

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Hollylodge Residential Home

1 Ton Road
Coed Eva
Cwmbran
NP44 7LF

Date of publication – 7 October 2009

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Registered provider:	Gwyneth Virgo Nanette Virgo
Registered manager:	Gwyneth Virgo
Number of places:	29
Category:	Care Home - Older Adults
Dates of this inspection episode from:	June 2009 to: 11 September 2009
Dates of other relevant contact since last report:	
Date of previous report publication:	30 December 2009
Inspected by:	Louise Powell
Lay assessor:	

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

In order to determine whether or not the home was complying with The Care Homes (Wales) Regulations 2002, and National Minimum Standards for Older Adults, the inspector implemented a number of methodologies, namely:

- Review of Self-Assessment Documentation provided prior to the inspection visit.
- Representative questionnaires.
- Staff questionnaires.
- Case tracking.
- Direct observation.
- Environmental review.
- One announced inspection visit.

Present at the time of the inspection visit was the Registered Provider, Registered manager and deputy manager.

The inspector would like to identify that a proportionate approach was taken to the inspection. The focus was therefore on those areas that may have had a greater impact on the health, safety and welfare of service users.

Hollylodge Residential Home was a large detached two-storey building set in its own grounds, on the outskirts of the town of Cwmbran.

At the time of the inspection episode the home was registered to accommodate 29 older adults (aged 65 years and over) who required dementia personal care.

The home provided individual accommodation and communal facilities over two storeys.

Furnishings and fixtures were noted to be of acceptable quality, domestic in nature and in keeping with the style of the building.

The grounds, including car-parking facility were maintained, attractive and accessible to most service users.

On the day of the visit the home was noted to be clean, tidy and free from any offensive odours. The inspector noted evidence of refurbishment based on a priority of need.

Review of self-assessment documentation identified compliance with statutory training. Information provided included an up to date training matrix, including reference to additional study sessions, which had been undertaken by staff members.

The Registered Provider and Registered manager provided for inspection a written declaration in relation to compliance with technical certification and testing regimes. A random number of which were selected and reviewed for accuracy.

Self- assessment documentation indicated that the home had a formal process of internal quality assurance audit.

During the inspection visit, the inspector noted the friendly, homely atmosphere which facilitated open communication between the Registered manager, deputy manager, staff members and service users.

The inspector gave verbal feedback, to the Registered manager at the end of the inspection visit in relation to any matters that arose.

The inspector would like to thank all concerned for making her feel welcome and for their co-operation throughout the inspection process.

Choice of home

Inspector`s findings:

Self-assessment documentation indicated that the home had a Statement of Purpose and Service User Guide that had been revised and were therefore not reviewed at the time of the inspection episode.

The inspector was informed that pre-admission assessments of all potential service users, were undertaken in order to determine the homes capacity to meet their individual needs. Evidence of which was provided, and reviewed, at the time of the inspection visit.

It was noted that the day to day management, and running, of the home lay with the Registered manager who in turn was supported in her role by a deputy manager.

The inspector was informed that the deputy manager and senior care staff were currently undertaking the assessment, planning, implementation and evaluation of individualised care.

Referral mechanisms were in place for the relevant services to ensure the home was able to meet the individual needs of each service user. Specific reference was made to the district nursing service, and community psychiatric nurse, for those individuals with identified nursing needs.

The inspector was also aware of development of strong links with other members of the primary health care team such as the General Practitioners, dentist and podiatrist.

Service user contracts of terms and conditions of residency were not inspected at the time of the inspection episode.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Planning for individual needs and preferences

Inspector`s findings:

At the time of the inspection visit the inspector undertook a review of 2 service user care documentation and the following observations were made :

- It was noted that care files were organised.
- Evidence of pre-admission assessment was noted. However, it was identified that following admission to the home no further assessment of need was undertaken. In discussion it was agreed that this process needed to be reviewed so that the home could evidence a process of ongoing assessment of need which could then be reflected in appropriate plans of care.
- A number of risk assessments were undertaken, however, on review of the manual handling assessment it was agreed that a more detailed process was required.
- Care plans were noted to be detailed and informative.
- Evidence of service user involvement in the care planning process was noted.
- Evidence of review and evaluation of care delivery was noted.

