

Staywood Limited

Holly Tree Lodge Care Home

Inspection report

3 Eastgate
Scotton
Gainsborough
Lincolnshire
DN21 3QR

Tel: 01724762537

Website: www.hollytreelodgecare.co.uk

Date of inspection visit:
05 August 2019

Date of publication:
29 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Holly Tree Lodge is a residential care home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 40 people, some of whom may be living with dementia.

People's experience of using this service and what we found

People living at Holly Tree Lodge were happy and well cared for. People felt safe and were encouraged to be independent with all areas of daily living. Staff provided support in line with people's diverse needs. People received their medicines as prescribed and systems were in place to ensure these were administered according to best practice guidelines.

Recruitment checks were carried out to ensure staff were suitable to work in the service. Staff had received training and support to enable them to carry out their role. Staff were kind and caring and promoted positive relationships with people within the environment. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity and were also supported to maintain their safety and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had positive links with health care professionals, which promoted people's wellbeing. Care and support were tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care and spoke positively about the service.

The registered manager led by example to ensure people received a good service. People and staff told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 07 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Holly Tree Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Holly Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, senior care worker, two care workers, the chef and maintenance worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data and policies and procedures. We received feedback from three professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.
- People and their relatives told us they felt safe, a person told us "It's fabulous for me, I am very satisfied and I am safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed appropriately and reviewed on a regular basis.
- Records related to managing risks were present and completed within care plans. There was information available for staff, where people had specific health conditions and how to manage risk associated with them.
- The equipment and environment had been checked for health and safety, were safe and well maintained.
- Fire safety was managed effectively. There were personal evacuation plans in place for each resident.
- The provider monitored accidents and incidents across their services to identify any trends or patterns. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

Staffing and recruitment

- Staff were recruited safely; appropriate checks including PIN checks for nursing staff were carried out to protect people
- There were enough staff available to meet people's needs.
- People received care in a timely way. Feedback from people was positive, comments included, "The staff couldn't do enough for me."

Using medicines safely

- Safe systems were in place for the ordering, checking, storing and disposing of medicines. Records were fully completed and showed people received their medicines as prescribed.
- Only qualified nursing staff were responsible for supporting people with medicines.
- Monthly medicine checks helped ensure medicines were stored and used appropriately.

Preventing and controlling infection

- The provider had systems in place to prevent and control the spread of infections. Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.
- The environment was clean and free from malodours to prevent the risk of people acquiring infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were regularly reviewed to make sure care and support was delivered appropriately.
- Care plans and risk assessments provided staff with information to meet people's basic care needs.
- Staff worked with guidance and information from health professionals such as community dietitians and GPs. This promoted people's well-being and helped staff deliver effective care and support
- Staff we spoke with had a good understanding of the potential risks to people and how to mitigate them, for example, staff ensured people who were at risk of pressure damage had the appropriate equipment in place and received regular pressure area checks.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- The provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice.
- Staff felt supported in their role, they received regular supervision and clinical supervision, appraisals and attended meetings to develop their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs.
- People were supported to maintain their independence with eating and drinking. Staff encouraged people where needed.
- People said the food was good and they enjoyed socialising and chatting to each other in the dining room. Comments included, "The food is lovely," and "I can't fault the food. I have never been so well looked after."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. A visiting health professional told us, "The carers and nursing staff are good at identifying any changes in need. These changes are explored with the appropriate medical professional and referrals are made when needed."

- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care plans.
- People's changing needs were communicated with their relatives.

Adapting service, design, decoration to meet people's needs

- The home was homely and pleasant. People had been encouraged to personalise their rooms with furniture and ornaments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- We saw people were offered choices about their daily routine such as where they sat in the home.
- Staff asked for people's consent before supporting their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for and supported by staff that were kind, patient and respectful. Interactions between staff and people were natural and showed positive relationships had been developed.
- People were valued as individuals. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Staff communicated in a caring and compassionate way. They gave people time to respond.
- People and relatives were happy with the care provided and praised the staff. Comments included, "The staff are very good. I have enjoyed every minute of being here" and "The staff are spot on, they can't do enough for [name]."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to make decisions about their care and were involved in planning areas of care delivery. Contact with people's relatives was maintained and the service kept them informed of their relative's wellbeing. One relative told us, "They communicate well with me and tell me about any changes."
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive way to offer assistance.
- People looked well-presented and cared for. Staff supported people when necessary to make sure they were clean and appropriately dressed
- Care records were kept securely, so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care. Staff could tell us details about people's needs, the support they required and the person's preferred routines.
- People's care was regularly reviewed to ensure people received appropriate support.
- Staff had developed relationships with people and talked to them about their interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recognised. Information was available in an accessible format to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of social and leisure activities and follow their interests to avoid social isolation.
- People spent their time in the main areas of the home and enjoyed the garden when the weather was warm.
- People were supported to maintain relationships with those close to them; relatives confirmed they could visit any time and felt welcome. One relative told us, "There's no set time to visit, visitors can come whenever they want."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support

- People who were being supported with end of life care had their up to date care needs recorded and available for staff and visiting healthcare professionals.
- People's religious and cultural beliefs were considered, recorded and respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service. One person told us, "The manager is lovely, she often walks around and sees us."
- Staff were happy in their work, they understood the provider's vision and worked as a team to deliver good standards. They told us they were listened to and felt supported by the registered manager. Regular supervisions and meetings were completed to promote staff development.
- The registered manager worked collectively with all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people. A professional told us, "[Name of registered manager] is always approachable and we have developed a good working practice that is open and honest. Communication allows for sharing of knowledge, legislation and policies."
- The registered manager was clear about their vision for the home and used the home improvement plan to plan and drive forward improvements to support good outcomes for people.
- The registered manager had submitted notifications as required by duty of candour legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and responsibilities. The service was organised and well-run; people were treated with respect and in a professional manner.
- Daily handovers and regular communication helped staff and management share information to plan and coordinate how people's needs would be met.
- Governance systems drove improvements in the quality of the service. Action plans were completed from these to ensure the quality of the service was maintained and the registered manager told us this was an area of ongoing development.
- Regular checks ensured people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Team meetings provided an opportunity to share information, discuss people's needs and coordinate the

care and support provided.

- Everyone we spoke with told us the management was approachable and staff enjoyed working at the home.
- Links with outside services and key organisations in the local community were well maintained. Events were well attended by the local community.

Continuous learning and improving care; Working in partnership with others

- Lessons learnt were communicated to the staff and used as learning opportunities to drive improvements in the service.
- Staff shared good relationships with professionals to ensure good outcomes for people.