

# Fairheart Limited Holly Lodge

## Inspection report

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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 

### Overall summary

This inspection took place on 11 November 2014 and was unannounced. Holly Lodge is a care home that provides accommodation and personal care for up to 14 older people. On the day of the inspection, there were 12 people living in the home.

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

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people who lived at the care home were positive. People were treated with respect and their privacy and dignity was promoted. Their human rights were protected, and risks had been assessed and

# Summary of findings

managed so that people were protected from harm. Information about the safeguarding procedures and how to report any allegations of abuse outside the service was available.

There were sufficient numbers of experienced and skilled staff to care for people safely and regular staff meetings were held to discuss issues relating to people's general wellbeing and the day to day running of the home. Medicines were managed safely and people received their medicines as prescribed by their doctors.

Staff had received training and understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity to make decisions for themselves.

People were involved in the decisions about their care, and their health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. People's nutritional and health care needs were managed well and they were supported to pursue their social interests outside the home and to join in activities provided at the home.

There was an effective complaints system in place, and the views of people were sought in an informal way because both the manager and the provider were visible and accessible on a daily basis.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

Good



### Is the service effective?

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good



### Is the service caring?

The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good



### Is the service responsive?

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good



### Is the service well-led?

The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a registered manager who was visible, approachable and accessible to people.

Good



# Holly Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 November 2014 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and observed how the staff supported and interacted with them. We also spoke with one relative, and the friend of someone who used the service, three care staff, and the registered manager.

We looked at the care records including the risk assessments for two people, the medicines administration records (MAR) for eight people and six staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

# Is the service safe?

## Our findings

People felt protected and safe. They said that living in the care home, the presence of staff and being with others gave them a sense of security. One person said, “I feel safe here, just to know that there is always people around.” However, some people expressed concerns about one individual who lived at the care home, and had been wandering into their rooms which made them feel unsafe. They had raised their concerns with the management and they had been reassured that appropriate actions were being taken to address the issue.

The provider had safeguarding policies and procedures in place which included the contact details for reporting any allegations of abuse to the appropriate authorities, such as the local authority and the CQC. Staff confirmed that they had received training in safeguarding and they were aware of the reporting procedures. Staff were able to describe the various types of abuse and knew how to protect people from the risk of abuse or harm.

Risk assessments for each person had been carried out and information on how to manage and mitigate the risk of harm was provided within them. For example, one person who required the use of a hoist for transferring them from their bed to a chair had a risk assessment identifying, the right type of slings to be used and the support of two members of staff was required to complete the manoeuvre safely. We noted from people’s care notes that their risk assessments had been reviewed regularly so that up to date information was available to staff. One person told us that the staff had discussed with them about the use of the hoist when transferring them and that they had agreed to it, although they felt that they needed a new wheelchair. We spoke with the manager who said that an assessment for a wheelchair had been completed and they were waiting for the delivery of the new wheelchair.

Risk assessments regarding the premises were also carried out and reviewed regularly to ensure that people lived in a safe and comfortable environment. There was an emergency plan to ensure continuity of business would be maintained in any event that stop the service running safely and properly. The staff were aware of the plan and said that they would contact the manager or the provider who were on call during out of hours. As part of the emergency plan the local community hall could be used if required.

There were sufficient numbers of staff to keep people safe and meet their needs. We looked at the staff duty rotas which indicated that there was a consistent number of staff on each shift. People said that there was always enough staff on duty and that their call bells were answered promptly. One person said, “Staff are always in attendance on the buzzer.” We observed that staff were present in the lounge where people spent their day and others who stayed in their rooms were checked regularly. We saw staff spent time talking with people, occasionally encouraging and prompting them to join others in the main lounge. Staff said that there were always sufficient staff on duty to care and support people. They said if they were short of staff on a shift due to sickness or absence, the manager would make arrangements to cover the shortfall. The manager said that they regularly assessed and reviewed each person’s needs so that they were able to decide on the numbers of staff required on each shift.

We were told that staff had been working at the home for a number of years and there had been no staff recruited recently. The staff we spoke with said that they had had their Criminal Records Bureau (CRB) checks done before they started work at the home. The manager said that they had a recruitment procedure in place. This involved obtaining references and carrying out employment history checks which provided assurances that people were suitable for the role they were employed for.

There were safe systems in place for the management and administration of medicines. We found that medicine administration records (MAR) had been completed appropriately. People we spoke with said that they received their medicines regularly and on time. We observed medicines given at lunch time where the member of staff giving the medicines had followed the instructions on the MAR charts and signed when medicines had been administered. One person managed their own medicines and appropriate facilities for the safe storage of medicines in their room had been provided. Staff confirmed that the manager and other trained members of staff were responsible for administering medicines. We noted that the staff who had attended the medicines training had completed a competency test to ensure that they were fully confident in the management and administration of medicines. We evidenced from the medicines returned book that medicines no longer required had been returned to the pharmacy for safe disposal.

