

Lancashire Property Investment Find Limited Hollins Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Hollins Lodge Care Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 31 people. The service provides support to older people and younger adults, people living with dementia and or a physical disability and sensory impairment. At the time of our inspection there were 26 people using the service.

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

Some audits did not identify concerns, drive improvement or were not consistently completed. Some care plans did not have all the information required to lessen the risk around people's physical and mental health. Best practice around infection prevention was not always followed. Documentation did not indicate recruitment processes had been fully completed. We have made a recommendation about this.

Medicines were stored, managed and administered as prescribed. People were safe and protected from abuse and avoidable harm. Visitors were welcomed into the home and asked to follow infection prevention measures to keep people and staff safe. One person told us, "My son visits whenever he can, and he has never been stopped. They [staff] have been very good to him."

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. People had access to a range of healthcare professionals and services. People's diets and preferences were catered for and they enjoyed a variety of food and drinks.

People were looked after by kind and caring staff, who were patient in their approach and treated them with dignity and respect. One person told us, "The staff are lovely." A second person said, "I can have fun with them [staff], they are very understanding."

People received personalised care that was responsive to their needs and preferences. Activities were planned daily and people could choose whether to participate or not. People we spoke with told us they knew how to make a complaint if they had any concerns. People's end of life wishes of care were recorded and respected.

The registered manager was aware of their regulatory responsibilities. They had created a welcoming and positive culture at Hollins Lodge Care Home. People and staff were able to share their views on the service delivered. One person told us, "I wouldn't like to move from this place, ever."

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

Rating at last inspection

This service was registered with us on 17 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hollins Lodge Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risks related to people's physical and mental health, infection prevention and governance and auditing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Hollins Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hollins Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hollins Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 06 July 2022 and ended on 07 July 2022. We visited the location's office/service on 06 July 2022.

What we did before the inspection

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

We reviewed information we had received about the service and 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 all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives shared their views of the service. We spoke with eight members of staff, including the registered manager, the manager, deputy manager, two carers, the chef and a housekeeping member of staff. We also spoke with a visiting health and social care professional.

We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed five people's care records and looked at four staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans did not have information to guide staff on how to manage some people's health conditions. Where risk had been identified there was no guidance for staff on how to manage and reduce the risk.
- Some staff had not received training on how to prepare people's food in accordance with professional guidance.
- One person's care plan had not been reviewed following a change in their behaviour. Not all the management team were aware of the change in behaviour, and the risks to the person's and other people's health, safety and welfare had not been assessed.
- Good practice guidance was not followed in relation to COVID-19 testing for staff in care homes. Staff were not asked to test twice weekly to enable positive cases to be identified quickly, so action could be taken to stop the spread.
- Staff recorded accidents and incidents. We did not see evidence the management team had consistently reviewed each to ensure necessary action had been taken for people's safety and wellbeing.

We found no evidence that people had been harmed however, all that was reasonably practicable had not been completed to mitigate the risks related to providing safe care and treatment. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.
- People had access to call bells to summon staff assistance. One person told us, "It takes around two minutes, they [staff] are very good."

Staffing and recruitment

- The registered manager did not consistently follow robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, not all application forms held a full employment history and there was no evidence this had been discussed with the candidate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider follow best practice guidance on the recruitment of staff.

- People gave mixed feedback on staffing levels. One person told us, "I am well looked after." A second

person said, "They are all responsive but the workload they have is tremendous. It seems that as the number of residents has increased the number of staff hasn't." A third person commented, "No, there isn't enough staff especially at mealtimes. Some days, like today, I have had a late breakfast." The registered manager told us that staffing levels now reflect the amount of people living at Hollins Lodge.

Preventing and controlling infection

- We were not assured at the time we inspected that the provider was accessing testing for staff.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "I have to wear my mask and show my test when I visit."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager supported visits for people in accordance with infection prevention guidance. We spoke with three relatives who confirmed safeguards were in place when visiting their relatives.

Using medicines safely

- People received their medicines safely and was administered in a person-centred way allowing people time to take their tablets at their own pace. One person told us, "[Deputy manager] always makes sure I have them at the right time." A second person said, "I get mine the same time every day."
- Controlled drugs were stored safely and the stock we looked at matched the stock levels recorded. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- Feedback from people, relatives and staff was that Hollins Lodge Care Home was a safe place to live. One person told us, "Oh yes, perfectly safe. I have never felt unsafe all the time I have been here." A second person said, "Very safe, they are all nice people." One relative commented, "Very safe at Hollins Lodge. I'm happy that [family member] is safe."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were fully assessed before they received support. This information was used to develop their care plan. One relative told us, "We went and spoke with [deputy manager] who completed body maps before [family member] moved in."
- The registered manager sought professional advice to achieve the best possible care people. One person told us, "I have the nurse in every other day."

Staff support: induction, training, skills and experience

- The registered manager put arrangements in place to ensure staff delivered a high-quality service. Staff told us most mandatory training was computer based but face to face training was being reintroduced.
- All new staff completed an induction process when they started working at Hollins Lodge. This included shadowing experienced colleagues as part of their new role.
- People felt staff were very able to support them. One person commented, "You couldn't wish for better staff."