The inspector would like to acknowledge the homes endeavours to continually improve and develop their care documentation processes.

It was noted that individual staff and home records were maintained in line with the Data Protection Act 1998.

It was identified that access to current service user care files was restricted, as they were stored in the staff office.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

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Good practice recommendations:

The Registered persons are to ensure that the assessment of need is kept under review.

The Registered persons are to review the homes manual handling risk assessment to ensure a more robust process.

Quality of life

Inspector`s findings:

The inspector was informed that the home endeavoured to maximise service user's capacity to exercise personal autonomy and choice. The daily routines were flexible and varied to suit service user expectations, preferences and capacities.

During the inspection visit, the inspector observed interaction between service users and staff and noted that their needs/requests were managed in a calm and dignified manner. The atmosphere in the home was noted to be homely and welcoming. These observations were re-enforced by comments recorded on relative/representative questionnaires that had been completed as part of the inspection process.

Review of relatives/representative questionnaires indicated that comments were generally positive in nature particularly in relation to staff attitude and care delivery

Service users spoken to at the time of the inspection visit were very complimentary about the home, particularly the staff team and the standard of care they delivered.

The inspector noted that service users had been able to personalise their individual accommodation with their own possessions.

The inspector was informed that since the last inspection episode the home had employed an activity co-ordinator who worked 3 mornings a week (between the hours of 10:00- 11:30). It was confirmed that a programme of activities was implemented with a focus on group and individual events. It was identified that a record of activity provision, and service user participation was maintained. It was also emphasised that following dementia awareness training the programme was continually being revised to ensure that the activities remained meaningful, and appropriate, to those service users who participated.

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Quality of care and treatment

Inspector`s findings:

The home had referral mechanisms in place to ensure that service users received appropriate access to specialist medical, nursing, psychological and clinical services.

Review of care documentation indicated that the home implemented a number of assessments, and risk assessment tools, in order to determine care needs, including the need to refer to other health care professionals.

The inspector was informed that service users were assisted/escorted in attending NHS appointments.

The Registered manager also indicated that service users had monthly reviews undertaken by the General Practitioner.

In discussion, the inspector was informed that service users were offered three full meals a day, plus snacks and hot/cold drinks which were appropriate to their requirements.

Service users spoken to on the day of the inspection visit were complimentary about the quality, quantity and choice of food provided.

At the time of the inspection episode the management of medications was not audited. However, as part of the self-assessment process the home did provide an internal audit. The inspector was also informed that staff members who administered medications had undertaken specific training.

The manager provided for inspection a written declaration in relation to compliance with technical certification and testing regimes. A random number of which were selected and reviewed for accuracy.

Review of self-assessment documentation identified compliance with statutory training. Information provided included an up to date training matrix, with also made reference to additional study sessions, which had been undertaken by staff members.

The inspector was informed that a record of all falls/incidents was maintained. It was also identified that a monthly audit was completed.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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Staffing

Inspector`s findings:

On the day of the inspection visit, it was noted that the number of care staff was appropriate to the assessed needs of the service users, the size, layout and purpose of the home.

Review of the staff roster indicated the use of some abbreviations which were not consistently accompanied by an explanation key. This made it difficult to establish the role/capacity and hours worked by staff members.

Self-assessment documentation indicated that all staff had either a POVA 1st or enhanced criminal record bureau check in place. It was also indicated that three yearly renewals were actioned when required.

At the time of the inspection visit a review of one staff personnel file was undertaken and it was noted that appropriate recruitment procedures had been followed.

It was identified that the home had an induction programme, which was commenced on day one of employment, evidence of which was noted in staff personnel files.

As previously indicated the home maintained a record of all training undertaken.

Self assessment documentation indicated that all staff had formal supervision, on alternate months, along with an annual appraisal. Documentary evidence was not reviewed at the time of the inspection visit.

As part of the inspection process some staff were given the opportunity to participate through the completion of questionnaires. On review of those returned it was noted that staff felt that they were supported in their role.

