Dolphin Property Company Limited

Holly Lodge Care Home

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 21 September 2015 and was unannounced. This meant the provider was did not know we were inspecting the home at that time.

Holly Lodge provides accommodation with personal and nursing care for up to 40 older people. The home is set in its own gardens in a residential area near to public transport routes, shops and local facilities.

There was a registered manager in place who had been in post at the home for over two years. 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.

People who used the service, and family members, were complimentary about the standard of care provided. They told us the staff were friendly and helpful. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

Summary of findings

All the care records we looked at showed people's needs were assessed before they moved into the home and we saw care plans were written in a person centred way.

There were sufficient numbers of staff on duty in order to meet the present needs of people using the service. The registered provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff to make sure they were suitable to work with vulnerable people.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services if needed.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments and emergencies.

There were robust procedures in place to make sure people were protected from abuse and staff had received training about the actions they must take if they saw or suspected that abuse was taking place.

We found the home had cleaning schedules in place to prevent the spread of infection.

We saw a notice board on which was displayed information about the activities for that week. During our inspection we found lots of various activities taking place.

We saw the provider had a complaints policy in place and this was clearly displayed for people to see.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the registered provider was following legal requirements in the DoLS.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends. The registered provider organisation collected this information and provided additional oversight and monitoring of the home. The staff and registered manager reflected on the work they had done to meet peoples' needs so they could see if there was any better ways of working.

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.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

There were sufficient staff working at the home at the time of our inspection to meet the present needs of the people living there.

Good

Is the service effective?
The service was effective.

Staff received training and development This helped to ensure people were cared for by knowledgeable and competent staff.

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services if needed.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

Good

Is the service caring?
The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Good

Is the service responsive?
The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There were clear values that included involvement and compassion, with emphasis on fairness, support and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Holly Lodge Care Home

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 21 September 2015 and was unannounced. This meant the provider and staff did not know we would be visiting.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had information that they thought would be useful about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, a Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, and a Lead Infection Control Nurse. None of the stakeholders we spoke with raised any concerns with us about Holly Lodge.

One Adult Social Care inspector carried out this inspection accompanied by a Specialist Nurse Advisor. We spoke with 12 people who lived at Holly Lodge, five visitors and two health care professionals. We did this to gain their views of the service provided. We also spoke with the registered manager, regional manager, a nurse and four care staff. We also spoke with the activities co-ordinator, laundry and catering staff.

We carried out observations of care practices in communal areas of the home.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during the day. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at five people's care records, staff recruitment and training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, treatment rooms, the bathrooms and the communal areas.

During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. People told us, "You don't need to worry here and I know who to report it to if I think something is wrong or they aren't toeing the line;" "I can see the manager when I want and just have a word when she comes round but I haven't needed to do that." Relatives told us they were, 'confident that their (family) were well looked after' and '

stories that they had heard about poor care wasn't the case at this home.' One relative told us, "I have the greatest of confidence that the staff will make sure everything that is done for (my relative); she is in safe hands."

Staff said their work helped people remain safe because they monitored people's health and care needs and they had undertaken safeguarding training to help them recognise and respond if they suspected or witnessed abuse. We asked three staff members what they would do if they suspected abuse was taking place. They were all able to tell us the right action to take. This included reporting to the registered manager and the local authority.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at five people's care plans. Each had an assessment of people's care needs which included risk assessments. Risk assessments included areas such as pressure care, nutrition and mobility / falls. Risk assessments were used to identify what action staff needed to take to reduce risks whilst supporting people to be independent, and still take part in their daily routines and activities around the service and where possible, outside the home. For example, some people took part in visits organised by the home or families and friends whilst others accessed local shops and bookmakers.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire or flood damage. This ensured that staff understood how people who used the service would respond to an emergency and what support each person required. We saw records that confirmed staff had received training in fire safety and in first aid.

Through our observations and discussions with the registered manager, nurses and care staff we found there were enough personnel with the right experience, skills, knowledge and training to meet the needs of the people living at Holly Lodge Care Home. The registered manager showed us the staff rotas and explained how staff were allocated for each shift depending on people's needs and the amount of people resident on each of the two floors of the home. The registered manager ensured there was sufficient staff cover for hospital appointments, activities or people going on visits to places of interest. The registered manager told us the provider had recently introduced a new method of calculating staff needs which had not changed the numbers of staff working at the home. This demonstrated that sufficient staff were on duty across the day to keep people using the service safe. We noted that overall these staffing levels had been maintained over preceding weeks. All of the people we spoke with told us that staff responded quickly to nurse call bell requests.

