



Inspection Report on

Hollylodge Residential Home

**Hollylodge Residential Home
1 Ton Road
Cwmbran
NP44 7LF**

Date Inspection Completed

14/02/2024

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About Hollylodge Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Virgo Care Homes Ltd
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are complimentary of the services provided at Hollylodge Care Home. The atmosphere is welcoming with people settled and content. A suitably qualified and registered manager runs the service. Staff are dedicated, kind and caring. The responsible individual (RI) is a visible presence. People can participate in regular activities and visit the local community to shop, eat out and attend hobbies. There is on-going investment in the environment to ensure it is clean, safe, and well maintained. Some improvements have taken place since Care Inspectorate Wales's (CIW) last inspection although, further work on people's care plans and staff recruitment practices is needed.

Well-being

People are treated with dignity and respect. The service adopts a smaller community living approach which is supportive of people living with dementia. People's social histories and or photographs are outside many of the rooms, which provides staff with information to support positive engagement. During our visit, we saw people receiving sensitive and compassionate support. Relatives are complimentary of the staff saying, *"they can't fault them"* and *"staff go above and beyond"* and describe the service as *"Home from Home."*

People receive the support they need to maintain their health and wellbeing. The service works collaboratively with healthcare professionals to support people. Personal plans are not sufficiently informative to support people to achieve their outcomes. As, they fail to outline how people want their support delivered. The RI acknowledged further work is needed. People told us the food is good but if individuals prefer alternative food options are available.

People are not fully safeguarded as staff recruitment practices need strengthening. Arrangements to monitor accidents, incidents and complaints are in place. Risks to people are assessed and safely managed so they are supported to stay safe, and their freedoms respected. The manager reports significant events to the relevant agencies. Staff recruitment needs further work to ensure vulnerable adults living at the service are fully protected.

People are stimulated and engaged in meaningful activities. Designated activity staff are employed to provide a timetable of events. During our visit, we saw people engaged in activities. People are supported to maintain contact with their family and friends. A relative told us, *"Special events for residents and family are organised. My relative enjoys trips out of the care home as they can access a wheelchair friendly vehicle."* On the day of our inspection people enjoyed a visit from a singer to celebrate Valentines Day.

The environment is clean, safe, and well maintained. The service supports individuals living with dementia. The layout of the environment supports people's independence. Signage is present throughout the property to support people with orientation. Staff have attended enhanced dementia training to support them to carry out their duties.

Care and Support

Peoples plans need development to include their likes and preferences and how they want to be supported to achieve their personal outcomes. This information can be vital for care staff supporting people living with dementia who may not be able to express their wants or needs. At our last inspection, we identified further work was needed to peoples plans.

Staff report when they deliver care and support to people via electronic systems. We found there is no overview by the manager or RI of how often a person receives personal or oral care. Plans viewed did not specify timescales for assistance rather they made a generic statement for example as often as required. People are at risk of receiving inconsistent care and support without their plans containing clear directions for staff.

Personal plan reviews do not gauge if the service is meeting their personal outcomes. Routine reviews of people's plans are taking place. There has been improvement in consultation with families and others as part of the review process. The service's statement of purpose sets out that an initial six weekly review is carried out following a person's admission to the service. Although without personal outcomes being documented it is difficult to assess the progress made to achieve them.

Staff support people in a sensitive and respectful manner. A keyworker system provides each person with a designated staff member, which supports consistency and familiarity. During our visit, we found the atmosphere at the service was relaxed and there were no indicators that there were insufficient staff on duty. We saw genuine, warm, and positive interactions between staff and residents.

An electronic system oversees and audits the management of medicines. Staff receive training to ensure they are competent to use the system. Each persons medication plan sets out how each person prefers to take their medication. As required "PRN" protocols are built in which further safeguard people. Regular medication audits are taking place.

Environment

People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. Adapted bathrooms improve people's accessibility. Communal lounges provide people with an alternative room to spend their time. The garden has raised beds to enable people to be involved in growing plants and a patio area provides the opportunity for them to sit out in warmer weather.

Systems are in place to identify and mitigate risks to people's health and safety. On-going safety checks and maintenance of equipment is conducted on a regular basis. Arrangements are in place to ensure the environment is clean and safe. During our inspection, repairs and redecoration was taking place. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. The service has a current food standards agency (FSA) rating of four which defines food hygiene standards as good. Regular fire training and evacuations are conducted. People have personal emergency evacuation plan (PEEP) in place to inform staff how to move individuals in an emergency.

Leadership and Management

Governance systems are in place which support the running of the service. The manager is registered with the workforce regulator, Social Care Wales. A deputy manager makes up the management team. Both have worked in the care sector in various roles for a number of years. The responsible individual works at the service to support the management team. Staff are complimentary of the support provided to them by the management team.

There are arrangements for the oversight of the service through on-going quality assurance. Routine audits take place which review the service. The RI visits the service during which they speak with residents, staff, and relatives. Satisfaction surveys are routinely conducted to gain people's views and opinions of the service. A quality of care review is completed which informs improvements and the development of the service. There is a lack of information in the review to identify where the quality and safety of the service is being compromised. This will enable the service provider to identify areas of weakness that require improvement. The RI has identified the quality review format needs further work.

At our last inspection, we identified that staff recruitment practices need strengthening. We examined two staff personnel records and found selection and vetting processes require further work. We discussed our findings with the RI. A recruitment officer has been appointed who will take on future recruitment of staff. In addition, they will be responsible for staff's Social Care Wales registration. It is expected this will make systems more robust.

Staff's training and development is monitored. Staff training is on-going. All staff receive an induction into the service's ways of working. Refresher training is completed for individuals in core areas such as fire, manual handling, and first aid. The service providers are currently reviewing staff training. We saw evidence that all care staff are registered with Social Care Wales. Staff receive supervision in their role to help them reflect on their practice and make sure their professional competence is maintained.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
15	People or their representatives are not always included when a personal plan is being prepared. The personal plan does not always consider how the individual will be supported to achieve their personal outcomes.	Not Achieved
35	Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit to work at the Service.	Not Achieved
21	The service provider has not ensured that care and support is consistently provided to support the unique needs of individuals. The service provider has not ensured that staff receive appropriate training to understand cognitive impairment.	Achieved

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