# Is the service effective?

## Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. One person said, “Staff are aware of how to help me. They know what to do when I am having a bad day.” The majority of staff had worked at the care home for a number of years and knew how to care and support each individual so that their needs were met.

A range of training such as manual handling, nutrition and diet and dementia care was provided for staff so that they were competent in their roles. For example, we observed one person who had lost their way to their room and became anxious, staff were able to gently guide them where they were going. Staff told us that they had completed an induction programme when they first started work at the home. An induction programme welcomed staff to their new roles and provided them with support so that they were aware of what was expected of them. They also shadowed other experienced members of staff so that they learned safe procedures and practices.

Staff had regular training including yearly updates so that they were aware of current safe practices when supporting people to receive effective care. Staff confirmed that they received formal supervisions and annual appraisals to discuss their work and identify other training or support they required for their roles. We looked at the staff training chart and noted that the majority of staff had completed the relevant training and updates for others had been planned. Some staff had completed a National Vocational Qualification Level 2 in Health and Social Care.

We noted from the staff training records that they had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Currently, all but one person living at the home had the mental capacity to make decisions for themselves. One relative told us they had a legal agreement where they acted on behalf of the individual and that they had been actively involved in decisions about their care and support. The manager said that currently, no application for DoLS was required.

Staff told us that they always asked people how they would like to be supported with their personal care. For example, they said some people chose to have a bath, a strip wash or

a shower depending how they felt on the day. People said that they talked to their relatives or friends and staff if there were any decisions to be made about their health and wellbeing.

People were complimentary about the food provided for them and said they enjoyed mealtimes and did not feel rushed. One person commented, “The food is excellent. There is so much fresh cooking and plenty of it. If we do not like what is on the menu, they will give us something else. There are fresh fruits and sandwiches as well.” We noted that people were offered drinks and snacks in between meals during the day. People who stayed in their rooms confirmed that they were given a fresh jug of water each day. One person said, “I have a hot drink of my choice before going to bed.” We observed lunch being served. Some people needed assistance with their food, and we saw staff ask them how they would like to be supported to eat their meals. One person asked the staff if they could cut the food in small pieces for them. We spoke with the member of staff about people who had difficulty in swallowing. They said that sometimes these people preferred their food to be mashed-up and other times they choose to have a food diet.

Care records we looked at showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. We noted that from the care records we looked at that everyone’s weight was stable at this time. The manager said that if they had any concerns about an individual’s weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to other health care professionals. One person said “I do see the optician. For my hearing aid, I go with my friend. I see the GP when needed. The nurse came and gave the ‘flu’ jab and my daughter takes me to the dentist if I need to.” Another person said that they saw the chiropodist regularly. The manager confirmed that most people attend to their appointments accompanied by their relatives or friends. On occasions staff would accompany people to their appointments if necessary.

One relative told us how their relative’s condition had deteriorated recently and praised the support they had received both from the staff in the home and other health care professionals. They said that the person had received support from the mental health team to help in the management of their behaviour. They were waiting for a

## Is the service effective?

mental health assessment to determine whether an alternative placement was required where their needs

could be best met. Some people attended the local memory clinic where they saw other health care professionals and had their care needs and medication reviewed.

# Is the service caring?

## Our findings

We observed staff interacted with people in a kind and supportive way. One person said, “The care is just wonderful. They are the best you can have, not just caring and kind but lovely, and always cheerful. They do find time to talk and it’s rather nice that this is done. Staff are respectful.” Staff told us that they supported people to be as independent as possible, respecting them as individuals, treating them with dignity and promoting their independence as much as possible.

People’s privacy and dignity was respected. We saw staff knocked on people’s door and waited for a response before entering. One staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that while providing personal care, they talked to people about their plan for the day or whether they were doing anything special such as going out or having a visit. The staff member said that sometimes people chose to do as much as possible for themselves such as wash or dress themselves so that they maintained some degree of independence.

Staff were aware of people’s preferences and personal histories. They said that they found out about people when talking to them and that information about them was also available in their care records. They were able to tell us why some people preferred to stay in their rooms and what they

preferred to do during the day. For example, they said one person enjoyed poetry and belonged to a club and preferred reading and writing. The staff we spoke with told us that they knew when a person was not being ‘their normal self’ and they would asked them what was bothering them. For example, on one occasion when a person had entered another person’s room, the person was very unhappy and when staff had asked them why they were not happy, they expressed their concerns to the staff.

People and their relatives confirmed that they had been involved in the decision making and planning their [relative’s] care when they first came to stay at the home. They said their views were listened to and staff supported them in accordance with what had been agreed when planning their care. People said that their care and support had been discussed with them and reviewed regularly. They also said that they had received information about the service so that they were able to make an informed decision whether the service was the right home for them. People told us that they maintained contact with their relatives and friends who were supportive and were aware of the care and support provided for them.

