

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 – 13th August 2010

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Care and Social Services Inspectorate Wales

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Home:	Hollylodge Residential Home
Contact telephone number:	01633 866326
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:	26 April 2010 to: 23 July 2010
Dates of other relevant contact since last report:	None
Date of previous report publication:	7 October 2009
Inspected by:	Louise Powell

Introduction

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

The Registered Providers were Gwyneth Virgo and Nanette Virgo.

The registered manager was Gwyneth Virgo who demonstrated the relevant experience, knowledge and skill required to undertake her role.

Ms Virgo was supported in her management role by the deputy manager who had delegated roles and responsibilities.

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.

Service users had access to secure outside space.

There was available car parking space to the front of the building.

Summary of inspection findings

- The management style was open and inclusive.
- The daily routines were flexible and varied to suit service user expectations, preferences and capacities.
- The home was noted to be clean, tidy and odour free.
- There was an ongoing process of review, replacement and refurbishment in regards to furniture, fixtures and external building.
- Service users spoken to at the time of the visit were very complimentary about the service delivered and staff team.
- These comments were also reflected in questionnaires completed by relatives/representatives.
- Appropriate policies/procedures to guide service delivery and practice were evidenced.
- Robust quality assurance measures were implemented.

What does the service do well

The Registered persons had invested in the development of the staff team, and service provision, by the recruitment of a training development officer. The approach to training

had become more proactive and structured. Training accessed linked into statutory requirements and specific service user need. Comprehensive records were maintained and each staff member had a training file. It was proposed that developments would extend into staff supervisions, with amendments planned to methods of recording discussions, and ultimately annual appraisals.

It was noted that quality assurance measures were implemented. These included seeking the views of service users and their relatives/representatives. It was evident, from documentation provided that the outcome of any discussions, requests, observations or suggestions were considered and feedback formally given. The rationale behind the decision making process was clear.

What has improved since the last inspection?

There continued to be investment in the internal and external structure, furniture and fixtures.

As indicated there had been an investment in staff skills and experiences.

What needs to be done to improve the service?

a.) priorities

No regulatory requirements were made

b.) other areas for improvement

No good practice recommendations were made.

Ms Virgo indicated that she continued to review the activity programme and proposed to introduce further opportunities for meaningful activities for service users with dementia.

Discussions around care documentation emphasised the Registered persons need to review the way service users needs are recorded and their care planned.

Inspection methods

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 unannounced inspection visit.

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

This was re-enforced with further discussion with the registered manager.

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

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

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 noted 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 aware 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

Good practice recommendations:

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 a recognised system of assessment, based on the “activities of daily living” were implemented.
- A number of recognised risk assessment tools were implemented.
- A process of review and evaluation was evident.
- Daily documentation was completed and indicated how needs were being met.

However, in one instance documentation did not clearly portray the difficulties, in managing one service user, whose needs had changed over a period of time. Entries did not consistently reflect the input from staff. The documentation did therefore not reflect how the home had identified and managed changes to this persons care.

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:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Quality of life

Inspector`s findings:

The home endeavoured to maximise service users' 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-inforced by comments recorded on relative/representative questionnaires that had been completed as part of the inspection process.

The home being referred to as being "friendly", "I cannot find fault with them".

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.

It was confirmed that a programme of activities was implemented with a focus on group and individual events. In addition, 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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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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.

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.

During the visit to the home the inspector observed the lunchtime meal. It was noted that staff assisted service users who required help in a calm and dignified manner. Meals looked appealing and appropriately portioned. Discussions were held in regards to the presentation of pureed meals and it was agreed that practice would be reviewed to ensure that food remained appealing.

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.

Since the last inspection the company had appointed a training development officer. Documentation identified a statistical analysis of statutory and extended training completed, and also made reference to a planned programme of ongoing training which was based on the needs of service users and development of the staff team.

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

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:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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.

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

A review of staff personnel files was not undertaken at the time of the inspection episode, however, the inspector was aware of the robust policies/procedures that were in place.

Since the last inspection the home had invested in the employment of a training development officer. A planned and structured approach was being implemented in meeting statutory and extended training requirements and providing opportunities for further training.