We looked at five staff recruitment files in detail. We saw that each of these had a full record of the recruitment process. We saw potential staff had completed a job application form where they were asked about their previous employment history and the reasons for any gaps in their employment. This meant the provider could see what experience applicants had before their interview. We saw an interview was held with each person. The provider maintained a record of the interview. We saw people were asked questions relevant to their specific role. This meant the provider ensured that staff had the right skills and knowledge and were physically and mentally fit before they were offered a job at the home.

We saw in all five staff files the provider had sought two references for each person employed and made sure one of these was from the last place the person had worked. We also saw the provider had obtained a Disclosure and Barring Services (DBS) check for each person before they took up their position at the home. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. This meant people who used services were protected by people of good character employed by the provider.

The provider's regional manager informed us that the treatment / medicines room was due to have a major refurbishment in the near future. This was so that they would have better storage more workspace and improved ventilation. We noted that the provider had recorded the temperature in the treatment room where medicines were

Good

Is the service safe?

stored to be increasingly warm. The registered manager understood that the high temperatures may reduce the effectiveness of some medications. In order to remedy this, the provider installed a portable air conditioning unit as a temporary measure until the refurbishment took place. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw a copy of the latest medication audit, carried out in September 2015.

The application of prescribed topical medicines, was clearly recorded on a body map, showing the area affected and the type of topical medicine prescribed. Records were signed appropriately indicating the topical medicines had been applied at the correct times. Where people were receiving medicines covertly, there was clear evidence of a multi-disciplinary rationale for this, involving an advanced practitioner from the GP practice, as well as a pharmacist. A mental capacity act decision making process had also been undertaken to make sure decisions were taken in their best interests. Guidance was available to staff on how people should receive their medicines covertly.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, including covert medicines, homely remedies, and 'as and when required' medication protocols. These were readily available within the Medication Administration Record (MAR) folder so staff could refer to them when required.Each person receiving medicines had a photograph and identification sheet, which also included information in relation to allergies, and preferred method of administration. Any refusal of medicines or spillage was recorded on the back of the MAR. All medicines for return to the pharmacy were recorded and stored in appropriate containers. These were collected by contractors on a regular basis who signed these on receipt.

We observed the administration of medicines, and this was undertaken in a safe and competent way. The MAR sheets were checked for accuracy, no errors or omissions were noted. Staff had up to date access to medicines reference publications such as BNF to support the appropriate use at the home.

The service was safe, this was because there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control.

Good

Is the service effective?

Our findings

All of the people we spoke with were happy with the care they received at the home. People said, "You only need to ask." And "The staff are good at looking after them that need it most." One person said, "I can only say they make sure I'm alright - everyday they ask me sometimes twice a day and I don't mind telling them how I'm feeling." Relatives said, "We know the home is caring for (our relative) as best as can be done." And, "I can't complain about anything here and we are always kept up to date with a phone call from (the registered manager or deputy) if anything happens." Staff told us they were effective because they 'worked as a team, 'were well trained' and had 'good communication.' We had an opportunity to talk with a visiting GP, who was very supportive of the home and the standard of care provided. They 'had a good level of trust in the abilities of the staff,' 'was confident in their abilities' and they 'were excellent at palliative care'.

Staff we spoke with understood people's daily routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. We saw that staff were patient, took time to listen to what people told them, and explored ways to support them in the way that people wanted.

The service helped people to remain as independent as possible. There were some adaptations in place to make the environment dementia-friendly such as signage and familiar photographs of the area to help people find their way around the home. The provider's senior manager showed us plans that had been made with the providers for a 'makeover' at the home to improve the facilities for people living with dementia. This included revised signage and best practice recommendations such as using different coloured doors for different areas, having toilet seats and hand rails that markedly contrasted and having specific lighting, carpets and decoration in all areas of the home.

People had access to food and drink. Staff told us menus were based on people's preferences. We talked with the cook who demonstrated that she had an extensive knowledge of people's likes and dislikes. She told us that if people didn't want what was on the menu then there were always several alternatives available. She said some people regularly thought of new things they would like to eat and she did her best to make them. She told us about several peoples meal preferences and was knowledgeable about how these were presented and preferred portion size. We saw that where people had a medical condition or specific dietary need or preference then these were all catered for at the home. Staff told us "Food has to look smell and taste nice when meals are pureed (where people have difficulty swallowing or chewing) or they just won't be interested in it." There were also pictures and photographs which staff used to help people decide their food choices and menus.

People who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST), used to monitor whether people's weight is within healthy ranges, were being accurately completed. When people had lost weight staff had contacted their GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining rooms and in their rooms if they preferred. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining rooms were set out well and consideration was given as to where people preferred to sit. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes; some people had individual menus. People also had the opportunity to eat at other times of the day and night. All the people we observed appeared to enjoy eating the food. One person said the meals were, 'not half bad.'

