Holm Lodge

Holm Lodge

Inspection report

Lewes Road
Ringmer
Lewes
East Sussex
BN8 5ES

Tel: 01273813393

Date of inspection visit:
16 November 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

We inspected Holm Lodge on the 16 November 2016 and the inspection was unannounced. Holm Lodge provides accommodation for up to 23 older people. On the day of our inspection there were 20 people living at the home. Holm Lodge is a residential care home that provides support for older people. Some people had illnesses or disabilities associated with old age such as limited mobility, physical frailty or lived with health problems such as diabetes. Some people lived with dementia and sensory impairment. Accommodation was arranged over two floors with stairs and a stair lift connecting each level.

There was a registered manager in post. 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.

Building work was taking place at Holm Lodge at the time of our inspection. The provider had failed to fully mitigate the associated risks to people whilst the work was taking place. We have identified this as an area of practice that needs improvement and made a recommendation about robust risk assessments.

People commented they felt safe living at Holm Lodge. One person told us, "Very happy, definitely very safe here." A wide range of risk assessments were in place and people were supported to take positive risks. People could freely move around the service and spend their days as they wished. However, risk assessments did not always include the measures required to fully mitigate the risk. We have made a recommendation about the oversight of risk assessments.

Care and support was provided to people living with dementia, however, improvements were required to make the environment dementia friendly. We have made a recommendation about sourcing input from a national source on dementia friendly environments.

Staff had received essential training on the Mental Capacity Act (MCA 2005) however, their understanding and knowledge of the Act was varied. Mental capacity assessments had not consistently been completed. We have made a recommendation about MCA training and the implementation of the Code of Practice into care planning process.

Systems were in place to monitor the quality of the service provided and regular checks were undertaken on all aspects of running the service. The registered manager had a range of tools that supported them to ensure the quality of the service being provided. Despite this system in place, the provider and registered manager had failed to recognise that policies and procedures had not been updated to reflect current legislation and guidance. We have made a recommendation about internal review of policies and procedures.

People were supported to maintain relationships with people that mattered to them. Relatives were made

to feel welcome and visiting was not restricted. A relative told us, "Always seem to be plenty of staff, who always greet me with a welcome and a cup of tea after my long journey."

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's privacy and dignity was respected and upheld. One person told us, "I can do what I want, come and go within reason and I am treated with the greatest respect." Another person told us, "Staff are very committed in what they do, very sincere. Staff respect you for what you are."

Staff were caring and built friendships with people. One staff member told us, "We all adore the residents here." People told us they enjoyed the food at Holm Lodge. One person told us, "Food is very good, enough choice and amount." Risks of malnutrition and dehydration were identified and managed effectively and people were supported to have enough to eat and drink.

People, their relatives and staff told us they felt able to approach any member of the management team. They said there was clear communication between the staff team and the management of the service. A visiting relative told us, "The manager is easy to talk to: I have built up a rapport with her. I was involved with the planning and I trust them implicitly with my loved one's care. The culture is homely."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Holm Lodge was not consistently safe. Risks associated with on-going building work had not been fully explored or mitigated.

Staff received training on how to safeguard people and were clear about how to respond to allegations of abuse.

People's freedom was not unnecessarily restricted. There were risk assessments in place to ensure people's safety and people were able to take risks to promote their independence and quality of life.

The management, administration and storage of medicines were safe. People's needs were taken into account when determining staffing levels.

Is the service effective?

Good

Holm Lodge was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

People were supported to maintain their hydration and nutritional needs.

Staff gained consent from people before they provided care.

Is the service caring?

Good

Holm Lodge was caring.

People were supported by staff that were kind, caring and compassionate. Positive relationships had developed between people and staff as well as between each other.

People's privacy and dignity was maintained and their independence was promoted.

The home was relaxed and friendly with a homely feel to the environment.

Is the service responsive?

Good

Holm Lodge was responsive. Staff were responsive to the needs of the people they were caring for.

Staff responded quickly when people's needs changed, which ensured their individual needs were met.

There were opportunities for social engagement and involvement in regular activities.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Good

Holm Lodge was well-led.

People and staff were positive about the management and culture of the home.

The provider had a system for monitoring the quality of care. The registered manager reviewed the day to day operation of the home.

People's views were sought regularly at the home.

