Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Holly Lodge

9 Rectory Road, Oldswinford, Stourbridge, DY8 2HA

Tel: 01384373306

Date of Inspection: 29 October 2013

Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Mr Mohammed Iftikhar Ali
Registered Manager	Mrs. Paula Hubble
Overview of the service	Holly Lodge provides accommodation for 23 older people who need support with personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with four people who used the service, four staff and the registered manager.People we spoke with told us that they felt listened to and that if they needed anything, staff were responsive to their needs.One person told us "They are always quick to call people if you're poorly" and described the manager as "very approachable". We saw that care plans were person centred, comprehensive and up to date. People's needs were individually assessed identifying their likes and dislikes. Their care and treatment was planned and in line with their individual needs.

Suitable nutritious food and drinks were available to people throughout the day or on request.We saw staff helping people to eat and drink and these interactions were positive.People's dietary and nutritional needs were being met.

We found that medicines were safely stored, handled and administered.Records in regard to administration of medicines were accurate. We saw that staff were appropriately trained in how to administer medicines.This meant that staff received support to ensure they were confident with the management of medicines. Staff were well trained and knowledgeable about the individuals care needs.Staff we spoke to said they enjoyed their jobs and felt they were supported by the manager.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

People we spoke with were happy with the service they received. People's views and experiences were sought through twice yearly residents' meetings organised by the manager. One person told us that most people had not attended the last one as it took place "When the vicar had visited" .These were arranged by the manager to involve people in how the service is provided.

The home environment was warm, clean and tidy. People's rooms had their own personal items in them creating a homely atmosphere. An activities person was employed to come to the home twice weekly to plan and undertake activities with people at the home. One person told us they, "Enjoyed the singing". A timetable of forthcoming events was on display on posters around the home.

Care was planned and delivered in a way that ensured peoples safety and welfare. Staff we spoke with had a good understanding of people's needs. They were able to tell us about people's care needs and how they were meeting them.

We found that people using the service received their planned care in a professional and safe way. We saw staff had a calm and quiet approach to care giving. Positive interactions were observed between people and staff. Staff supported people appropriately with meals, drinks and personal care in a way that met their needs

Care records contained comprehensive assessments of the individuals needs and had been updated in a timely manner. We saw that care plans were reviewed regularly. Appropriate risk assessments were in place to minimise potential for harm to people. There were risk assessments for nutrition, moving and handling, pressure area care and falls.

During the lunchtime period no staff were present in the dining room for a time after food had been served. We saw that this was an issue for two people who were unable to call for help or reach the call bell and we summoned help on their behalf. The manager told us

staff do not stay in the dining room as people have told them they dislike being watched by staff. We were told that staff stay outside the dining room door and this is less intrusive while people have their meals. The provider may wish to note we tried observing people from this view point and we found "blind spots". This meant that from outside in the hallway some people in the dining room cannot be seen and this may put them at risk of harm.

We saw that people had access to healthcare professionals and that when it was noticed people were unwell a doctor was arranged to call to see them. One person told us "I had a cold last week and they got someone to see me".This meant that care and support was being provided in a way that met changing needs of the individual and supported their health.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We looked at the provision of food and hydration for people at the home. We found that people were provided with a choice of suitable nutritious food and drink.

At lunchtime two main courses and a choice of four puddings were available. A blackboard was situated outside the dining room listing the menu for that day, although this only showed one choice of main meal. The dining room was quiet and pleasantly presented with table linen, condiments and napkins. Most people were able to make food choices with support from staff. Food was served in serving dishes allowing people to see and smell the food. We were present at lunchtime and saw that the food presented to people looked and smelt appetising. People told us after lunch that they found it "cooked well" and that they had "really enjoyed it". A choice of drinks was on offer in the dining room. This meant that people were being encouraged by offering a variety of options to stimulate their appetite and take a balanced nutritious diet.

Drinks or food was not readily available for people to help themselves in the lounge areas. However people told us they were able to access food and drinks from staff at any time. Hot drinks and biscuits were offered by staff mid-morning, afternoon and at supper time so that people had sufficient amounts to drink. Staff told us that one person who was unable to ask for food or drinks was offered extra food and drinks throughout the day.

We looked at care records and saw that people had been weighed regularly. Staff were able to tell us about individual's dietary needs and how they considered this when providing them with food and fluids. Staff we spoke with were able to discuss the appropriate action to be taken to minimise weight loss. All staff had undergone food hygiene training. This meant that staff can identify people who are at risk of poor nutrition or dehydration and plan care to identify how these will be managed.

We spoke with the cook. They told us that food being prepared was from mostly fresh ingredients. They told us that food being prepared had only artificial sweetener added so all meals were safe for anyone with diabetes.

