

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

## Holly Lodge Residential Home

8-10 Station Avenue, Bridlington, YO16 4LZ

Date of Inspection: 20 September 2012

Date of Publication: October 2012

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

## Details about this location

Registered Provider	Holly Lodge (Bridlington) Limited
Registered Manager	Mr. Simon Sellers
Overview of the service	Holly Lodge is situated in the town of Bridlington. It offers accommodation to people who have a mental health illness over two separate properties and has a mixture of single and shared rooms. There are several communal rooms and two extensive gardens to the rear of the property.
Type of service	Care home service with 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'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Safety and suitability of premises	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Requirements relating to workers	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## 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 20 September 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

---

### What people told us and what we found

---

People using the service told us that dignity and independence were promoted by staff. They told us that individual activities were organised after discussion with their key worker. One person discussed the newsletter that they published and said that the manager was supportive of their efforts.

People had been assessed in order that they accessed the local community safely, and people were seen coming and going throughout our visit. People also told us that they were able to join in with mandatory staff training such as fire training and infection control. The manager encouraged their involvement as it helped to develop their independence skills. People told us that the manager was good at his job and they could talk to him if they wanted or needed to.

Staff told us that each person had a care plan and the individual concerned had been involved in its development.

Staff were clear as to their responsibilities if someone alleged abuse was taking place.

They told us that they received regular supervision from the manager and an annual appraisal. They said that he operated an 'open door' policy, and staff and people using the service were seen approaching him with regularity and ease.

The environment was seen to be in need of refurbishment in some areas of the buildings and whilst there was no evidence of any risk to people the premises did not promote the wellbeing of the people living at the home.

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](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

People who used the service understood the care and treatment choices available to them.

At the inspection on the 20 September we looked at the care plans for four people using the service. The plans contained information pertinent to the individual. Reviews of the plans were carried out every month unless someone's needs changed sooner when a review was carried out earlier. Staff told us that the care plans were developed with the person they were about. The files also contained information about support received from community mental health workers. Staff also kept daily records and this allowed them to monitor people's support needs over time.

We spoke to people in the communal areas and in their own rooms and they told us that during the day they would follow their own routines and that staff respected their privacy. People told us that dignity and independence were promoted by staff. They told us that individual activities were organised after discussion with their key worker. People who used the service had been assessed in order to ensure that they accessed the local community safely. Information was also made available to people using the service, staff and relatives by a person in the service who produced a newsletter every two months. Several copies of this were seen and it provided evidence that different activities had taken place. The newsletter was also used to announce anniversaries and birthdays of both staff and people using the service.

During the inspection we saw the complaints records and there had been no complaints received in the last year. We spoke with people who used the service and they told us if they had any concerns they would talk to the staff or the manager. Information was available within the service about advocacy services and the Independent Mental Capacity Advisory service. During the inspection the interactions between staff and people using the service were seen to be positive, friendly and relaxed.

The manager told us that people were encouraged to visit the home before deciding to move in. This allowed them to understand that they may have to share a room and make

their decision accordingly.

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

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

At the inspection on the 20 September 2012 we looked at four care plans. These documents covered all aspects of people's daily lives. This included personal relationships and social needs as well as the support required on a day to day basis. The care plans reflected any changes in people's needs. People told us that staff helped them when they needed it.

Staff told us that each plan was developed where possible with the person concerned. Staff also told us they tried to ensure that people's dignity and human rights were respected throughout the care planning process. Staff said the care plans were reviewed monthly and this task was carried out with the individual's key worker.

We found that health and social care professionals had been consulted where necessary to ensure people had the benefit of expert advice and knowledge. For example, people told us that they had been to see their community mental health worker and a specialist doctor to review their medication. The manager told us that staff worked as key workers and it was the key workers responsibility to ensure people attended medical appointments and any follow up appointments they had.

The care plans contained very little equality and diversity information. The manager was aware of this and said that they would look to develop the assessment form to ensure it included more open questions that would encourage people to be more honest about their life on admission. This in turn would lead to better provision of services for them.

