

Holly Tree Lodge

Holly Tree Lodge

Inspection report

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Date of inspection visit:
19 August 2020
24 August 2020

Date of publication:
24 September 2020

Ratings

Overall rating for this service	Good ●
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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

Holly Tree Lodge is a residential care home providing personal care to 10 people with learning disabilities at the time of the inspection. The building was spread across a main house and three additional and separate bungalows.

The service was registered for the support of up to 14 people. This is larger than current best practice guidance. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home.

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

People living at the service were happy and liked the staff that provided their care and supported them.

People felt safe because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced people's risks as much as possible. There were enough staff to support people with their care and support needs. The provider carried out key recruitment checks on potential new staff before they started work to ensure they were suitable.

People received their medicines and staff knew how these should be given. Checks were in place to ensure that medicines were given safely and stored correctly.

Staff supported people with meals and drinks, ensuring that people had enough to eat and drink and were involved in making choices and helping to prepare them.

Staff used protective equipment, such as gloves and aprons to prevent the spread of infection. The service had gained advice regarding the use of face masks during the current covid-19 pandemic. We advised the registered manager to include these decisions in people's risk assessments.

Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

Staff kept care records up to date. Complaints and concerns were dealt with and resolved.

People, staff and relatives were asked their views of the service and action was taken to change any areas that they were not happy with. The provider had systems in place to effectively monitor and bring about improvements in the service. Concerns were followed up to make sure action was taken to rectify the issue.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The service had implemented training on these principles to embed the values within the staff team

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 inadequate (published 23 April 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, the team leader, and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including action plans, audits, staff rotas and meeting minutes. We received feedback from one professional 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) and Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 13.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training.
- Relatives told us they felt that people were safe living at Holly Tree Lodge. One relative said; "I am very confident that [person] is safe. [Person] relies on the staff totally and for everything."

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, people had risk assessments with information about their health conditions which gave staff clear guidelines to follow. These were reviewed regularly as part of the registered managers audit of care plans.
- People had risk assessments in place for different behaviours which people may exhibit. Staff were able to explain how these behaviours may present, triggers to be aware of, and how to support the individual.
- People had been assessed using a dependency tool which identified times in their day they needed staff support. This ensured that the registered manager and senior staff could ensure that there were enough staff on shift to ensure everyone was supported safely.

Using medicines safely

- Staff received training in how to give people their medicines safely. Staff now also received spot check observations by senior members of staff.
- Medicines were administered and checked by two members of staff on duty. The same two staff checked stock levels were correct and consistent with the paperwork.
- Medicines were stored securely in a locked staff area. The senior on shift ensured that the cabinets and room door was locked and kept the keys on them at all times.

Preventing and controlling infection

- The registered manager informed us that staff were not wearing PPE (personal protection equipment) in line with the current national guidance published in response to the covid-19 pandemic. They had discussed

this with the local authority and professionals working with people in the service and had agreed that the use of PPE increased other known risks to people. We recommended that this decision be documented in people's care plans. This is in line with the updated guidance from Public Health England in response to working with people with learning disabilities.

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. Staff used PPE, such as gloves and aprons to support people with their personal care, and when supporting people to prepare meals.
- Staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. In response to the covid-19 pandemic, common touch points, such as door handles, and handle rails were cleaned more frequently. The home was clean, tidy and smelled pleasant.
- The service had been redecorated in all communal areas since our last inspection. People's bedrooms were due to be redecorated, however this was currently on hold until the current lockdown restrictions are lifted.

Staffing and recruitment

At our last inspection we found that systems were either not in place or robust enough to demonstrate staff recruitment processes were safe and effectively managed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were enough staff on duty to support people safely and we saw they had the skills to meet people's needs. The registered manager told us that the numbers of staff on duty had increased due to the impact of covid-19 as people were staying at home during the day.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed. There had recently been a large intake of new staff. Staff told us that they had not been able to start work until their employment checks had been completed.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager had taken action following accidents or incidents to reduce the risk of these reoccurring.
- The service had introduced a daily flash meeting which updated and reviewed any events which had occurred in the last 24 hours. This enabled senior staff to follow up on any actions in a timely manner.
- Staff told us that any learning from events was discussed at team meetings and also showed us where this learning was documented and shared with staff.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found that systems were either not in place or robust enough to demonstrate the need for consent was effectively understood and managed. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

- Staff had received training in the MCA and demonstrated good understanding of how to promote choice and gain consent. Staff ensured that people were given choice, and when necessary given adequate time to process information before making decisions. We observed this frequently throughout the day.
- People had mental capacity assessments in their care plans which had been updated to be specific about the decision being made.