We saw that the home had recently been subject to an inspection by Environmental Health and that it had been awarded a 5 star rating for food hygiene which meant they had achieved an "excellent" rating. This meant that the home was minimising the risks to people associated with poor food hygiene.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medication management arrangements to see if they were effective and safe. We spoke to people but their feedback did not relate to this standard.

We saw that medicines were safely stored in a locked medicine trolley in a secure room. Records of medicines being administered were completed clearly and showed that people had been given their medicines as prescribed. People's allergies were recorded clearly on their medication chart. The medicines storage was neat and tidy and made it easy to find people's medicines. Medicines were disposed of appropriately. Controlled drugs were stored in a locked cupboard. Fridge items were kept securely and we saw daily monitoring of fridge temperature. No room thermometer was in use. Staff told us they would acquire one for use in warmer weather to ensure medicines not being refrigerated were being stored at the ideal temperature to preserve them safely.

We observed staff administering medication to people, appropriately handling medicines and supporting people to take their medication safely. We noted that not all the people being provided with medication were identified by a photograph in the medication file. This may increase the likelihood of administration errors if staff were unfamiliar with the person the medication was prescribed for.

Most medicines were supplied in a monitored dosage storage system (MDS) that clearly stated who the medicine was for. They contained individual compartments for tablets showing the period and day they should be administered. These were delivered to the home on a weekly basis. We were told that the pharmacist conducts two audits of the home's medication annually. The last audit by the pharmacist was undertaken in July 2013. The manager was unable to provide the document relating to this as it had not been received from the pharmacist. We saw that the manager also undertook a monthly audit of medicines. This meant that the provider had a system in place to monitor the administration of medicines.

Some medicines were prescribed to people on an "as required" basis on their medicine chart by their GP. Staff were unable to identify to us what conditions these were being used to treat. Stocks of individuals "as required" medication was not provided in the monitored dose trays. We counted three peoples "as required" stock medications. We

found the figure recorded for level of stock in two out of the three peoples medicines did not match the level of medication recorded by staff. This meant that the system in place for recording when "as required" medications are administered was not robust to ensure that staff know what medication people have received.

We saw that senior carers were appropriately trained to administer medicines. We were told that some people at the home were not receiving an annual review of their condition and medications from their GP. The manager said she has asked that this be organised by the GP surgery. As yet this had not taken place. This meant that some of the people who were in receipt of regular medication or treatment for a condition are not being reviewed regularly by the prescribing doctor. The manager undertook to address this issue again with the GP surgery.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people but their feedback did not relate to this standard.

Staff we spoke with told us that they enjoyed working at the home and that they, "Love working here" and that, "It's like a family". They told us everyone worked well together and that they felt supported by the management team. Staff we met with told us that they had received all the necessary training to provide care in a safe and effective manner. They also told us that they were able to discuss any additional training needs they identified with the manager. One member of staff told us the provider was supporting them to complete an additional qualification which would enable them to access nurse training. This meant that the provider was enabling staff from time to time, to obtain further relevant qualifications.

The manager showed us the home's training matrix. This clearly showed us that training for each member of staff was up to date and when an update was due. We were told most of the staff had also in addition received dementia awareness training. This meant that the provider is enabling staff to acquire further skills and qualifications which are appropriate to the work they perform.

Staff told us that they did not regularly attend staff meetings. The last recorded meeting was in January 2013. The manager told us attendance was sometimes poor at such meetings. Minutes from the last meeting were displayed on the notice board. The manager was planning to organise further dates for staff meetings. Staff identified other ways that information was shared with them. These were at the daily handover, by letter or via the communications board in the office.

The staff we met with told us that they had not received regular supervision. We asked staff how they had been able to address any issues they may have had regarding training, work-life balance or other issues. They told us the manager was available for them to talk over such issues on a day to day basis. They told us the manager had, "An open door policy" and that they were able to, "Pop in anytime" to see them. Staff said they felt listened to and that any issues they had had been dealt with in a professional timely manner. Staff told us they had not been set any objectives or goals in line with their own personal or professional development. We were shown the supervision schedule by the

manager. This showed us that the majority of staff had not been supervised for a period of 18 months and longer. The manager confirmed that they did not undertake an annual appraisal with staff. In the week prior to our visit the manager had completed several supervision sessions with staff. They told us that they plan to supervise staff more regularly in future. This meant that staff were not being properly supervised and appraised.

The provider may wish to note that supervision for staff needs to be provided regularly and recorded. This should be done in a structured format to effectively demonstrate that people's health and welfare is being met by competent staff that are properly supervised and whose performance is to standard.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk