

Leonard Cheshire Disability

# Holme Lodge - Care Home Physical Disabilities

## Inspection report

Holme Lodge Cheshire Home, 1 Julian Road  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Holme Lodge is a residential home that provides accommodation with personal care for up to 19 people who live with physical disability. At the time of our inspection, there were 18 people using the service. Holme Lodge is an extensively extended former family home in a residential area of West Bridgford.

What life is like for people using this service:

People were safe living at Holme Lodge. Staff understood how to keep people safe from harm and abuse. People received their medicines on time and as prescribed. Medicines were safely stored and managed.

People were supported by an experienced staff team who had the relevant training and support to meet people's needs. Staff supported people with their nutritional needs, though we found that food storage was disorganised and people were not always able to have what they wanted.

People had access to health services when they needed them.

People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and treated people with dignity and respect. People were supported to make their own choices and were encouraged to be as independent as possible. Staff understood people's preferences and care was delivered in line with people's wishes and needs.

People had individual activities schedules. They were supported to follow their interests and hobbies and to participate in social activities with others.

The management team were approachable and people knew how to make a complaint. The registered manager and deputy manager carried out health and safety checks of the premises and equipment. Accidents and incidents were recorded and action taken where necessary to keep people safe.

More information is in the full report.

Rating at last inspection:

At our last inspection (report published 12 May 2016) all the key questions were rated Good and the service was rated as Good overall. The overall rating has not changed, but we have rated Effective as requiring improvement because of what we saw in relation to how people were supported with their nutritional needs.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was not always effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# Holme Lodge - Care Home Physical Disabilities

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

#### Inspection team:

The inspection team consisted of two inspectors 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. Our expert by experience's area of expertise was the care of people living with physical disability.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the

service does well and improvements they plan to make. We received feedback from three local authorities who pay for the care of people living at Holme Lodge.

During the inspection visit we spoke with 11 people using the service. We also spoke with the deputy manager (the registered manager was away), two care workers and the cook. We made observations of how staff supported people.

We looked at three people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People told us they felt safe at the home and when staff supported them.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service.
- If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC.

### Assessing risk, safety monitoring and management

- People's care plans included detailed risk assessments that had information for staff about how to safely support people without restricting their independence. Risk assessments detailed how to support people with personal care needs so that they could do as much for themselves as possible.
- People had personal evacuation plans for use in emergencies, such as a fire. Fire drills included evacuations of the building.
- An up to date fire risk assessment was in place.
- The home had a maintenance person who carried out frequent checks on the premises and equipment to ensure they were safe and fit for purpose.

### Staffing levels

- The registered manager and deputy manager calculated how many staff were required based on the level of support people required. If people's needs increased, staffing levels were increased.
- There were enough suitably skilled and experienced staff to meet people's needs.
- We compared the staff rota with information about staff training and found that sufficient numbers of trained staff were consistently on duty.
- The provider had safe recruitment procedures that ensured only staff suitable to work at the service were employed.

### Using medicines safely

- The service had introduced a new electronic medicines management system that had virtually eliminated the need for paper records. The system had significantly reduced the risk of medications errors being made. A staff member told us, "The system is brilliant."
- People were supported to have their medicines at the right times. Staff told people what their medicines were for and supported them to take their medicines as prescribed.
- Only trained senior staff who had been assessed as competent supported people with their medicines.
- Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager or a senior care worker to

ensure they were being managed safely.

#### Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- Staff were trained in infection control and followed the provider's policies and procedures on this when keeping the home clean and working in the laundry.
- Staff had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. This reduced the risk of cross-contamination.
- The registered manager and deputy manager carried out regular audits to ensure standards of cleanliness were good.

#### Learning lessons when things go wrong

- Lessons were learnt and improvements made when things went wrong. For example, after a series of medicines errors an entirely new system for medicines management was introduced. No errors had occurred since.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough with choice in a balanced diet

- Food storage was disorganised. Frozen food items were labelled with a 'date of production' (DoP) to assist easy identification of when the foods should be used by. In the kitchen, we saw thawed bread loaves with DoPs of 17/10/2018, 30/10/2018 and 03/11/2018. This was despite a clear notice in the kitchen that bread should be used within month of the DOP.
- Staff were not aware of what food supplies were in. A person asked for a ham sandwich but was told no ham was available. However, we saw some ham in a food store.
- Fruit was available. However, we saw a bowl of pears in the kitchen, one of which had a deep puncture and early signs of decomposition. This was disposed of after we brought it to the attention of staff.
- We discussed food storage with the deputy manager took immediate action to correct this. They reviewed food storage arrangements and introduced daily checks of the kitchen and food storage areas.
- Staff supported people with cultural dietary requirements to have meals that were consistent with their requirements. People who required assistance with eating their meal were supported appropriately. Those people had adapted cutlery and beakers for their drinks. Staff assisted people to eat and asked if they needed help to cut their food.
- The service worked closely with dieticians to support people with special dietary requirements such as soft food diets and thickened fluids to reduce the risk of choking.

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

- The registered manager or deputy manager assessed people's needs prior to their coming to Holme Lodge to ensure their needs could be safely and effectively met.
- Assessments covered people's health and social care needs and their life history, preferences, hobbies and interests.
- Protected characteristics under the Equality Act were considered. A person with specific religious and cultural needs was supported by staff who shared the same culture. Those staff members supported colleagues to understand the person's cultural needs.