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

- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to read when needed and it helped them better understand how people's specific needs should be met.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. People had been given the opportunity to contribute to new documents in their care plan to inform staff of their needs and choices. Staff told us that they had the time and opportunity to read people's care plans to ensure they were well informed.

Staff support: induction, training, skills and experience

At our last inspection we found that systems were either not in place or robust enough to demonstrate staff training and support was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- All staff, both newly employed with the service and experienced staff have completed the mandatory three-day induction training since our last inspection. The training matrix showed that almost all staff had also completed training recognised by the service as mandatory, including epilepsy awareness and diabetes. Staff also told us that they received spot checks and observations as part of their training programme to ensure good practice,
- Staff had all received specialised training in Positive Behaviour Support (PBS) since our last inspection. Key workers were receiving tailored PBS training designed to meet the needs of the individual, which was delivered by professionals who work with that person.
- Staff members received supervision as individual meetings and they said they could contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs. The registered manager had implemented a supervision planner so that all staff knew when their next supervision was due, and to keep track of how many days had passed between supervisions.

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

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The service had recently had all communal areas decorated and looked bright and clean as a result.
- The service had made adaptations to the service to ensure that people could move around freely. This included hand rails and a stair lift. The stair lift had been serviced by an external contractor to ensure it remained safe for people to use.
- People had the opportunity to decorate their own rooms how they chose. The bedrooms were very different and reflected the personality and preferences of the person living there. People were proud of their bedrooms and it was clear that they enjoyed showing them off to visitors. We asked one person why they had no curtains and they informed us that they did not like curtains and liked to be able to see outside.

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

- People were included in the planning and preparation of their meals. During our inspection we observed lunch time preparation, and everyone was given the opportunity to choose the food they wanted to eat and be supported to prepare it. On the day of our visit everyone ate a different meal.
- People and staff told us that they had been trying new foods, and each week had a different food item. The dining room was a lively atmosphere and people seemed to enjoy the experience.
- People who needed support to eat and drink safely had input from speech and language therapists (SALT) and / or dieticians. People had their weights monitored and diets adjusted where appropriate.

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

- People had a health support plan in their care plans which provided staff with information on how to support people to live healthier lives. This document informed staff of people's health care needs and conditions, the healthcare professionals involved and gave guidance on when people may need to visit their

different professionals.

- People had a hospital passport in their care plans in the format of a traffic light system. A traffic light system highlights to professionals and staff information they must know, with the most critical information contained in the 'red' section. This document would go with a person either to hospital or health appointments.
- People were referred to health care professionals for advice and treatment, for example to psychiatrists, psychologists, dieticians and speech and language therapists.

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 inadequate. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection we found that systems were either not in place or robust enough to demonstrate choice, respect and valuing people was effectively managed. This placed people at risk of harm. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

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

- During our observations it was clear that people felt supported and were treated well. People enjoyed engaging with staff and we witnessed positive communication between staff and people both verbally and with their body language.
- People were happy living at the service. One person told us, "The staff do very well and are good to me."
- Another person was very proud of their painted nails and told us that one of their staff painted their nails whenever they want. This shows that staff understand what is important for people and ensure that people are given the opportunity and time to fulfil their needs.
- A member of staff told us that they had been allocated to work with a person as one to one support. That person is non-verbal, however, often responded to staff using their first language. This member of staff was fluent in that language so has been able to build up a positive working relationship with them.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- Staff encouraged people to be as independent as possible. One person told us that staff waited outside their shower room whilst they showered and talked to them so that they knew they were there. This was to offer reassurance to the person and promote their independence.
- We saw staff asking people for their permission before supporting them, for example a member of staff asked the person if they wanted help with their meal and gave that person time to answer.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas

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

- Staff told us they provided care to people in a way that each person preferred. Staff confirmed that they gathered this information both from people's care plans and from asking people and getting to know people. Staff had enough time to support people and in the way they wanted.

- People were supported to make choices about their care throughout the day.
- The registered manager was proactive in ensuring that people had access to advocacy support if needed and had supported two people in the service to apply for an advocate. An advocate is an independent person who helps people make choices about what is right for them.
- Relatives told us that staff and the registered manager contacted them and kept them updated and involved in what was happening for people.