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider. We found in care plans

Good

Is the service effective?

that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by the provider. The registered manager explained how they had arranged best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support to decide the best way forward. We saw records of these meetings and decisions undertaken.

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the training was relevant and covered what they needed to know. Staff told us they had recently received training on supporting people living with dementia and end of life care.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Some of the care and nursing staff had considerable experience of working at this and other care and medical establishments. New staff spent time shadowing more experienced team members to get to know the people they would be supporting. And this helped to promote good practice and continuity of care. They also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. All the staff were up to date with the provider's mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for staff to complete other relevant training such as how the Mental Capacity Act 2005 needed to be considered in their work and an understanding of DoLS. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid and 'moving and handling.'

All staffs' training needs were monitored through supervision meetings which were scheduled usually every two months. The registered manager told us additional meeting could be held sooner if there were specific areas where staff needed support or guidance. Staff we spoke with during the inspection told us they received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Care staff told us that that the registered manager or deputy carried out an annual appraisal. During these meetings staff discussed the support and care they provided to people and guidance was provided in regard to work practices. Nursing staff told us they received clinical supervision from the deputy manager who was also a qualified nurse. Staff told us that there were opportunities where they could discuss any difficulties or concerns they had and receive guidance and support from the homes management. We saw records to confirm that supervision and appraisal had taken place in line with the provider's policy.

Good

Is the service caring?

Our findings

People who lived at the home, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One visitor said, "I think the way my (relative's) been treated makes such a difference she's looking at lot better brighter and has a must more positive view of life since she's been here." Two other relatives told us their (relative) was 'waited on hand and foot by staff' and staff were always 'cheerful and friendly.' One person living at the home told us, "They treat me well, very well, I've no complaints – I'm proper looked after." Other people we spoke with said they were treated, 'politely and with courtesy.' Staff told us they could demonstrate they were caring because they, 'always listened to what people had to say' and they did their best so that people were 'happy and comfortable' at the home.

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with us about their passion and desire to make sure people had 'the best' quality care. They were empathetic towards the people who used the service and their relatives.

Staff spoke kindly and had a lot of knowledge about people. Some staff had worked at the home for a long time and knew people well. For example, they knew and understood their life history, likes, and their preferences about how people liked to have their care delivered. We observed the relationships between staff and people receiving support and we saw staff consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People valued their relationships with the staff team and said they were 'reliable' and 'hard working.'

All of staff including catering and domestic staff were seen to use a wide range of techniques to develop therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care. We observed that the care provided was person-centred and all of the staff promoted people to be as independent as possible. We saw this had led to people leading active lives and enjoyed meaningful occupation.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff watched their face to gain prompts around when they would like more food and constantly chatted to them in a gentle tone. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly. For example seeing when people wanted to go to a different room, or have more food or drinks. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in encouraging people to take part in activities which they appeared to enjoy a great deal.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes. Staff had completed "My Personal Life History" booklets with each person who wanted to record their life stories. These gave staff a useful insight into the wealth of experiences and accomplishments of the people they were now caring for. We found that staff worked in a variety of ways to ensure people received care and support that suited them. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was an important part of their role. One staff said, "People may not realise themselves so we make sure they always have their dignity."

People were given opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal, or whether to spend time in the lounge or another part of the home. Care plans also included information about personal choices such as whether someone preferred a shower or bath. The care and nursing staff said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people or to update themselves and check the needs of familiar residents.

People were given support when making decisions about their preferences for end of life care and these were

Good

Is the service caring?

recorded in their care plans. The registered manager told us, people who used the service, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. This meant people's physical and emotional needs would be met, their comfort and well-being attended to and their wishes respected. We had an opportunity to talk to a visiting GP, who was very supportive of the home and the standard of care provided; particularly in their approach to palliative care. The registered manager told us that the home was awaiting the results of an assessment for 'Gold Standard accreditation in Palliative care' in recognition of this work. Some of the records reviewed had 'Do Not Attempt to Resuscitate' (DNAR) notices in place where people had decided that they didn't wish to be revived following a serious health incident. These showed that discussion had taken place between the individual, family, and the GP involved.

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. They and their family members were involved in identifying their needs, choices and preferences and how they would be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Person centred planning is a way of enabling people to think about what they want now and in the future. It is about supporting people to plan their lives, work towards their goals and get the right support.