Holm 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 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 the 16 November 2016 and was unannounced. The inspection was carried out by one inspector, a specialist advisor with expertise in older people's care 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.

The provider had 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 any improvements they plan to make.

Before the inspection we checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with nine people, one visiting relative, five care staff, a cook, a kitchen assistant, the registered manager and provider (owner). We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at seven care plans and associated risk assessments, four staff files, medication administration record (MAR) sheets, incidents and accidents, policies and procedures and other records relating to the management of the service. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person has received and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We lasted inspected Holm Lodge on the 20 November 2013 where we had no concerns.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt safe and that Holm Lodge was a safe place to live. One person told us, "Yes we feel very safe, it is all worked out for our benefit." Another person told us, "Very happy, I definitely feel very safe here." A visiting relative told us, "Absolutely safe, always plenty of staff. (Person) is much happier now they are in a safe environment; the staff let me know when they had a fall in the summer." However, we found an area of practice that was not consistently safe.

Upon arrival at the service, we identified that building work was taking place. The registered manager told us, "We are extending the home and adding an additional three bedrooms." Throughout the inspection, we observed that contractors were in and out of the home and had access to the people living at Holm Lodge. This posed a potential safeguarding risk as the contractors had the potential to be alone with a person living at the service. The provider told us, "We've worked with these contractors before and have no concern. When they started the work, they did a risk assessment of the premises, but we haven't received a copy of that." Inspectors asked for a copy of their internal risk assessment, however the registered manager acknowledged they had not completed an internal risk assessment which considered all potential risks and how those risks could be mitigated. The provider and registered manager were responsive to our concerns and subsequent to our inspection sent us an internal risk assessment. However, the provider was dependent upon inspectors to identify this shortfall.

Access to the building work was via an internal door within the home. From the building work, access could also be obtained to the garden and main road. Although signs were on these doors to prevent people accessing the building work, these doors were not locked and were along a corridor where people's bedrooms were. The registered manager confirmed that no one had opened the doors since the work had started. Throughout the inspection, we observed one person who liked to walk without a purpose. One staff member told us, "This person is known to go into other people's bedroom which has caused some agitation as those people don't like it." This therefore posed the risk of people accessing the building work despite a sign on the door. We queried with the registered manager whether people's whereabouts in the home were formally recorded regularly whilst the building works were taking place. The registered manager told us, "We continually check where people are, but don't formally record this." Although people were informally checked upon, this posed a risk that if someone did enter the building work and subsequently the garden, the provider would be unaware when they were last seen and the specific time. Subsequent to the inspection, the registered manager confirmed they had started to complete observation forms.

No harm had occurred to people; however, the provider had not fully explored all possible risks and how to mitigate those risks. This is an area of practice that needs improvement.

We recommend that the provider seeks guidance from a reputable source on risk assessing building works.

People were supported to take risks without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. Staff told us how people went out and about with their family and that one person accessed the local

community independently. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. A wide range of risk assessments were in place which covered areas such as mobility, and malnutrition. Moving and handling risk assessments considered the individual activity (such as sitting to standing), the level of support required, what equipment was required, number of staff and what may prevent a safe transfer. People's mobility aids were readily available and throughout the inspection, we observed people walking independently with their aids.

Holm Lodge provided care and support to those living at high risk of falls. Guidance produced by the National Institute for Health and Care Excellence advises that falls and falls related injuries are a common and serious problem for older people. They can be a major cause of disability. A falls guidance policy was in place which provided advice for staff to follow in the event of a fall. Guidance included, 'assess the situation, ask the person to describe the fall. When the person was last observed mobilising and a staff member must remain with the person and call for help.' Falls risk assessments were in place which included guidance on how to mitigate the risk of falls. For example, guidance included ensuring the person was wearing the correct footwear. A large majority of people had sensor mats in place. The purpose of these mats was to alert staff in the event of the person falling. However, individual falls risk assessments failed to include the fact that people had falls sensor mats in place. Despite this measure in place to mitigate the risk, this had not been recorded. We brought this to the attention of the registered manager who took action immediately and began to update all falls risk assessments during the inspection.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. Care and support was provided to a small number of people living with dementia. One staff member told us, "We support one person whose dementia is advancing. They can become quite agitated and we've noticed that tiredness and loud noises are a trigger for their agitation." During the course of the inspection, we were shown a behaviour chart for one person. From the chart, we could see that the person exhibited behaviour such as bullying towards other residents, slapping other residents, verballing abusing other residents and being rude to staff. Staff told us how they managed these behaviours and de-escalated the situation. However, despite a behaviour chart in place, the individual care plan failed to acknowledge that the person exhibited such behaviours and that a behaviour chart was in place. This meant for new members of staff, sufficient guidance was not available on how to deescalate the situation. We brought these concerns to the attention of the registered manager who took action immediately and implemented a behaviour care plan.

