

Trust Care Ltd

Holly Tree Lodge EMI Care Home

Inspection report

Sceptone Grove
Shafton
Barnsley
South Yorkshire
S72 8NP

Tel: 01226712399

Website: www.trustcare.co.uk

Date of inspection visit:
30 October 2019

Date of publication:
20 November 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 that provides accommodation and nursing or personal care for older people and people living with dementia. The home can accommodate up to 41 people in one adapted building over two floors. At the time of this inspection there were 30 people using the service.

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

People were safe living at Holly Tree Lodge. There were enough staff available to keep people safe and meet their needs. People were supported by staff who had received training in how to safeguard adults from abuse. Risks to people were assessed and staff knew how to manage any identified risks. People were supported to take their medicines as prescribed, however we identified some minor improvements could be made to the way people's medicines were stored. The home was clean and tidy, and people were protected from the spread of infection.

People were cared for by staff who were knowledgeable and skilled. Holly Tree Lodge had been refurbished to help ensure the environment was dementia friendly. People's relatives provided positive feedback about the care their family member received at Holly Tree Lodge.

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. Staff supported people to maintain their health by supporting people to access community health services. Staff worked alongside community health professionals to ensure people received effective care. People's nutritional needs were met, and people were satisfied with the food provided at Holly Tree Lodge.

People and their relatives were positive about the staff team. They told us staff were kind and caring. People were supported by staff who knew them well. Staff treated people with dignity and respect and people were supported and encouraged to remain involved in decisions about their care. People's privacy was respected, and their independence was promoted.

People's care plans were person-centred and contained information about their life history and preferences for receiving care. This supported staff to provide personalised care to people. Staff supported people to take part in activities in accordance with their preferences. They helped to ensure people were meaningfully occupied throughout the day. The provider had a suitable complaints procedure in place and we found complaints had been investigated and acted upon. The provider had systems in place to ensure people who received care at the end of their life were cared for in accordance with their expressed wishes and any pain was effectively managed.

The home was well-run. People were supported by a team of staff who were happy in their jobs and well-supported by their managers. An experienced manager completed a range of regular checks on the quality

and safety of the service. The provider, manager and all staff demonstrated a desire to provide person-centred, high-quality care. People, relatives and staff had opportunities to express their views about the service.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 November 2018). At the last inspection we identified one breach of regulation in relation to medicines management.

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 any 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 EMI 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

This inspection was completed by two inspectors, a specialist advisor and an Expert by Experience. The specialist advisor had clinical experience of nursing care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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.

This service is required to have a manager registered with CQC. If a manager is registered with CQC, this means both the manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection, a new manager had recently started working at the service. They informed us they were going to apply for registration with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. To help us understand the experience of people who could not talk with us, we used an observation method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care, throughout the day.

We spoke with 10 members of staff, including the manager. We spoke with two community health professionals and the provider's area manager who all visited the service during this inspection.

We reviewed a range of records. This included four people's care records and various documents from one other care record. We checked multiple medication records and a variety of records relating to the management of the service, including three staff files and various policies and procedures.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

After the inspection

We sought some more documents from the manager. They were provided in a timely manner and were used to inform our judgements.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the management of medicines was not always carried out in a safe way. This was a breach of regulation 12 (safe care and treatment) 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 12.

- Staff were trained in medicines management and their competency to support people with their medicines safely was regularly checked. We observed staff were patient and respectful when they supported people to take their medicines. People's relatives told us they were happy with the support their family member received with their medicines. One relative commented, "[My family member] is definitely getting their medicines on time."
- People's medicines were safely stored in a locked room within the home. The temperature of the room and the medicines fridge were regularly monitored to help make sure medicines were being stored at safe temperatures. However, we identified some minor improvements could be made to ensure medicines were always stored safely. For example, some medicines awaiting disposal were not stored in a tamper-proof container, in accordance with good practice guidance.
- People received their medicines, as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they had no concerns about their family members' safety. Comments included, "I go away knowing [my relative] is safe" and "Oh yes, [my relative] is certainly safe and well looked after."
- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse and they were all confident the manager would act quickly on any concerns they raised. The manager had made appropriate referrals to the local safeguarding authority, when required.

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

- Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained risk assessments detailing the specific risks posed to them and guidance for staff about how to manage those risks. For example, we found information in people's care records about how to minimise the risk of choking, the risk of developing pressure areas, the risk of malnutrition and

dehydration and the risk of falls.

- We identified people's medicines records could be improved by including guidance for staff about the risks associated with the use of paraffin-based creams and ointments, which may present a fire risk. However, the staff we spoke with were aware of this risk and how to manage it.
- Regular checks of the building and the equipment were carried out, to help ensure they remained safe. The home had safety certificates in place for the premises and the equipment they used.
- Any incidents and accidents were recorded, and actions were taken to reduce the risk of them happening again. The manager analysed accidents and incidents every month, to try to identify any themes or trends. This information was used to help reduce the risk of further incidents.