Staff skills, knowledge and experience

- People were supported by staff who understood their needs.
- Staff received training that equipped them with the knowledge they needed to support people. The provider had a system for monitoring staff training to ensure training was up to date. Ninety-six per cent of training had been completed or was scheduled.
- Staff were supported through the provider's performance and appraisal system. They received feedback about their performance and discussed training needs. Staff told us that the training and support they

received equipped them to carry out their role.

- People and relatives could be confident that people were supported by staff with the right skills, knowledge and experience.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives and access healthcare services and support

- Staff were attentive to people's health needs. A person told us, "Staff were prompt in calling for the GP when I was ill." Staff supported people to attend healthcare appointments.
- We saw in people's care records that they had access to a range of healthcare professionals including GPs, district nurses and physiotherapists when they needed them. A person told us, "I have a physiotherapist who visits me twice a week."

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

- Holme Lodge was undergoing extensive renovation at the time of our inspection. This was planned with people's needs taken into account. Some communal rooms were temporarily out of use, but this had minimal impact on people.
- People's rooms were personalised to their taste. They told us they liked their rooms.
- Accessibility was good throughout the home for wheelchair users. We saw people comfortably mobilising between their rooms and communal areas that were in use.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for their consent before providing them with care and support and we saw this in practice during our inspection.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff treated people with kindness which showed they understood people's emotional needs. For example, a person was able to bring their pet cat when they moved to Holme Lodge. They said, "The home allowed me to bring my cat with me, she is good company."
- Staff supported people in a way that made them feel they mattered. A person who had been out shopping had forgotten to buy toiletries. They let staff know and a staff member who was on their way to work stopped to buy toiletries for them. Another person told us they had their favourite newspaper delivered to their room every day.
- Relatives could visit the home at any time without undue restriction. We saw from the visitor's signing-in book that relatives came from early morning to late evening.
- Staff supported people to attend family functions such as weddings and parties. They also supported people to meet family members and friends at local coffee shops. This supported people to maintain contact with those who mattered to them and prevented them from feeling socially isolated.

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

- People's care plans included information about their life history and interests. Staff used this information to learn about people and engage with them in decisions about their care and support.
- People's care plans showed that they and their relatives had been involved in developing the plans. The registered manager and deputy manager involved people in reviews of their care plan.
- Staff respected people's choices about how and where they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. We saw that staff knocked on people's doors before entering their room.
- People were supported to have their medicines in the privacy of their rooms.
- Staff kept people's information confidential and secure. They did not inform people's family members about things people did not want them to know.
- People were encouraged and supported to be independent. Staff supported people to do as much for themselves as possible, for going shopping or to social events.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

#### Personalised care

- A person who moved to Holme Lodge with very limited life history and who had previously experienced social isolation was supported to lead a more fulfilling life. Staff explored clues about the person and gradually learnt what stimulated them and brought joy to their life. They did this by identifying a language the person understood, learning about their culture and providing activities that were meaningful and rewarding.
- People's care plans were personalised and included the information staff needed to provide responsive care and support.
- People experienced care that focused on their needs and wishes. A person who was tall was supplied with a larger specialist bed. They said, "The staff get ten out of ten from me". Staff provided a person who smoked with special equipment so they could do so safely.
- People's care plans were detailed but easy to follow. After reading them we felt we knew the person.
- People's preferred daily routines were set out in their care plans so staff knew how they liked their care and support delivered, who by and when.
- Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs.
- Care plans were regularly reviewed and updated. People were consulted about their care and relatives were invited to reviews of their family member's care plans.
- People were supported to follow their hobbies and interests. Each person had their own schedule of activities which meant they could plan their day and look forward to things. Activities at Holme Lodge included social activities such as quizzes, watching films and physical exercises. People followed their personal interests and hobbies.
- People with faith and cultural needs were supported to attend faith services or to listen or watch radio or television programmes about those.
- The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, the provider's complaints procedure was available in an easy to read format. People's care plans included a section about how staff should communicate with people who experienced communication difficulties.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if they felt they needed to. The complaints procedure was prominently displayed in the entrance hall and was included in people's information packs about the service.
- People and relatives would approach the registered manager or deputy manager if they had a complaint or a concern.
- There was a system for logging complaints and analysing them to see if any action was needed to improve

the service.

#### End of life care and support

- People had been asked for their wishes and preferences about how they wanted to be cared for at the end of their lives and had advance care plans in place for this.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood their regulatory responsibilities. They ensured that the rating from the last CQC inspection was prominently displayed and they ensured there were systems in place to notify CQC of incidents at the home.
- The home had a comprehensive audit system in place. This was based on CQC guidance for providers about the essential standards of care. The registered manager and deputy manager carried out a range of audits to check that people's needs were being met and that the premises were safe.
- The registered manager and deputy manager checked that staff worked to consistently good standards by providing care and support that met people's needs. Staff received feedback about their performance at appraisal meetings.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were happy living at the home and felt well-cared for.
- Staff were confident about raising any concerns with the registered manager.
- When events happened that placed people at risk, for example medications errors that occurred before the new medicines management system was introduced, relatives were informed.

Engaging and involving people using the service, the public and staff

- The registered manager and staff sought people's views about their care and support. Coffee mornings were used to seek people's feedback.
- Surveys were used to obtain people's feedback about their experience of the service. People's feedback was positive. People reported that their quality of life had improved since they began to use the service. They had more activities to enjoy than before and had improved their contact with family and friends.
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.

Continuous learning and improving care

- The registered manager was committed to continually improving the service. They had set a target of achieving an outstanding CQC inspection rating and were in the early stages of developing a plan of how to achieve this.

Working in partnership with others

- The registered manager worked with external organisations to develop the service they provided. These included local authority social work teams, NHS services and teams of health and social care professionals.