From talking to staff it was clear they had a firm understand of the risks posed to people and the steps required to mitigate those risks. We assessed that the impact on people was low. However, we recommend that the provider seeks guidance on the review, monitoring and strategic oversight of care plans and risk assessments to ensure they contain the required guidance and steps to safely manage associated risks.

Systems were in place on how to respect people's rights and keep them safe from harm or abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One staff member told us, "If I had concerns I would to go the manager. If the manager didn't do anything I would go to CQC or the local authority." One person told us, "Staff look after us, no bullying here."

Medicines were stored, administered, recorded and disposed of safely. Medicines were delivered from the pharmacy already dispensed in monitored dose packs. We observed staff administering people's medicines

during our inspection and saw that good practices were followed. For example, the staff member wore a red tabard to advise other staff they were supporting with medicines. They stayed with people while they took their medicine and offered them a drink of their choice. People knew what their medicines had been prescribed for and staff sought consent from people before giving them their medicines. We saw that medicines administration record (MAR) sheets were signed when the medicines had been given. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks for medicines stored in the fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. Staff recruitment records confirmed the provider had undertaken all checks, such as Disclosure and Barring Service and obtained all relevant information. This included references, application form, proof of identity and offer of employment.

There were sufficient staff to ensure that people were safe and cared for. People, relatives and staff confirmed staffing levels were sufficient. One relative told us, "Always seem to be plenty of staff, greet me with a welcome and a cup of tea after my long journey." One person told us, "Staff are wonderful, they come quickly when I ring. The staff at night are exceptional." People's individual needs were assessed and this was used to inform the staffing levels. The registered manager told us, "I base staffing levels on people's individual needs and staff skill mix. For example, ensuring that a medicine trained staff member is on every shift along with a first aider." Staffing levels consisted of four care staff in the morning, three care staff in the afternoon and a kitchen assistant and two staff members at night. Staff rota's confirmed this. Where staff were working over 48 hours a week, working time directives had been signed. Observations demonstrated there were sufficient numbers of staff available to meet people's needs in a person-centred way.

Good

Is the service effective?

Our findings

People and their relatives told us that staff at Holm Lodge provided effective care and support. One person told us, "They treat you as a human being with thoughts of our own. We are treated as people who matter, not as a problem." Another person told us, "Yes the staff know me, my children arranged for me to come here."

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. Training schedules confirmed that staff had received essential training on the MCA 2005. Staff understood the principles of gaining consent from people and recognised that people had the right to refuse consent. One staff member told us, "We can't take away their choices, we always offer options." Staff clearly understood the principles of gaining consent from people before delivering care. However, staff's understanding of the principles of the MCA, such as how the time of the day may impact on the person's ability to make decisions was varied. Staff confirmed they had received training but acknowledged their understanding of the Act was limited.

Mental capacity assessments were in place which followed the principles of the Act. For example, what the decision was and whether the person could retain, understand, weigh up and communicate the decision. However, these were not always completed accurately. For example, one capacity assessment failed to record the decision that was required to be made and information was not provided on whether the person was able to communicate and weigh up the information to make a decision. Consent forms were available but had not been signed or dated by the individual to indicate their consent. Consideration had also not been given as to whether people lacked capacity to consent to their care plan. We raised these concerns with the registered manager who was responsive and took action immediately. Subsequent to the inspection, the registered manager confirmed that all mental capacity assessments had been reviewed and updated where required.

We recommend that the provider seeks guidance from a reputable source about MCA training and the implementation of the Code of Practice into care planning process.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS referrals had been made for four people living at Holm Lodge. The registered manager was awaiting further contact regarding the outcome and had been in touch with the Local Authority DoLS team to seek an update.