We spoke with staff who told us every person who lived at Holly Lodge Care Home had a care plan. They described to us in detail how people were cared for and showed us how this was written in their care plans. We looked at five peoples' care plans in detail with staff. We saw each person's needs had been assessed and a plan of care written to describe how these were to be supported. The care plans had been reviewed every month by the senior staff or deputy manager to make sure they were up to date and people received the care they needed. This meant staff had the information necessary to guide their practice and meet these needs safely. We saw where possible people were involved in decisions about their care, or where necessary, their family or representatives. We saw that advocacy support arrangements were available for anyone at the home. This meant that people received support to help them make decisions that were best for them.

Where people were at risk, there were written assessments which described the actions staff were to take to reduce the likelihood of harm. This included the measures to be taken to help reduce the likelihood of falls, weight loss and skin pressure damage. Risks to people were therefore reduced.

We talked with staff about the people living in Holly Lodge Care Home. They clearly had a good understanding of the health and social care needs of the people in their care. They explained to us how other health care professionals were involved in the care of people living in the home.

We saw staff kept a daily record of the care that had been provided as well as any changes to a person's health care needs. This meant staff were accountable for the care they delivered to people.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. The service enabled people to carry out person-centred activities within the service and in the community and encouraged them to maintain hobbies and interests. The way that activities were planned and carried out at the home was effective. People enjoyed taking part in these a great deal and the activities co-ordinator researched the backgrounds, experiences and interests of the people resident at the home to make these relevant and interesting. The co-ordinator showed us records of the activities and throughout the home there were photo mementoes of these taking place. When we talked with them about the activities people spoke very positively in particular where these had involved activities with the local community such as open days, garden parties, school choir visits and themed activities events.

The service had good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. Visitors called in constantly throughout our inspection and were welcomed and supported by staff. We found people's cultural backgrounds and their faith were valued and respected and there were links and visits to and from local religious centres.

The provider had clear systems and processes that were applied consistently for referring people to external services. When people used or moved between different services this was planned with the support of staff and the registered manager if required. Where possible people or those that mattered to them were involved in these decisions and their preferences and choices were respected. There was an awareness of the potential difficulties people faced in moving between services such as hospital admission and strategies were in place to maintain continuity of care.

We checked the complaints records on the day of the inspection. This showed that procedures were in place and could be followed if complaints were made. There were no recent complaints about this home. The complaints policy was seen on file and the registered manager when asked, could explain the process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how

Good

Is the service responsive?

they would be managed. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or provider.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager who had been registered at the home for over two years.

People living at the home said the registered manager was 'friendly and approachable.' One person told us, "(the registered manager) calls round all the time to check I'm alright and have a chat – it's very kind of her." Another person told us, "I've been in a few homes and this has the best manager I've seen; she gets things done and sorts out the staff."

A relative told us, "It's a hard job but I appreciate the manager is up to it." Another said, "She telephones us regularly if there's something we need to know – it's reassuring and gives us peace of mind that (their relative) is being looked after."

Staff were complimentary about the registered manager. They said things like, "The manager and the deputy are a good team, they work well together and complement each other," "(The registered manger) keeps on top of what's happening with everyone at the home," "The management team spend time every day talking to people in the home, staff and nurses and checking that everything is alright." Another said "they don't like to miss anything and we pass on what's happening each day at our handover meetings." Staff said they were well-led because they had 'good teamwork' in place, a 'very committed management' team who were 'supportive' and 'client focussed.' Staff told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

The registered manager had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to influence the way the service was delivered. For example, we saw people's representatives were asked for their views by completing service user surveys. The outcome of the survey was displayed in the home with any actions identified as a result of this.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Holly Lodge Care Home. From our conversations with the registered manager it was clear she knew the needs of the people who used the service. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service. We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The registered manager showed us how she and senior staff carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of care. For example, the environment, health and safety issues, how infection control was managed and bath water temperatures to make sure they were not too hot or cold. Audits also included checks on care plans, equipment to make sure it was safe, and administration of medication. We saw records which showed where action was taken following any issues identified through this process.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence these had been reviewed and changes made to the care plans where needed. In this way the provider could demonstrate they regularly checked that the service was the most appropriate placement to safely meet people's needs.

There were management systems in place to ensure the home was well-led. We saw the registered manager was supported by a regional manager and there were regular monitoring visits to the service. The regional manager told us they conducted reviews of other services operated by the registered provider and this system provided an additional layer of auditing and demonstrated there was a culture of transparency and openness in the service. The regional manager told us how issues identified through this process were included in the home's action plan, which was looked at again during subsequent 'audits'. We saw

Good

Is the service well-led?

the provider had management systems in place to support the registered manager including finance and human resources support located at the registered providers head office.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met, such as, department of Health, local authorities, including the speech and language therapy team (SALT), tissue viability staff, occupational and physiotherapists, and nurse practitioners. This meant the staff in the home were working with other services to meet people's needs.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.