**People should be protected from abuse and staff should respect their human rights**

---

### **Our judgement**

---

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider has taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

### **Reasons for our judgement**

---

People who used the service were protected from the risk of abuse, because the provider has taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

At the inspection on the 20 September we spoke with people using the service. They told us they felt safe in the home. Several people were very clear that if they had any concerns they would tell the manager.

Staff spoken with were clear as to their responsibilities if someone alleged that abuse was taking place. Staff told us they had received training in safe guarding adults, the Mental Capacity Act 2005(MCA) and in Deprivation of Liberty safeguards(DoLs). The safeguarding policy was seen and it was in line with the local authority policy.

A safeguarding incident that had happened within the previous 24 hours was dealt with appropriately in conjunction with the local authority.

The manager helped people with their personal allowances. Records of monies coming in and going out were kept along with receipts of any money spent. This helped to ensure that monies were held safely and securely.

We saw evidence that staff have had proper checks to ensure they were suitable for work with people who may be vulnerable. There was also a whistle blowing policy in place. Staff understood this policy would protect them if they had to make any complaints about the service.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

## **Reasons for our judgement**

---

At our inspection on the 20 September 2012 we found some of the environment was in need of refurbishment. The accommodation is provided in two houses. The properties were next to each other although there they have never been linked.

Number ten is used for people who were more independent or thinking about moving to more independent accommodation. Whilst the property was not unsafe several internal areas were in need of refurbishment. In the kitchen and sitting area, the carpet tiles were badly stained and the chairs were tatty and heavily marked. During the inspection we made the manager aware of other work that needed to be completed on the environment to ensure it remained safe for people who lived there.

Number eight provided accommodation for people who needed more support. There was evidence that the environment was being updated

The provider may find it useful to note that several areas of the accommodation were in a poor state of repair. There was no evidence of any risk to people. However these premises did not promote the wellbeing of the people who lived at the home.

**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**

---

Staff received appropriate professional development.

At the inspection on the 20 September 2012 we looked at four staff files and they contained evidence that staff receive training in different areas. Training covered fire safety, equality and diversity, medication, challenging behaviour, food hygiene, manual handling and training in the protection of vulnerable adults(POVA). The manager produced a training matrix for all staff and this allowed him to ensure staff remained up to date with their training.

People who used the service told us that they were able to join in with mandatory training such as fire training and infection control. The manager encouraged their involvement as it helped to develop their independence skills.

Staff told us that they received regular supervision from the manager and an annual appraisal. They told us that supervision gave them an opportunity to discuss any issues they had at work. A staff member told us the manager could always be contacted. He operated an 'open door' policy and staff and people using the service were seen approaching him with regularity and ease.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had a system to partially assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

People who used the service were asked for their views about the care and treatment and they acted on it.

We spoke to people using the service and they told us they were invited to residents meetings regularly.. Minutes of these meetings were seen and these contained details of the discussions held. Minutes were also seen of staff meetings. People also have the opportunity to provide feedback via an annual questionnaire and through the review of their care plan. Questionnaires were also sent to relatives and professionals involved in the service. One comment received from the survey included "I am full of admiration for your staff and your management of Holly Lodge. A heartfelt thanks"

Evidence was seen to show that they carry out regular health and safety checks in line with the manufacturers guidelines on the equipment used to ensure it remained safe to use.

A record of incidents and accidents was kept. With each accident the manager had completed a lessons learned document so that everyone could understand why something had happened. The manager told us that he carried out regular audits of the staff training, care plans, medication and accidents. There were no audits for the environment although the manager was aware of tasks that needed completing. The audits seen were all hand completed and stored on paper, the manager may benefit from being able to access and store all the records on a computer.

There have been no complaints since the last inspection. People told us that if they had any concerns they would discuss them directly with the manager or their support worker.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

---

### Our judgement

---

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

---

### Reasons for our judgement

---

Appropriate checks were undertaken before staff began work.

At our inspection on the 20 September 2012 we looked at four staff files. They contained all the documentation required to ensure someone was suitable to be employed to work with vulnerable people. All the records seen contained a criminal records bureau disclosure and the manager confirmed that no-one started their employment until a disclosure form had been received. The disclosure forms were seen to be stored in line with guidance from the criminal records bureau.

Staff told us they had waited for their disclosure before starting their employment.

## 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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

**✗ 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---