People were supported by staff who had undergone an induction programme which gave them the skills to

care for people safely. Upon commencing employment with the provider, new staff were subject to an induction programme. This included shadowing more senior staff before they could demonstrate their competence and work on their own. One staff member told us, "I shadowed another carer for two weeks. I found it really helpful as I got to know everyone and how best to support them." There was a full and intensive programme of training which included essential training for staff. Training included, moving and handling, infection control and safeguarding. Staff spoke highly of the training provided. One staff member told us, "One of the trainer's is excellent; they make the learning environment really interesting." Another staff member told us, "We have a range of e-learning and face to face training. Both are good." Staff spoke positively of the training opportunities and felt valued as employees. The provider and registered manager encouraged staff to progress with their career and staff were offered the opportunities to obtaining a National Vocational Qualification (NVQ). The registered manager demonstrated a strong understanding of the importance of having a skilled, confident and experienced workforce. One staff member told us, "I'm currently doing my NVQ level 3 at the moment and I'm really enjoying it." Another staff member told us, "I love it here. I am doing my NVQ level 3 at the moment. Staff are very supportive; we all get on very well. I am doing dementia training at the moment which is interesting; I get supervision every two months."

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they felt supported within their roles and felt able to approach the registered manager with any queries, concerns or questions.

Care and support was provided to those living with dementia or a degree of memory loss. Guidance produced by the Alzheimer's Society advises that good dementia care involves seeing the person living with dementia as an individual, rather than focusing on the abilities they may have lost. Staff spoke highly of how they felt they provided good dementia care. One staff member told us, "It can be difficult as not everyone here is living with dementia, so it's about recognising that." Another staff member told us, "It's about seeing the person." A programme of training was in the process of being delivered by the Care Home in Reach team. This 16 week programme of training was aimed to equip staff at Holm Lodge with the knowledge on how to provide effective dementia care. Staff commented that they had attended two training sessions so far and had found them extremely helpful.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, district nurses, dentists and chiropodists. People confirmed that if they needed to see their GP this would be organised as required. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health. Individual care plans included a multi-disciplinary record for external health care professionals to record the outcome of their visit.

People had a positive dining experience. Most people chose to eat their meals in the main dining area, whilst others preferred to eat their meals in their rooms or in the lounge and this was respected by staff. People told us they were happy with the quality, quantity and choice of food available. Comments included, "The new chef is first class. I get plenty to eat and drink, it is home from home, like a first class hotel." Another person told us, "New cook, nice meals, good choices, she has made a big difference, plenty to eat and drink." With permission we joined people at lunchtime. Tables were neatly laid with table cloths. Napkins and condiments were available. The menu was on display and people were provided with a choice of vegetable pie or fisherman's pie. The atmosphere in the dining room was quiet but calm. People sat and chatted on their individual tables. Where people required one to one support with eating and drinking this was provided. One person chose to have their lunch time meal in their bedroom. We heard the staff member say, "Hello (person), how are you? Is it ok if I sit with you and help with your lunch?"

People's weight was monitored and their food and fluid intake was recorded. Where people experienced weight loss or weight gain, input was sought from the relevant health care professional and guidance provided for staff to follow. Where staff had concerns over people coughing at meal times, input from Speech and Language Therapists (SALT) had been sourced. Due to swallowing difficulties, some people required a soft diet and we saw that this was provided.

During the inspection, we identified that some people were living with dementia or a degree of memory loss. The Alzheimer's Society state that some people living with dementia may have difficulty moving around the home. A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. For people living with dementia, signage can help promote independence, such as signs to the toilet, or signs to the lounge and dining room. The environment at Holm Lodge was not specifically designed for people living with dementia and signage was not readily available. The carpets throughout the home were a flecked design (patterned). Flecked design carpets have been identified as inappropriate and a risk factor for people who are living with dementia and visual difficulties. The registered manager identified that one person had recently begun trying to pick at the carpet, believing the pattern on the carpet was something to pick up. Despite the above concerns, throughout the inspection, we observed that people could independently navigate the home and find their way about. However, it is seen as good practice for care homes to be dementia friendly.

We recommend that the provider seeks guidance from a national source on the design of dementia friendly environments.

Good

Is the service caring?