We observed people and staff having a chat and a laugh and light hearted conversation. The majority of people told us that they knew the staff and found them to be very helpful and pleasant. They reconfirmed that staff knew how to care for them. One person said, “I feel I am lucky here. It’s a small home. We know each other and get on well.”



# Is the service responsive?

## Our findings

People had their needs assessed before they came to stay at the home. We noted from their care plans that they had contributed to the assessment and planning of their care. Information obtained following the assessment of their needs, had been used to develop the care plan so that staff were aware of the care and support each person required when attending to their needs. Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. We noted that the care plans had been reviewed regularly and any changes in a person's needs had been updated so that staff would know how to support them appropriately. For example, for one person whose needs had changed, the care plan showed how staff should support the person in meeting their needs differently.

We saw people's relatives and friends visiting them or taking them out for the day or to their appointments. The relatives we spoke with told us that they were regular visitors to the home and that they always felt welcomed by the staff. People said that they maintained contacts with their families and friends who were able to visit them at any time, and it was very late when they had to let the staff know. One person said, "I keep in contact with my daughter as I have my own mobile phone. Sometimes she comes and takes me out for the day."

People were supported to follow their interests and participate in social activities. They said that they were able to access the local community facilities and were involved in the activities of their local community. One person told us, "I belong to four groups. Three groups are at the church,

a tea group, a bible study group and an exercise group which is for older people." Although there was not a programme of planned daily activities provided in the home, people said that a variety of group or seasonal activities were provided which they enjoyed. They also said they preferred to organise and plan what they would like to do on the day. During our inspection, we observed a small group of people were engaged in board games supported by staff. Some people preferred to read and listen to the radio. One person belonged to a poetry group and there were regular reminiscence sessions when people talked about their younger days. People said that students from the local school and the college visited the home and spent time with them. They also had regular visits from the local church. Some people told us that they went out for the day or to the local shops with their relatives or friends. People had access to the local newspaper which they felt gave them information about their community. People were complimentary about the service they received and the way they were supported.

The provider had a complaints procedure which was available to people. We noted that several people had made written complaints recently. The provider had spoken to each complainant to reassure them that their concerns were being addressed. People said that they were satisfied that their complaints had been taken seriously and were being dealt with. We looked at the complaints record books that showed there had been no complaints received in the past year except for the ones mentioned which had only emerged recently. The service had received a number of compliments from relatives, and people we spoke with expressed their satisfaction with the care and support they received.

# Is the service well-led?

## Our findings

People said that there was an 'open' culture where they could see the manager and the provider whenever they needed. They said that because they saw them on a daily basis, it did not matter whether they had a resident's meeting or not. They felt that their views were listened to and acted on. One person said, "The manager comes and brings my papers every morning and they are very approachable."

We discussed with the manager how the values of the service were promoted. The manager told us that staff were aware of the values of the organisation and that they discussed these topics with them at their one to one meetings. They said the values included the provision of highest possible standards of care with personal attention and encouragement given to pursue their leisure activities and hobbies and treating people with respect and dignity. Staff felt that they were supported by management to promote the values of the home which were very important aspects of their roles. They said that they worked as a team to support people in meeting their needs and that they regularly discussed issues about their work including current practices and the day to day running of the home.

The service had a registered manager in post. Notifications had been submitted appropriately to the Care Quality Commission as required by legislation. The manager said, "We do a good job. We get a lot of compliments from relatives. We have a good team. A lot of staff have been here for a long time." They felt that their challenge was to keep everybody happy and content which was not always possible. However, they said that they listened to people and would act on any concerns they may have. We noted that the service worked closely with other agencies such as the local authority and the Community Mental Health Team to support people and seek advice as required.

Yearly questionnaire surveys to seek the views of people about the delivery of service had been carried out and the feedback had been positive. The manager said that people had access to them or the provider on a daily basis where they were able to raise their concerns which would be dealt with on the day. They said that on most cases the concerns people had raised were regarding their health and wellbeing when appropriate help from other health care professionals would be arranged.

The service had a whistleblowing policy which staff were aware of and the contact details of whom to report if they had any issues of concern or poor practice was available. Staff said that they would use this policy if required because their values were to promote good practices so that people's needs were met.

The staff we spoke with said that they had a recent staff meeting but this did not take place regularly. However, they were able to discuss any concerns they had and the day to day running of the service with the manager or the provider.

The manager had completed a number of quality audits. We saw records of recent audits on infection control and medicines. The audits stated that the systems in place were effective and that there had been no issues identified that needed to be addressed. The manager said that they also carried out other audits to ensure that people lived in a safe and comfortable environment. People told us that their rooms and other areas of the home were cleaned regularly and that they did not have any concerns about the general cleanliness of the home. One person said "The place is not just dusted but wiped with disinfectant. That's truly remarkable. All the surfaces are done. That's what impressed me."