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

- People were supported to have a balanced diet. The chef told us, "We have a menu, but we don't stick to it if people don't like it. My job is to make sure people are happy and content."
- People and relatives praised the chef's person-centred approach to providing meals people enjoyed. One person told us, "The chef is all for here and very down to earth. He will always make something else for you if you don't like what is on offer." A second person said, "The chef once asked me what I would really like, and I told him I loved prawn cocktail and the very next day he brought it to me, it was beautiful. He bends over backwards to please." One relative commented, "Chef will do what [family member] wants; and she wants poached eggs."

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

- The home was going through a major refurbishment. Recent changes had given the environment a fresh, airy bright feel. It was free from obstacles to support people's independence.
- The manager had created infection prevention stations throughout the home promote infection control measures, and lessen the risk of cross contamination.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed regular contact with health professionals. People were supported to attend hospital

and health appointments. Specialist advice and guidance was sought as required.

- The manager spoke with community-based health professionals regularly. Weekly virtual 'ward rounds' took place weekly to assess if any care and support was required.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found, where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met. One person told us, "They [staff] always ask me for permission before they do anything."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- It was apparent there was a caring culture within the home. One relative commented, "I'm impressed with the home. Staff go above and beyond." A second relative said, "[Relative] settled in well because [staff] are so nice." One staff member said, "I enjoy it here, and we all want to make a difference to people."
- People told us they were treated with care and respect and our observations supported this. One person told us, "This is the most caring home I have been in." A second person said, "They [staff] always respect my privacy."
- Staff demonstrated a good understanding of people's needs and respected and supported their preferences such as how they liked to spend their day and their lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's wishes, preferences and choices regarding their support, were detailed in their support plans.
- People's individuality and independence was promoted. One person told us, "Whilst I am able to look after myself, I do." A second person said, "They help me do whatever I want. I go to [supermarket] when I want."
- People received person centred support. We observed staff engage with people in a manner that promoted their dignity and included them in the daily activities and conversations within the home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received personalised care, which met their current needs. Care plans were created with the consent, co-operation and involvement of people and their relatives. One person told us, "Yes I was involved with my care plan. I am very hands on." A second person told us, "My daughter and son have made sure that it [care plan], is right for me."
- Where appropriate the manager worked with advocates to ensure people had support to ensure their needs and preferences were known and met. Advocacy means getting support from another person to help people express their views and wishes and help to stand up for your rights.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were seen to adapt their approach depending on who they were supporting to ensure positive communication was taking place. We observed staff giving people time to respond using their preferred names and crouching down at eye level to promote valued conversations.

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

- The home had an open-door policy on visiting. Relatives and friends were able to visit people whenever. One relative told us, "I can visit anytime, but I have to wear a mask and show my [COVID-19 negative] test."
- People had the opportunity to participate in activities. People told us they enjoyed several activities but did not always attend. One person said, "Mostly I join in, but not all the time. The choice is mine." A second person told us, "I am aware of all the activities, but I like the bingo best." A third person mentioned, "I like to play cards and the staff provide me with them."
- The manager told us, and we observed, people chose to spend time in specific areas of the home sitting in friendship groups, enjoying each other's company.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People and staff expressed confidence that they could raise any issues or concerns the management team and that these would be addressed.

End of life care and support

- The service was able to provide care to people at the end of their life if needed. The registered manager was able to tell us what support people may require and where to access professional support and from whom.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered managers audits and checks to drive improvement and keep people safe, had not identified issues highlighted in the safe section of this report.
- The registered manager or manager did not consistently have oversight or monitor and improve the quality of the service delivered. Records related to the moving and handling of people had not consistently been completed. Some care plans did not have additional information to guide staff on how to meet people's needs. This had not been identified in care plan reviews.
- Some audits were not documented as being completed, such as the monthly review of accidents and incidents. This meant no review or action had been taken to lessen the risk of incidents happening again.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the service was effectively managed to improve the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.

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

- People relatives and staff reported a positive culture that was enabling, supportive and helped to ensure that they felt valued. One person told us, "I am in awe of all the staff, they are so wonderful people." A second person told us, "It is very well managed." One relative said, "[Manager] seems very on the ball, and [deputy manager] is a lovely lad." A second relative said, "The home is definitely being run in the right way."
- One staff member said, "They [manager] they keep on top of everything. They organise the team. I think they do a perfect job." A second staff member commented, "[Manager], she is the best, like a friend, like a mother. This is my first job with no stress, everyone is nice."

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

- Some people told us they had been asked for feedback on the support they received. One person

commented, "I have made suggestions and they have done what I have said." A second person said, "I have been asked for my opinion."

- The manager had daily handover meetings for staff when shifts changed. This allowed staff to be updated on relevant information related to the care and support requirements of people.
- The manager managed their workload, so they spent time with people and in the communal areas of the home.

Working in partnership with others

- The management team and staff worked effectively with health and social care professionals to meet people's needs.

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

- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, all that was reasonably practicable had not been completed to mitigate the risks related to providing safe care and treatment. This placed people at risk of harm.</p> <p>12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, systems were not robust enough to demonstrate the service was effectively managed to improve the quality and safety of the service. This placed people at risk of harm.</p> <p>17(1)(2)(a)</p>