Our findings

There was a friendly and comfortable atmosphere in the home and people were cared for by staff that were kind and caring and who had a cheerful and approachable disposition. One person told us, "We have quality staff here, fantastic staff; they are doing their level best to give people their dignity and respect." Another person told us, "I had a care plan from the hospital, I can do what I want, come and go within reason and I am treated with the greatest respect."

People were cared for by staff that were kind, caring and compassionate. It was apparent that positive and warm relationships had developed between people and staff. Staff member's spoke with pride and compassion about the people they supported. One staff member told us, "I adore all the residents." Another staff member told us, "The residents are the best part of the job." People were very complimentary about the friendliness and professionalism of the staff. One person told us, "Staff treat us beautifully, they never mind me ringing my bell. My daughter was involved in my coming here." A third person told us, "Staff are wonderful, very patient, they seem to care. I like to be in my room but the staff come in and talk to me."

People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. For example, after lunch we observed two people having a laugh and chat together, putting the world to rights. People were encouraged to maintain relationships with one another as well as with their family and friends. Visitors were welcomed throughout our visit. People and their relatives told us they could visit at any time and they were always made to feel welcome. Throughout the inspection, we observed visitors coming and going.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some men chose to wear shorts and t-shirts, and others wore suits with ties. Staff told us how they empowered people to make their own decisions on what they wished to wear. One staff member told us, "I always hold up options for people on what they would like to wear that day." The registered manager commented to one person. "I love your scarf, can you knit me one?" Staff also supported ladies to paint their nails which they enjoyed. We spent time with one person who had just had her nails painted. They told us, "I've gone for this bright pink colour; I'm not sure what will my daughter will say, but I think I like it. It's very bold." We saw that staff were respectful when talking with people, calling them by their preferred names. When talking to people, staff knelt down to the same level as the person, maintained eye contact and directed their attention to the individual person they were talking to.

People confirmed that they felt that staff respected their privacy and dignity. One person told us, "Oh yes very caring, very good at dignity and privacy, they always ask before washing my anatomy." Observations of staff interacting with people showed that people were treated with dignity and respect. People were assisted to their bedroom, bathroom, or toilet whenever they needed personal care that was inappropriate in a communal area. This support was discreetly managed by staff so that people were treated in a dignified way in front of others. Staff members also made sure that doors were kept closed when they attended to people's personal care needs.

People's bedrooms were spacious, in good decorative order and had been personalised, for example with photographs, art and items of memorabilia. This helped to create a familiar, safe space for people. The registered manager told us, "People are more than welcome to bring their own furniture and we actively encourage it." One person told us how they enjoyed having a television in their room with satellite TV, so they could watch their favourite programmes. Another person enjoyed having flowers and plants in their room which they attended to daily.

People were supported to be independent and make day to day decisions. We observed that people were empowered to make their own choices. For example, from what to eat, drink and where they preferred to sit. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us how they liked to read the paper every morning and do the crossword with their morning cup of coffee. This was observed during the inspection.

Independence was encouraged and staff recognised the importance of enabling people to be independent. Staff told us how they enabled people to remain as independent as possible. One staff member told us, "When supporting people with personal care, I encourage them to do as much for themselves as possible. For example, brushing their teeth or washing their own face."

People's wishes at the end of their life had been explored and sensitive end of life care plans were in place. These were called 'future wishes' and explored 'where the person would like to be and what was important to them in the event of their health deteriorating.' They also explored where the person would prefer to be cared for.

People's equality and diversity needs were respected and staff were aware of what was important to people. One person was supported to attend Church every week whilst another person was supported to receive Holy Communion at Holm Lodge. The registered manager told us, "We've built good rapports with the local churches and always ensure that people's religious needs are met. A local Baptist church also visits the home for services." One person told us, "Staff are very committed in what they do, very sincere. Staff respect you for what you are; I go to Church every Sunday." Another person told us, "They really do work hard. We can have private time and the Church comes here, Baptist and C of E."

People had an allocated key worker who was knowledgeable about the person's likes and dislikes. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. In people's individual bedrooms was a picture of their key-worker. Staff told us how they enjoyed key-working and how it enabled them to build a bond with the people they key-worked. One staff member told us, "I key-work one person who is very quiet. They prefer to stay in the bedroom so I go in for chats and we have pamper afternoons where I paint her nails."

