were ordered, stored, administered and disposed of safely.

Staff received supervision and appraisals providing them with appropriate support to carry out their roles.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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.

People were involved in their care planning. Care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed.

The provider completed regular health and safety checks, including maintenance. However they did not always respond to identified concerns that could compromise the safety of people in a timely way.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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. People were protected against abuse because staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Robust checks were carried out on new staff to ensure they were suitable to work in the home.

Medicines were handled safely and people received their medicines as they had been prescribed by their doctor.

### Is the service effective?

Good ●

The service was effective. There was an on-going programme of development to make sure that all staff were up to date with required training subjects to ensure they had the right skills to care for people.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005.

People were supported to prepare their own meals and to maintain essential living skills.

### Is the service caring?

Good ●

The service was caring. Staff had developed good relationships with people living at the home.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was to be delivered.

People's dignity was respected.

### Is the service responsive?

Good ●

The service was responsive. People received care that was personalised and met their needs.

People could raise concerns about the service and these would

be investigated to their satisfaction.

Staff supported people to maintain and develop their skills and to undertake varied activities.

**Is the service well-led?**

The service was not always well led. Regular safety audits were undertaken to ensure people received a safe service however identified concerns were not always escalated in a timely way.

Relatives and healthcare professionals told us the manager was approachable and always made time for them.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away when not in use and were only accessible to staff.

**Requires Improvement** 

# Holly Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 30 and 31 October 2017 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, in this case learning disabilities or autistic spectrum disorder.

Before our inspection we contacted four visiting health and social care professionals in relation to the care provided at Holly Lodge. During our inspection we spoke with the assistant regional director (ARD), the manager, assistant manager, six care staff, six people living at the home two relatives and a visiting health and social care professional.

Some people were not able to verbally communicate their views with us or answer our direct questions. 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 looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

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.

The service amended its registration with the Care Quality Commission in October 2016. This was the services first inspection under the registered provider, Community Homes of Intensive Care and Education Limited.

# Is the service safe?

## Our findings

Most people living at Holly Lodge were able to tell us they were happy and felt safe, while others were unable to verbalise their views. One person told us, "I like living here. They (staff) look after me well". Another person told us, "They (staff) always come out with me when I go to the shops and that's makes me feel safe". As people could not tell us in detail about their care, we spent time observing people and spoke with staff to ascertain if people were safe. During our observations people appeared to be relaxed and looked content when staff approached them and spoke with them. People were happy for staff to take their hands; they made eye contact and smiled at the staff. This indicated people felt safe and comfortable in the service. A relative told us, "My son is happy here and well looked after. I do not have any concerns now. From where the service was a year ago, the new management has made vast improvements".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. One member of staff said, "I would report any issue that I was concerned about, no matter how small. I would have no problem with that at all".

Care plans included personal and environmental risk assessments and were regularly reviewed. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There were clear action plans and guidance for the staff to follow to protect people from avoidable harm and minimise any potential risk. For example, action plans to support one person who was at risk from ingesting objects that could cause harm to them. Staff were aware of potential risks and were knowledgeable about the guidance in place to help ensure such risks to people were minimised.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough staff deployed to support people and meet their needs. People were able to move around the home independently and staff were on hand to support people when required. The service was fully staffed on the day of our inspection and our review of staff rotas for the four weeks prior to the inspection showed that the service was normally staffed to a safe level. Staff told us, "I don't think there is an issue with staffing here" and "I have not been here when it has been short staffed". People and relatives we spoke with also confirmed staffing levels were always 'good'.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. A health and social care professional told us, "We had some issues earlier in the year with poor medicines management leading to a number of requests for medicines being made to the out of hour's service". The manager told us, "Yes we did have issues earlier in the year that resulted in some problems. We have since changed our systems to manage our medicines in a better way by using a Monitored Dosage System (MDS). We now use one supplier and they have worked with us to ensure we are better at it". People's medicine was stored securely in a medicine cabinet that was secured to the wall. Room and cabinet temperatures were recorded daily. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the manager to make sure that medicines were given and recorded correctly. Medication administration records (MAR's) were appropriately completed and staff had signed to show that people had been given their medicines. We checked four people's MAR's against the medicines held and found these to be correct.

There were arrangements in place to deal with foreseeable emergencies. There was an up to date fire risk assessment and business continuity plan dated 28/07/2017. Records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Fire safety instruction and drills for all staff were recorded including timed practice evacuations. Personal Emergency Evacuation Plans (PEEPS) were kept on file with copies available in the office at the entrance to the home to guide staff on the safest way to evacuate people in an emergency situation.



# Is the service effective?

## Our findings

People were supported to maintain their health and welfare and people we spoke with told us they were happy living at Holly Lodge. One person told us, "It's a good place here, I'm looked after". A relative told us, "(Person's name) is very happy living here. Staff are very attentive and keep me posted about everything and anything".