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 inadequate. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found that systems were either not in place or robust enough to demonstrate personalised care that promoted the principles of registering for the right support. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. People had been included in the development of new documents within their care plan, for example people were asked what is important for staff to know about them, and information about their life.
- Staff told us that they worked with people to ensure that they had choice and control over the way people wanted to be supported.
- Relatives we spoke with were satisfied that people living in the service who do not communicate verbally have their needs and preferences met. A relative told us, "Staff know exactly how [person] is feeling and what [person] 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

- At the time of our inspection visits were restricted, due to the covid-19 pandemic. We observed people speaking to their relatives on the telephone to arrange contact. Visits were currently being held through the gate to minimise the risk and spread of infection.
- The service had introduced an activity schedule which gave people living in the service the opportunity to discuss what activities they would like to partake in. This was an agenda item during the service user meetings, and everyone was encouraged to contribute to the activity schedule.
- People were not currently accessing their usual day time activities and we observed different activities going on within the service. People who needed support to access the community were accompanied by staff. Other people in the service had risk assessments in place to support them to be able to access certain activities in the community on their own.
- The registered manager informed us in the PIR that someone had recently expressed an interest in visiting the United States of America. Staff were working with them to plan a trip, including the necessary budgeting.

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.

- Staff used a range of communication methods to communicate with people living in the service. This included picture exchange communication systems (pecs) and Makaton, which uses signs and symbols to help people communicate. Staff also spoke in a person's first language, used hand gestures, and simple words and phrases to communicate.
- We observed a positive use of the pecs system when a person came to the office and presented staff with one of their picture cards. Staff were knowledgeable in this exchange and the person was able to get their needs met quickly and appropriately.
- People had information about their use of communication in their care plans. This also included information on how people may communicate if they are unhappy, and the facial expressions and gestures they may use to alert staff.
- One relative told us, "[person] only communicates with expressions and [staff] know how to read them."
- The service had policies and guidance available in easy read format for people to use.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people to follow and this was also available in an easy read format to aid with people's understanding.
- A relative we spoke with told us that they had recently made a complaint and were satisfied with the way the registered manager had resolved it. This complaint had been recorded appropriately in a complaints log.

End of life care and support

- Staff gave people the opportunity to discuss their end of life wishes and future planning and record these in their care plans. Staff now also recorded in this document if people had decided against having this discussion.
- At the time of our inspection one person living at the service was receiving end of life care. This person had clear plans in place which had been agreed by the doctor, relatives and staff in the service. We spoke with their relative who told us, "[Person] receives exemplary care from the staff. They keep [person] comfortable, they have kept [person] alive".

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 inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found that systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- The provider had employed a specialist consultant to support them to identify areas of the service which needed to develop. These areas were included in an urgent action plan which had been used to make immediate improvements to the service.
- Processes to assess and check the quality and safety of the service were now being completed regularly by both the registered manager and the provider. The registered manager carried out audits, which meant they regularly identified areas of the service that required improvement. Actions put into place following these audits ensured that improvements were made.
- Records of complaints, accidents and incidents were analysed to find trends or themes. This enabled the registered manager to take action where needed and reduce reoccurrence.
- The registered manager had taken action to address concerns we identified in our previous inspection and we found there was an improved atmosphere and work ethic in the service. We found people interacting positively with staff and enjoying these interactions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood the requirements of their role and was up to date with the latest best practice guidance. This included guidance in relation to oral care, which the staff had included in people's care plans.
- The registered manager was supported by senior staff working within the service and the nominated individual. The registered manager had employed a number of new staff since our last inspection, including a team leader. This made sure improvements needed since our last inspection were made and the registered manager was supported.
- Relatives gave us positive feedback about the management structure. One relative said, "[registered manager] is very approachable, we get on well, I have a lot of time for [registered manager]."
- Staff were clear about their roles and knew when and how to raise any concerns.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events they are

required to. The provider had displayed their inspection rating clearly in the service.

- The provider intended to apply to reduce the number of registered beds in the service from 14 to 10. This was because it is not the provider's intention for people to share bedrooms.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and senior staff were passionate about developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. Staff told us the registered manager had an open-door policy and was always available for discussion or support.
- Staff were also committed to providing high-quality care and support. Staff told us that they would be happy for a relative of theirs to live at the service because; "It is so lovely, really caring, and just like home from home. Staff really care about the service users.

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

- Relatives told us that they were kept involved by the staff and registered manager of what was happening in the service and involved in decisions.
- People had been given the opportunity to provide regular feedback about the service provided. The service held monthly service user meetings which were well attended and ensured that people could contribute to decisions made about the service.
- The service had forged links with a group associated with a local church which some people liked to attend on a Sunday. During lockdown this group had remained in contact with people in the service and had provided support and bibles for the service to use.
- One member of staff who was new to the service told us that they had been encouraged to share new ideas and improvements with the registered manager and provider. They had done this, and their suggestion was immediately put into action.

Working in partnership with others

- Staff worked in partnership with a range of professionals to ensure that people received joined up care. External professionals were satisfied with the progress the service has made since the last inspection.