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to people's needs. One person told us, "No concerns or faults with the staff. I had a fall and two members of staff stayed with me until the ambulance came." People spoke highly of the activities provided. One person told us, "I enjoy the activities, bingo and quizzes. I am a good quizzer."

People's social, physical and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised. Care plans covered a range of areas from washing and dressing; memory, continence care, mobility and eating and drinking. Care plans considered the assessment of need, goal and support required. One person's washing and dressing care plan identified that they required prompting with personal care and the support of one care worker. The associated goal was noted as, 'To maintain (person's) personal hygiene and dignity at all times.' The support required included staff to encourage the person to have a wash every day, encourage them to change their clothes and to monitor their skin on a daily basis.

Personalised care planning is at the heart of health and social care. It refers to an approach aimed at enabling people to plan and formulate their own care plans and to get the services that they need. Personalised care plans consider the person's past, their life story, their wishes, goals, aspirations and what's important for them when receiving care. People's individual life histories were recorded in care plans. However, information was not consistently available on people's wishes, what was important to them and how they preferred to receive care. For example, the mobility care plan for one person noted, '(Person) needs their zimmer-frame to be able to mobilise. They need the supervision of one carer when mobilising just for confidence.' Information was not available on how the person found mobilising with the zimmer-frame or if they had any worries about mobilising. From talking to staff, it was clear they had a firm awareness of people's likes, dislikes, preferences and understanding of what was important to people. One staff member told us, "One person is incredibly smart, they had a very high power job and they are a wonderful person." However, the knowledge held by staff was not consistently reflected in people's individual care plans.

We recommend that the provider seeks guidance from a national source on the implementation of person-centred care plans.

There was a staff handover between shifts. We observed this meeting. The purpose of the meeting was to ensure that staff coming on to duty were aware of any changes and to share information to ensure good continuity of care. Discussions were appropriate and relevant and focussed on the individual needs of people, including updates from visits involving health or care professionals and other relevant information relating to care needs. Staff used the time productively to ask each other questions and share ideas and views. Staff felt communication within the home was positive. One staff member told us, "Information is shared that we need to know."

We observed staff carried out their duties in a calm, unhurried manner. Staff ensured they spent quality time

with people on a one to one basis. We noted that a combination of new and more experienced staff worked at the home. Whatever the length of service of the staff member they demonstrated a sound understanding of people's individual needs and were responsive to their wishes and needs. Where people were living with specific healthcare conditions, the registered manager recognised the importance of seeking training to ensure that staff could provide responsive care. A member of staff told us, "We've recently had a health care professional come in and talk to us about diabetes. We've also got leaflets on the signs and symptoms of high and low blood sugars which is helpful."

A wide range of activities that were suitable for older people and people living with dementia was available. They included reminiscence, games, quizzes, arts and craft, gardening, sing-alongs, music, and exercises. People and staff spoke highly of the activities provided but acknowledged they were looking forward to a dedicated activities coordinator starting. One staff member told us, "Between the staff we do activities. It's important to ensure they have stimulation and are occupied, but it will be good once the activities coordinator is in post." On the day of the inspection, we observed a game of bingo which both people and staff participated in. The registered manager told us, "We also have entertainer's come in. The other day we had a singer come in which people enjoyed. In December, we also have a theatre production company coming in who will be putting on a show for people." One person told us, "We all play bingo and quizzes; we have monthly meetings to discuss activities and Christmas." A visiting relative told us, "Amazing activities, so much laid on for them, you would never get bored here."

Guidance produced by Age UK advises on the importance pets bring to older people. Holm Lodge had two pet rabbits which people enjoyed watching run about in the garden. The registered manager told us, "One person used to come out every morning with me to feed the rabbits." Pet pals visited the home on a regular basis. People and staff told us how the day before our inspection, Pet pals visited with five kittens for people to pet and stroke. People told us they enjoyed having the animals visit.

Staff recognised the importance of supporting people to pursue their individual hobbies and interests. One staff member told us, "One person absolutely loves to dance; they will be the first person up dancing if we have entertainers in." During the inspection, staff were observed dancing with one person which they appeared to enjoy. They called out to another person asking if they wanted to sing and provide some music, which they did willingly. Staff then asked the provider if they would like to sing along, which the provider replied, "I think I'll put them off." This interaction demonstrated the caring and warm nature of staff towards people.