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 supported in their role.

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:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

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

Self assessment 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 deputy manager, staff members and service users.

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.

The inspector was aware that since the last inspection episode the Registered persons had formalised visits under in accordance with Regulation 27 of the Care Homes (Wales) Regulations 2002.

Financial procedures, including the management of service users’ monies, were not reviewed at the time of the inspection episode.

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

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

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.

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

Good practice recommendations:

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.

Requests for specialist equipment/aids were made via the district nursing service and medical loans department of the local health trust.

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.

As part of the inspection activity a thematic infection control audit was undertaken. The findings based on self assessment documentation, and observations made on the day of the visit, have been recorded at the end of this report.

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

Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by 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. It 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. Those Regulations which CSSIW believes to be key in bringing about change in the particular service 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 CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

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

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

- Staff had attended specific infection control training and had access to appropriate protective equipment.
- Communal areas of the home were noted to be clean particularly toilets and bathrooms which had appropriate washable surfaces.
- The home had not received any complaints or concerns in regards to cleanliness or management of infections.

What does the service do well?

- The inspector was aware that the Registered persons reviewed the environment on a daily basis.
- Feedback from service users and relatives/representatives indicated that a homely comfortable friendly atmosphere/environment was maintained despite the requirement to ensure attention to infection control practices.
- At the time of the visit the home was noted to be clean, tidy and odour free.
- There was a process of ongoing renewal and refurbishment.

What needs to be done to improve the service?

a.) priorities

No regulatory requirements were made.

b.) other areas for improvement

The use of pedal bins for all waste products was discussed and it was agreed that these would be provided where there was an increased assessed risk.

The use of liquid soap dispensers and paper towel holders in service users bedrooms would be provided following an assessment of increased risk.

Inspection methods

- Review of Self-Assessment Documentation provided prior to the inspection visit.
- Representative questionnaires.
- Staff questionnaires.
- Wider discussions with service users.
- Wider discussions with relatives.
- Wider discussions with staff.
- Case tracking.
- Direct observation.
- Environmental review.
- One unannounced inspection visit.

Quality of care and treatment

Inspector`s findings:

At the time of the inspection visit the home was not managing any infectious conditions.

It was noted that mattresses were appropriate covered with waterproof covers. There was a programme of routine cleaning and replacement.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Staffing

Inspector`s findings:

Self- assessment documentation indicated that all staff had undertaken specific infection control training.

Staff were observed wearing disposable aprons and gloves when appropriate.

Staff were observed to be wearing appropriate uniforms.

There were dedicated cleaning and laundry staff appointed.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Conduct and management of the home

Inspector`s findings:

The home had specific policies and procedures in relation to the management of infection control and the prevention of cross infection.

The internal quality assurance processes included a review of the premises on a daily basis. Any areas of concern identified were dealt with based on a priority of need.

The Registered persons informed the inspector that there was no specific financial budgets set, however, as previously mentioned actions were taken promptly based on need and risk.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

Concerns, complaints and protection**Inspector`s findings:**

In specific relation to infection control there had not been any complaints or Protection of Vulnerable Adult referrals made since the last inspection episode.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None

The physical environment

Inspector`s findings:

The home was noted to be clean, tidy and free from odour.

All service users accessed their own toiletries.

It was confirmed that a number of toilet/bathroom and shower facilities were due to be up graded as part of the refurbishment of the existing home. It was agreed that areas of greater need will be prioritised.

Staff had access to a sluice facility for the appropriate management of commodes. It was noted that since the inspection activity separate hand washing facilities had been installed.

The laundry facility which housed appropriate equipment, and there was evidence of appropriate management of soiled and dirty laundry with the area being segregated into a clean and dirty area. Staff had access to hand washing facilities. It was agreed that the flooring needed re surfacing following the replacement of new equipment.

The use of pedal bins for all waste products was discussed and it was agreed that these would be provided where there was an assessed risk.

Staff had access to appropriate liquid soap and paper towels in communal bathrooms and toilets but not in all service users` bedrooms. This was discussed and it was agreed that an assessment of risk would be undertaken and appropriate action facilitated.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

None