Staffing and recruitment

- We observed there were enough staff available to keep people safe and to meet people's needs in a timely manner. There was a continuous staff presence throughout the home and staff engaged well with people throughout the day.
- The manager kept the dependency levels of people living at Holly Tree Lodge under review and used this information to help determine how many staff were needed for each shift. They regularly monitored staffing levels and staff deployment throughout the home, to check there were enough staff available to keep people safe and provide person-centred care.
- Some relatives thought there were occasions when it would be better if there were more staff on shift. However, they also told us staff responded quickly to any requests for support.
- The provider used safe recruitment procedures when employing new members of staff, to check they were suitable to work in the home.

Preventing and controlling infection

- People were protected from the spread of infection. The provider had a policy which staff were required to follow to promote effective infection control practices and all staff received training in infection control. Staff wore personal protective equipment, such as gloves and aprons, when delivering care, to help prevent the spread of infection.
- We observed the home was clean and tidy during this inspection.

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 good. At this inspection this key question has remained good. 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

- People's needs were assessed before they moved into Holly Tree Lodge, to check the home was suitable for them. A detailed care plan was written for each person which guided staff in how to care for them.
- People and their relatives were involved in the assessment and care planning process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences.
- People and their relatives were happy with the care they received at Holly Tree Lodge. People's relatives commented, "[My relative] is definitely getting the care they need here", "I'm very happy with [my relative's] care here" and "[My relative] is warm, clean and looked after."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- People and their relatives told us they thought the staff were knowledgeable and well-trained. One relative commented, "Staff are definitely skilled. From what I've seen so far, they've been very good with [my relative]."
- Staff received support and supervision to review their competence and discuss areas of good practice or any improvements that were needed. Staff told us they felt supported by the management team and the provider. They felt able to raise any concerns or questions with them.

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

- When people required a special diet because of medical or cultural reasons, this was catered for. Kitchen staff were provided with up to date information about people's dietary requirements and people's care records contained accurate information about their dietary needs and preferences. However, the summary section of some people's care records needed updating, to ensure it consistently recorded people's up to date nutritional requirements. The manager agreed to address this following the inspection.
- We observed the lunch service during this inspection. Staff supported people to eat their meals in a sensitive and caring manner. For example, they explained to people what was being offered before supporting them to eat it, and they preserved people's dignity by quickly dealing with any spilled food or drinks.
- People and their relatives were happy with the food and drinks on offer. Comments included, "You can't complain about the meals here; they're excellent" and "[My relative] loves the food."

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

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP, district nurses and tissue viability nurses. This supported staff to achieve good outcomes for people.
- The community health professionals visiting the service on the day of this inspection provided positive feedback about the home. They said staff made appropriate, timely referrals to their respective health services and staff followed any advice they were given. This supported people to maintain their health.
- People's relatives were happy with the support their family members received to access other services.

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

- The premises were suitably adapted to meet the needs of people using the service, including people living with dementia. The provider had refurbished the home to make it more dementia friendly. For example, one corridor was designed as a 'woodland walkway' with birdsong playing and another corridor displayed different tactile objects which people could touch and feel.
- Appropriate signage was displayed throughout the building to help people navigate their way around the home. The home had enough bathrooms and communal areas to ensure people could receive the support they required.
- Technology and equipment was used effectively to meet people's care and support needs.

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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The provider had a range of policies in place, to support staff to work within the principles of the MCA. All staff were required to complete training on the MCA and DoLS.
- The manager submitted DoLS applications to the local authority, when necessary. When authorisations were granted or were made subject to conditions, people's care records were updated so all staff were aware. The manager had oversight of which people were subject to such authorisations and when they were due to expire.
- We were satisfied the service was working within the principles of the MCA.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. We observed staff asked people for their consent before they provided them with care and support.

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 good. At this inspection this key question has remained good. 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

- We observed staff interacted with people in a positive way. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. People appeared comfortable in the presence of staff and we observed staff were able to provide effective reassurance to people when they became upset or anxious.
- People and their relatives told us staff were kind and caring. Comments included, "[Staff] are amazing and seem so caring. They are just wonderful" and "[Staff] are very patient."
- It was clear from our discussions with staff and our observations throughout the day that the staff enjoyed caring for people at Holly Tree Lodge. All staff said they enjoyed their jobs and they would be happy for one of their friends or family members to receive care at Holly Tree Lodge.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff supported and encouraged people to make decisions about their care. People were afforded choice and control in their day to day lives. For example, we observed staff asked people what they wanted to do during the day and where they would prefer to spend their time.
- Relatives told us they were kept informed about their family member's care. People and their relatives had been involved in the assessment and care planning process. One relative explained they had a meeting scheduled to discuss their family member's care plan.
- Relatives told us they were always welcomed into the home when they visited. Comments included, "[Staff] welcome you. They make me cups of tea" and "[Staff] have said, 'Come down whenever you want, don't think anything is too much trouble, because it isn't'."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. We observed staff provided people with appropriate encouragement and equipment to enable them to complete tasks for themselves. For example, staff ensured people had access to adapted tableware and this enabled some people to eat their meals independently.
- Staff were respectful of people's privacy and dignity. Relatives commented, "[Staff] seem to treat everyone