Staff told us how they actively worked against any risk of social isolation. The registered manager told us, "Some people prefer to stay in their bedroom and this is respected by staff. Staff will go in and have a chat and always make sure they are ok." This was confirmed by staff who told us, "We always check in on people, have a chat with them, read with them or some ladies like to have a pamper session where we paint their nails."

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. Throughout the inspection we observed staff engaging with people, sitting down and having chats with them or just holding their hand. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. The home had an accessible secure garden area. The registered manager told us "The garden is an area people can access when they want."

There was a complaints procedure in place and people and their representatives told us they knew how to access and use this. One person told us, "If I wasn't happy someone would soon know about it." Another

person told us "If I had a worry I would speak to my Keyworker." People also told us they could bring up any concerns and issues at the residents meeting. People and relatives felt they would be listened to and would usually approach the registered manager directly as she was available and approachable. The provider had not received any formal complaints in over a year.

Good

Is the service well-led?

Our findings

People, friends and family described the staff of the home to be approachable and helpful. One person told us, "The manager is very kind and considerate, no concerns at all." A staff member told us, "Yes I like the manager, I don't have any problems; there is a good team spirit here, like a family."

The culture and values of the provider and the service were embedded into every day care practice. Staff and the registered manager told us how they key strength of the service was its homely atmosphere. The registered manager told us, "This is people's home and we work hard to make sure people feel at home here." One staff member told us, "We are one big family here." Another staff member told us, "I really like the homely atmosphere that has been created." There was a relaxed, friendly and homely atmosphere. People appeared to be at ease and told us that they were happy and able to live their lives as they chose to. A visiting relative told us, "The manager is easy to talk to I have built up a rapport with her. I was involved with the planning; I trust them implicitly with my loved one's care. The culture is homely." One person told us, "Staff and carers are wonderful. I have been in a [national provider] home before and this is the best, no faults in any way, best place I have ever been in. The manager is excellent."

People, relatives and staff told us that the home was well managed and that the manager was approachable and receptive to any ideas and suggestions that they made. One staff member told us, "The owner and manager are really approachable." Another staff member told us, "Management are great." A third staff member told us, "Oh yes I love working here, everyone is so friendly. I think the home is run very well. The manager and head of care run a very fair system; we can ask them for anything." Systems and forums were in place for staff, people and relatives to make suggestions or raise any concerns or queries. Resident and relative meetings were held on a regular basis. People told us that these meetings provided them with the forum to make any suggestions, discuss ideas and raise any concerns. Minutes from previous meetings reflected that activities and food were regularly discussed.

Documentation was in place for the recording of incidents and accidents. This included the date, time, person and staff involved, details of the incident/accident and action taken. On a monthly basis, all incidents and accidents were collated and analysed for any trends, themes or patterns whilst also considering how improvements could be made following individual accidents and incidents. A monthly falls audit was also completed which considered how many falls were occurring each month and what action could be taken to minimise the risk of further falls. The registered manager told us, "Where people have fallen regularly we made referrals to the falls prevention team and worked in partnership with the physiotherapist."

There was a clear management structure at Holm Lodge. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff members spoke positively about the leadership and management style of the provider and registered manager. The provider visited the home on a weekly basis and was seen as approachable and supportive, taking an active role in the running of the home. People appeared very comfortable and relaxed with the provider and registered manager.

The registered manager and provider had a range of tools that supported them to ensure the quality of the service being provided. They undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care plans and environmental. However, despite a governance framework in place, the provider had not identified that policies and procedures had not been updated to reflect current guidance and legislation. For example, the safeguarding adult's policy had not been updated to reflect the Care Act 2014. This posed a risk that staff were not aware of their new responsibilities under the Act. Policies and procedures referenced old legislation such as the Health and Social Care Act (2008) Regulated Activities 2010 and not the new fundamental standards. The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) had not been updated or reviewed to reflect changes in legislation and the DoLS policy failed to reflect the Supreme Court Ruling of March 2014. Failure to update and review policies and procedures poses the risk that the service is governed by procedures that do not reflect current policy, legislation and guidance.

We recommend that the provider reviews their internal policies and procedures to ensure they reflect up to date guidance.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the Holm Lodge had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.