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One new member of staff told us about the support they were given. They told us that before they supported people they were given time to read all the care plans and policy and procedures. They also shadowed an experienced member of staff which helped put what they had read into practice. They also told us that they had received supervision every week during their induction.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Staff told us they had been trained to deliver positive behaviour support (PBS) to manage changing behaviours that may challenge the service and others. The manager was able to show us that additional training was planned for November 2017 and January 2018 to cover Autism and Intensive Interaction and PBS and Communication;

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

The Mental Capacity Act 2005 (MCA 2005) 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. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and were able to tell us the times a best interest decision may be appropriate. In response to the question, Does the service take into account people's mental capacity and consent? One health care professional responded, "I believe it does", whilst

another commented, "I have been working on supporting staff to facilitate a service user's ability to make choices about his day. From what I have observed staff are aware of capacity and consent". However a third told us, "Mental capacity and consent does not present as being taken into account during day to day support". Care plans we viewed confirmed people had been assessed as to the level of capacity they had to make certain decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

People were supported to prepare and cook meals, set the table and clear their plates away after. Staff were patient and consistent in their approach. People had access to the kitchen and were supported by staff when using hot water to make a drink or when using the toaster or cooker. Most people needed minimal assistance to eat their lunch but staff were available if help was needed. People appeared relaxed and unhurried and they were able to take their time to eat. Staff responded to people's individual communication needs and offered support in line with their preferences and assessed needs. People were given choice. At lunchtime people were offered a jacket potato with a choice of fillings. One person did not want what was on offer and asked for an alternative and this was provided. Drinks and snacks were available throughout our visit. One person was asked, If you were hungry at 2am could you get something to eat? They said, "I just have to ask for a banana and I would be given a banana, I like bananas".

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists and opticians. People had 'hospital passports' which clearly identified relevant details. For example, communication preferences, likes and dislikes. These would accompany people to hospital and other appointments and captured how people liked to be supported.

People's rooms were furnished according to people's choices. There were items of personal value on display, such as photographs and possessions that were important to individuals and represented their interests.

## Is the service caring?

### Our findings

People relatives and health care professionals told us staff were caring and looked after people well. One person told us, "My care is very good. She (staff member) looks after me very well". One relative told us, "I have no concerns at all about the care (person) receives. The staff are very caring". One health and social care professional told us, "I do think the staff have a caring attitude and I have observed them responding to service users verbal communication. They appear to have an understanding of what he is communicating and respond to it. Some staff appear a lot more competent than others". Another told us, "My impression is that there are many carers at Holly Lodge who are dedicated to the people they look after".

Staff told us they recognised there were times when people may indicate they did not want particular staff to support them. In these situations other members of the team would step in and offer support until the individual made their preferences known. For example, during our visit one person started to show signs of becoming agitated. A senior member of staff quickly stepped in and reassured the person before moving back to allow the allocated member of staff to continue to support the person. There was a key worker system where people were allocated specific members of staff to support them. Staff treated people with kindness and they were listened to. Staff took time to build up relationships and trust with people and their families.

People lived in single rooms which were clean and contained personal items to make them more homely. The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges. Staff understood what privacy and dignity meant in relation to supporting people with personal care. Staff demonstrated they understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room. We observed that when someone attempted to leave their room in a state of undress, staff responded quickly and reminded them discreetly they needed to cover themselves up.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. People were well cared for and wore clothing that was in keeping with their own preferences and age group. Staff told us people were always supported to go on shopping trips to enable them to make their own purchases for clothing and personal items. This was further confirmed in discussion with people living at the home. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened by communicating in a way that met the person's needs. For example one person used an electronic tablet to communicate which included Picture Exchange Cards (PECS). Staff promoted independence and encouraged people to do as much as possible for themselves.

Staff knew the needs of the people well. This had led to people developing meaningful relationships with them. We observed this throughout the inspection and saw staff treating people kindly and with compassion. Staff were respectful when talking with people, referring to them by their preferred names. Staff spoke discreetly about people's personal care needs.

Each person had a designated key worker. (A key worker is a named member of staff who works with the person and acts as a link with their family). One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. Staff knew people's communication needs and the methods they used to express themselves. These helped people to become more involved in making choices.

Staff told us about the importance of maintaining family relationships and how they supported and enabled this to happen. For example, home visits, meeting up with family members, supporting people to go on holiday and special occasions. Staff told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care. Care plans contained detailed information and directions about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, communication, well-being, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant, up to date and stored securely.

Care plans were well organised and easy to follow. Sections of the care plan had been produced in pictorial easy read format to help and support people's understanding of the content of their care plan. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person's independence. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. People received consistent personalised care, treatment and support from staff that knew them well. People's care plans were reviewed regularly with their key worker, this ensured their choices and views were recorded and remained relevant to the person. Care plans were updated to reflect the outcomes from reviews. Records of these showed how all aspects of the person's progress in meeting their individual objectives and independent living goals were reviewed and any changes needed were implemented. Daily reports were completed so that any changes in people's needs could be monitored. A staff handover also took place at each shift change and was recorded in the 'daily diary' so everyone was made aware of any change in care and support people needed.