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The Registered persons are to ensure that the homes staff roster clearly identifies the roles/designation and hours of work for all staff members. The use of any abbreviations also requires clear explanation to avoid any confusion.

Conduct and management of the home

Inspector`s findings:

The Registered manager had a wealth of experience within the care sector.

SAF documentation also made reference to a process of continual educational development for both the Registered Provider and Registered manager.

The inspector was informed that there was an “open door” policy in place. There were clear lines of accountability and the staff structure was clearly defined in relation to roles and responsibilities.

During the inspection visit, the inspector noted the friendly, homely atmosphere which facilitated open communication between the Registered manager, deputy manager, staff members and service users.

At the time of the inspection episode, compliance with Regulation 27 of The Care Homes (Wales) Regulations 2002, which requires the Registered persons to facilitate a visit to the home to establish an overview of regulatory compliance, could not be evidenced. This was not as a result of the visits not being undertaken but due to them being of an informal nature there was a lack of documentary evidence. However, during the inspection episode an appropriate report format was developed and it was agreed that all future visits would be recorded. It was also agreed that periodically throughout the inspection year a copy of the report would be forwarded to CSSIW.

Self- assessment documentation indicated that the home had a formal process of internal quality assurance which included a number of monthly audits including service users/representative questionnaires.

Financial procedures were not reviewed at the time of the inspection episode.

A copy of the homes insurance policy was provided for inspection.

An audit of service user’s monies was not undertaken at the time of the inspection visit.

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New requirements from this inspection:

Action required	Timescale for	Regulation number

	completion	

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The self-assessment documentation, submitted as part of the inspection process, indicated that the home had not received any formal complaints since the last inspection episode.

The home had comprehensive policies/procedures in place in relation to the protection of service users from abuse.

The inspector was informed that members of the staff team had attended protection of vulnerable adults training, on a rolling programme, depending on availability. Documented evidence of which was provided for inspection.

Review of self assessment documentation indicated that the Registered persons had an awareness of the Deprivation of Liberties Safeguards (DoLS) that came into force in April 2009. However, it was agreed that formal training sessions would be sourced. The plan being for all staff to attend, on a rolling programme based on a priority of seniority.

It was also noted that the development of specific DoLS policy/procedures had begun. It was confirmed that documentation would be finalised following attendance at study sessions.

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Requirements which remain outstanding:

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New requirements from this inspection:

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Good practice recommendations:

The Registered persons are to access training specific to the Deprivation of Liberties Safeguards.

The physical environment

Inspector`s findings:

Hollylodge was situated on the outskirts of the town of Cwmbran and was close to local amenities.

The grounds were kept tidy, attractive and accessible to most service users.

During the inspection episode a full review of the environment was not undertaken. However, during the visit the inspector was able to make a number of observations.

The home had individual accommodation, and communal space over two storeys.

The Responsible Individual informed the inspector that requests for specialist equipment/aids were made via the district nursing service and medical loans department of Gwent Healthcare Trust. However, it was not clear whether equipment such as air mattresses had been serviced annually. It was therefore agreed that the Registered manager would liaise with the district nursing team to ensure that a service history could be provided.

During the inspection visit, the home was noted to be clean, tidy and odour free.

Furnishings and lighting were noted to be domestic in character and of acceptable quality. The inspector was informed that there was a programme of on going refurbishment/repair based on a priority of need.

On review of a random number of bedrooms it was noted that each one was individually decorated in a manner that was appropriate to the style of the building. Evidence of personalisation of individual accommodation was also noted.

Review of the sluice facilities, which were located on both floors, identified the need for the provision of appropriate hand washing facilities, which was organised during the period of the inspection episode.

It was noted that a number of communal toilet and bathroom facilities did not have appropriate liquid soap dispensers. It was agreed that this would be addressed as a matter of urgency, due to the need to limit the risk of cross infection. During the inspection episode CSSIW was informed that the situation had been rectified.

A review of bathroom facilities identified the need to address the damage to the enamel of 1 bath because of the risk of cross infection. It was agreed that appropriate action would be taken as a matter of urgency.

At the time of the inspection visit a review of the laundry facilities was not undertaken.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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