



## Inspection Report on

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

## **Date Inspection Completed**

13/01/2023

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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	11 <sup>th</sup> December 2019
Does this service provide the Welsh Language active offer?	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

Hollylodge is a residential home which supports people living with dementia. A new manager and deputy manager have been appointed since our last inspection. People and their representatives we spoke to are happy with the care and support they receive in a *'very clean, very friendly and very welcoming'* environment.

We have identified areas of improvement in staff recruitment and ensuring care and support meets people's personal outcomes and specialist needs. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

## Well-being

People are happy with the care and support they receive, and family members are complimentary of the service. People speak positively about their relationships with care staff; *“staff are friendly and caring”*. People told us they enjoy living at the home and the food is nice. People have their own rooms which are personalised, giving a homely and familiar feel to the service. Overall, people are treated with dignity and respect and people receive appropriate, kind and caring support from staff, however, we saw an isolated incident whereby an individual’s dignity was compromised. People enjoy regular family visits and participating in activities, with seasonal events and activity co-ordinators who facilitate individual and group activities, within the service and local area. We saw an individual being supported in discussing family memories. The service providers are working on reintroducing family newsletters to strengthen communication opportunities.

The service is split over two levels. This enables smaller, community living which is supportive for people living with dementia. The service has social histories and photographs of people outside most of their rooms, which provide staff and people with information to support positive engagement. We observed high noise levels on the day of the inspection in dining areas which could be distressing for people living at the service.

Personal plans which inform staff how people must be supported are detailed and regularly reviewed. People are supported to be as healthy as possible, through referral and contact with other health and social care professionals as required.

Staff are provided with safeguarding training and the staff we spoke to understand their role in protecting people. The service responds appropriately to any safeguarding issues.

## Care and Support

The process for admitting new people into the service is thorough and well planned. Care staff have access to a digital system to ensure care staff can provide care and support in line with people's personal plans. Personal plans are clearly written and reviewed in a timely manner. Plans contain all the information and risk assessments required to ensure care staff know what a person may experience and what actions to take. Personal plans show that people receive support to access social and health care professionals when needed and are registered with a local general practitioner (GP). However, personal plans are not written with people supported by the service and so their wishes of how their support should be provided and their personal goals and outcomes are not clearly documented. We also saw detailed social histories outside their rooms, which were not accessible to staff in all personal plans. We saw that daily records provided functional information about care and support provided to people. We saw an isolated incident whereby an individual's dignity was compromised. Whilst no immediate action is required, these are areas of improvement, and we expect the provider to act.

We saw care staff interacting positively with people throughout the inspection visit. Care staff are committed and motivated to provide good care and we observed empathetic and patient approaches. People choose where to spend their time throughout the day and call bells were consistently answered promptly.

Service providers have systems in place to safeguard vulnerable individuals for whom care, and support is provided. Staff are trained to respond to events and refer on to the relevant agencies where required. Arrangements are in place for staff to act in the best interests of individuals who may be unable to consent to care and support.

Staff use an electronic medication system and receive training to ensure they have the necessary skills to administer medication safely. We sampled medication administration records (MAR's) and found systems are in place for the safe management of medication within the service. We saw that medication is stored safely and care staff complete medication records accurately. The provider liaises with the GP and pharmacy for any required changes to prescriptions or methods of administering medication. The service provider however has recognised the electronic medication system can be complex for staff to use and is currently reviewing alternative systems for the service.

## Environment

Overall, the service was maintained to a good standard of cleanliness and repair. There are spacious lounge and dining rooms which are well maintained and support people's needs. The bathrooms are well-equipped to meet the needs of people. Bedrooms are personalised, with photos of loved ones and ornaments. People can access an outside area with sufficient space to socialise. The responsible individual (RI) told us that bedrooms are redecorated as they become available and maintenance staff follow a plan for refurbishment for the service.

We saw that information boards within communal areas were not being fully utilised to provide orientation for people. The dining areas also had high noise levels on the day of the inspection, which poses difficulties for people with specific needs and affected the mid-day meal experience. Whilst no immediate action is required, these are areas of improvement, and we expect the provider to act.

Overall, people benefit from a safe and secure environment. The front door is kept locked, and health and safety checks are undertaken to ensure the home is a safe place to live. Regular fire drills and checks of fire alarms take place at the home. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency.

Infection control arrangements are in place. All care staff receive appropriate infection control training. Visitor's temperatures are checked upon entry. Staff follow Public Health Wales (PHW) guidelines and recent infection outbreaks have been dealt with efficiently. Personal Protective equipment (PPE) and hand sanitising stations are available throughout the service. Detailed risk assessments give information to care staff on how to undertake tasks appropriately to reduce risk.

## Leadership and Management

A new manager has recently been appointed to oversee the day to day running of the home. The manager is suitably qualified for the role and is registered with the workforce regulator, Social Care Wales. The manager is supported by a recently appointed deputy manager. The responsible individual (RI) is in regular communication with the manager. Staff told us that the management team are approachable and are always there to support staff when required. An external health and social care professional told us the management team are '*efficient and approachable*'.

The statement of purpose (SoP) is specific to the service. The service provider amended the contents of the SOP during the inspection to ensure that it accurately reflected the service provided. The RI visits the service and spends time talking with people. The quality-of-care review is completed in a timely manner and identifies areas for development and improvement of the service. The service responds within timescales to any complaints and keeps records of accidents and incidents. We saw that the service provider has arrangements in place to ensure sufficient oversight of the service.

Throughout our visit, we saw enough care staff on duty. Agency staff are used to cover absences when required. Staff personnel records mostly contain information required by regulations to ensure they are safe and fit for work. Staff are supported to register with Social Care Wales. Disclosure and Barring Service (DBS) checks are in place and current. However, risk assessments undertaken regarding delayed DBS checks or absence of references lacked detail. Some staff files did not have full employment histories recorded or verified reasons for leaving previous employment with vulnerable adults. We did not see evidence of robust checks for agency staff. Whilst no immediate action is required, these are areas of improvement, and we expect the provider to act.

Care staff are suitably trained to provide care and support. Newly appointed staff complete an induction programme which includes training and shadow shifts. Staff are also supported and encouraged to complete the All-Wales Induction Framework to register with Social Care Wales. Care staff told us the service can be proactive in securing training which focuses on the individual needs of people receiving care and support within the service. However, staff are not currently receiving enhanced training to fully meet the needs of individuals with dementia. This is essential to ensure that care and support is delivered in a way which meets the needs of all individuals at the service. Whilst no immediate action is required, these are areas of improvement, and we expect the provider to act.

Care staff receive regular supervisions and appraisals with their line manager. This provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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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.	New
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.	New
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.	New

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