People told us they led active lives. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. Staff told us that routine was very important to the people. However one health and social care professional told us, "I have asked repeatedly for staff to support a service user to attend an adapted cycling group and this still has not happened". We spoke with the manager who told us, "We have tried to get this organised but space is limited. Last week we tried but it was half term and all spaces taken but we do try".

Care plans and activity timetables were carefully followed, however people's wishes were respected if they chose not to participate in planned activities and alternatives would always be offered in these situations. Each person had an activity timetable and this included activities such as, bowling, swimming, attending the gym, baking and car rides to the New Forest. People undertook activities with the support of staff. For example, one person was supported to attend college and another person expressed a wish to go shopping. He was told that other people were going to (name of shop) and he could go with them if he wanted to, which he did. We observed one person being supported. After he had finished his breakfast, he was asked if he would like to chill out and watch TV or make some Halloween decorations, he chose to make decorations. One person living at Holly Lodge helped staff with the weekly fire alarm test. The manager told us, "(person) has in the past set fire alarms off because they liked the sound and would deliberately set them off at any time. We recognised that this was causing safety concerns within the home so we now involve them in the weekly checking by allowing them to set the alarm off in a controlled way. The incidence of 'false

alarms' has now all but disappeared and this has helped them to understand the importance of fire alarms".

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people to understand its contents. Records showed concerns were always discussed at the regular staff and key worker meetings. The registered manager explained how they encouraged relatives to talk about any issues or concerns so they can be addressed at an early stage. Relatives spoken with confirmed they were aware of the organisation's complaint policy and when they had raised concerns or complaints these were dealt with in a timely way.

## Is the service well-led?

### Our findings

The provider completed regular health and safety checks, including maintenance. Observations around the service showed although the audits had identified the need for repairs, these had not always been completed in a timely way. For example, the service had recorded and notified their maintenance team that two electrical sockets were damaged and needed replacing. One was a light switch on the first floor landing, the other a plug socket in the main lounge area. We brought this to the attention of the assistant regional director who immediately made arrangements for the maintenance team to attend the home and make the electrical sockets safe. Both concerns however were initially identified and reported five weeks before our visit and had continued to be recorded and reported on a weekly basis. The provider had failed to minimise the risk to people who use the service and had not escalated such concerns as directed in their Health and Safety weekly checklist which states, 'Any emergency issues need to be reported straight away on the phone and not left to be put on the weekly maintenance list'.

This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service did not have a registered manager. The previous registered manager had left on 31 May 2017 and the service had been managed from 5 June 2017 by a registered manager from one of the provider's homes nearby, the deputy manager from that location and the assistant regional director. An application for registered manager at this location was received by the commission on the 25 June 2017 and was in progress. A new manager had also been appointed and they were due to take up their appointment in November 2017.

We received mixed feedback from health and social care professionals about the management of the home. For example, "I think a number of the care staff are committed to the residents of Holly Lodge, but the attitude of some of the carers is not as positive", "Often when I arrive for visits staff are not expecting me despite having booked in appointments", "Some staff appear a lot more competent than others", "Staff are friendly towards health staff and also towards the service user. The management at Holly Lodge appear to want to engage with the health team and follow recommendations but this does not seem to happen". A quality assurance audit dated 3 July 2017 highlighted that communication needed to be improved and there was work to be done in improving communication within the staff team and with relatives. The assistant regional director told us, "We have worked extremely hard to improve this area. We have ensured that our communication book is used more robustly and any relevant information is noted and cascaded to staff verbally at handover. We have a bespoke diary for health care professional's appointments both within the home and away from it to ensure things are no longer missed".

Staff told us the service had 'significantly' improved since the previous manager had left. One member of staff said, "The old registered manager was not very hands on, sat in the office and had minimal contact with everyone. We have worked hard to pull it all back and are looking forward to having a new manager". Another member of staff said, "Since June we have improved. We have had a temporary manager and a deputy from another home and the support of our area manager and they have really worked hard to revive

this place. It is now a good place to work and I know we can improve further. Morale is much better". A relative told us, "It's good to know that there is finally going to be a new permanent manager in place. The home has been through some uncertainty over a period of time but it really does seem to be settling now".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records for June and October 2017 which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

People's personal records including medical records were accurate and fit for purpose. Care plans and risk assessments were reviewed regularly by the registered manager or key worker. Staff records and other records relevant to the management of the services were accurate and fit for purpose. Records were kept locked away securely when not in use and were only accessible to staff.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The manager had made appropriate notifications.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Where risks were identified the provider had failed to introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the services.</p>