

# Lancashire Property Investment Find Limited

# Hollins Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

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

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

Some care plans did not have information related to people's health conditions or guidance for staff on how to manage the risks and support people effectively. Recruitment processes were not consistently operated effectively. Some audits or assessments did not identify risks to people or the environment. We have made a recommendation about staff training. Not all staff had received mandatory safeguarding training, however, staff were aware of the processes to follow to keep people safe.

Medicines were stored and administered safely. People were supported safely, and the provider had plans in case of emergencies. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment (PPE).

The manager and registered manager positively engaged in the inspection process and the registered manager clearly understood their regulatory responsibilities. The manager and staff had been responsive in working with health and social care professionals to improve people's quality of life. The manager had systems to positively engage with people, relatives and staff and feedback was positive on the staff and managers leadership of the home.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 04 August 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended the provider follow best practice guidance on the recruitment of staff. At this inspection we found the provider still needed to make improvements.

The last rating for this service was requires improvement (published 04 August 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive

inspections.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 7 July 2022, and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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

#### Enforcement and Recommendations

We have identified breaches in relation to, the management of risk, recruitment and the assessment and monitoring of the service at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hollins Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

One inspector and 1 Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, they were based close by at another home owned by the provider and spent time at both locations. There was also a manager based at Hollins Lodge Care Home.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. We spoke with a further 14 people in group settings in the dining room and lounge. We spoke with 11 members of staff including the registered manager, manager, and deputy manager. We spoke with the administrator, housekeeping, maintenance, and kitchen staff. We had a walk around the home to make sure it was homely, suitable, and safe. We spoke with 2 health professionals 1 who visited the home on a regular basis. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Some care plans still did not have information to guide staff on how to manage some people's health conditions. Where risk had been identified there was no guidance for staff on how to manage and reduce the risk.
- Some staff had not received training on how to support people in an emergency.
- Some fire doors were wedged open preventing them from closing in the event of a fire. The registered manager ordered 29 automatic door closers during the inspection to lessen the risk. Door closers are special devices that release the door automatically when the fire alarm is activated.
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. However, some instructions in the plans if followed could place people at additional risk of harm.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

## Staffing and recruitment

At our last inspection we recommended the provider consider current guidance on the recruitment of staff and act to update their practice. The provider had not made improvements.

- The registered manager still did not consistently follow robust recruitment procedures. Not all application forms held a full employment history and there was no evidence this had been discussed with the candidate.

We found no evidence people had been harmed however, the provider failed to evidence they had consistently operated effective recruitment procedures specified in schedule 3. This placed people at risk of harm. This was a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Not all staff had received all their mandatory training to identify and manage risk.

We recommend the provider ensure all staff are suitably competent and skilled for their roles.

- The provider assured us that staff would be supported and encouraged to complete their training and fire training had now taken place for all staff who required it.
- Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People gave mixed feedback on staffing levels. One person told us, "Most of the time [they have enough staff] but they struggle when they have holidays. The night staff are beautiful." Other comments included, "Yes [during the week] but at weekends I am not too sure." And "They are short staffed."
- Staff said staffing levels were suitable to keep people safe and the manager helped to support people at busy times.

## Systems and processes to safeguard people from the risk of abuse

- The manager had systems to record, report and analyse any allegations of abuse. Staff knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Hollins Lodge Care Home. One person told us, "I am definitely well looked after. I always feel safe and happy." A second person said, "I do feel perfectly safe, yes. The staff are brilliant." One relative commented, "They look after [family member] very well."

## Using medicines safely

- Medicines were managed safely and properly. We observed medicines administration and found staff followed best practice and were person-centred in their approach. Medicines were stored safely.
- People told us they received their medicines as prescribed. One person said, "They [staff] never miss, I am well looked after. I know some [tablets] but they [staff] remember when I forget." A second person told us, "I get my main ones [tablets] every morning. They do tell me what I am taking."

## Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

The manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. One person told us, "Someone comes every other day. On Sunday someone is coming to take me to the pub for lunch, no problem." A second person said, "Everything is fine. When my family visit the staff make them a brew."

#### Learning lessons when things go wrong

- The registered manager and manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection systems were not robust enough to demonstrate the service was effectively managed to improve the quality and safety of the service. This placed people at risk of harm and was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered managers audits and checks to drive improvement and keep people safe, had not identified issues highlighted in the safe section of this report.
- The registered manager or manager still did not consistently have oversight or monitor and improve the quality of the service delivered. Some care plans did not have additional information to guide staff on how to meet people's needs and keep them safe. This had not been identified in care plan reviews.

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

- There was a clear management and staffing structure. Each staff member had a clearly defined role and responsibilities.
- Staff received daily handovers between shifts, so they were kept up to date with people's needs to be able to provide effective care.

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

- Staff had the opportunity to formally share concerns through staff meetings, supervisions, and appraisals. However, some staff said they had shared concerns related to changes in their terms and conditions and not received a formal response. This had impacted on staff morale. The registered manager stated these changes were under review and would hopefully be resolved.

- People and relatives told us they were consulted on the support staff provided. People told us they could choose when they got up in the morning, when they went to bed, where they sat and where they ate their meals. One relative told us, "Yes, we agreed it together [care plan]. They listen to you and act when you say something."

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

- People were consistently complimentary about the manager and staff. About the manager, comments included, "She does a good job," "She has done a lot for me." And "She is managing very well." About the staff comments included, "They [staff] are very respectful." And "They are brilliant, you can laugh with them. I was depressed but they made me laugh."
- Staff were consistently complimentary about the manager and their colleagues. One staff member said, "It is a good team here. It feels like family." A second staff member commented, "[Manager] she knows everything. She's always laughing with them [people], she's always joking with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

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

Working in partnership with others

- Records confirmed advice and guidance was sought from health and social care professionals when required. Health professionals said management and staff were organised and helpful when they visited the home. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence people had been harmed however, all that was reasonably practicable had not been completed to mitigate the risks related to providing safe care and treatment. This placed people at risk of harm.</p> <p>12(1)(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to demonstrate the service was effectively monitoring and lessening risks related to the health, safety, and welfare of people. This placed people at risk of harm.</p> <p>17(1)(2)(a)(b)(c)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to evidence they had consistently operated effective recruitment procedures specified in schedule 3.</p> <p>19(1)(2)(3)(a)</p>