with a great deal of respect" and "[Staff] treat [my relative] with dignity and are appropriate with them." Staff knocked on doors and called out before they entered bedrooms and bathrooms. They communicated with people in a confidential manner, to ensure their privacy was respected.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's care records were detailed and person-centred. They were reviewed monthly or sooner, if a person's needs changed. This helped to make sure people consistently received the correct level of care and support and meant people's care plans contained up to date and accurate information about the care they needed.
- Staff used an electronic care planning system which meant all staff had access to current information about each person's care and support needs. Staff were responsive to people's changing needs. They promptly updated people's care plans, as people's needs changed. For example, a person had been visited by a health professional on the morning of our inspection. When we checked the person's care plan we found it had been updated immediately after the health professionals visit, to ensure all staff were made aware of the new recommendations they had made.
- Staff knew people very well and delivered care in accordance with people's preferences. People's care plans contained information about their life history and interests; this supported staff to build positive relationships and bonds with them.

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 met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them. We observed staff communicated effectively with people throughout this inspection.

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

- The provider employed two activity coordinators who arranged a programme of activities to keep people occupied and entertained. People were able to regularly take part in different activities according to their personal preference. Relatives told us staff had taken time to find out what activities people may be interested in and they encouraged them to take part in things they thought they would enjoy.
- We observed staff regularly sat with people and talked to them or supported them to complete various activities throughout the day. Staff supported people to remain engaged and meaningfully occupied with different activities. For example, we observed a staff member dancing with a person, another staff member sat knitting and chatting with a person about what they were making, and another staff member supported

a person to look through a magazine. These interactions were embedded into staff's daily routines, at times when they were not delivering personal care to people.

- External entertainers visited the home to provide entertainment that was of interest to people. People also had access to an activity centre located next to Holly Tree Lodge which staff supported them to visit.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the home and how any complaints would be dealt with.
- We checked the home's complaint records and found complaints were appropriately recorded, investigated and responded to, in accordance with the provider's policy.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff received training in the provision of end of life care. Some staff were in the process of completing additional training in this area and had scheduled a meeting with other staff to share information and knowledge they had gained about end of life care provision.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 requires improvement. At this inspection this key question has 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home is required to have a manager registered with CQC. A new manager had started working at the home around two months prior to this inspection. They confirmed they intended to apply to register with CQC. The manager understood the regulatory requirements and had pro-actively provided information to CQC following significant events at the service.
- Staff were clear about their roles and responsibilities. All staff commented the manager was supportive and they were happy with the way the home was run.
- The manager regularly completed a range of checks on the quality and safety of the service provided. This supported them to identify any areas for improvement. Where improvements were identified an action plan was written and responsibility for ensuring it was completed was allocated to a particular staff member.
- The provider maintained an overview of the home. A senior manager employed by the provider visited the home to undertake their own checks on the quality of the care provided and to make sure necessary improvements were being made.

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 provider and all staff were keen to provide high-quality, person-centred care. They were committed to ensuring people received personalised care which met their preferences. We observed a positive, welcoming and inclusive culture within the home.
- Staff morale was positive and they all told us they enjoyed their jobs. Comments included, "There's no bad points about working here. I love working here" and "We're a good staff team. There's a really pleasant atmosphere."
- People's relatives told us they felt the service had improved since the last inspection. They told us the provider had done a lot of work on the home to improve standards and they thought the home was now well-run.
- The provider was committed to improving the care provided and learning from any incidents or complaints. All staff told us they were confident the manager and provider would act on any concerns they raised.

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

- People, their relatives and staff had opportunities to give feedback about the home.
- Staff were able to share feedback during regular supervision meetings and staff meetings. The registered manager operated an 'open-door' policy and staff could speak with them about any ideas or concerns whenever they wanted to.
- Feedback was obtained from people and relatives via surveys. The results of the surveys were analysed, and this information was used to make improvements to the service. The provider was in the process of developing a similar survey to obtain additional feedback from staff.
- The manager made themselves easily available to people using the service, relatives and staff. Staff told us the new manager was very approachable.

Working in partnership with others

- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.
- The provider had established links with other organisations in the community, such as local religious organisations who visited Holly Tree Lodge to support people with their faith.