

# Care Management Group Limited

# Holly Tree Cottage

## Inspection report

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## 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 Cottage is a small care home providing accommodation and personal care to a maximum of six people with autistic spectrum disorder and learning disabilities. At the time of the inspection there were five people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff supported people to manage their medicines safely. There were enough staff available to support people. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

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.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their needs. Staff received one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. Relatives felt their concerns and complaints would be listened to and responded to.

People, their relatives and staff commented positively about the registered manager and leadership of the service.

There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published September 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### 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 Cottage

## 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.

#### Service and service type

Holly Tree Cottage 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.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We did not request a 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. We gathered this information during the inspection. We used all of this information to plan our inspection.

#### During the inspection

As part of our inspection we spoke to four people about their experiences. We also spoke with three members of staff and the registered manager. We reviewed a sample of people's care and support records.

We also looked at records relating to the management of the service such as incident and accident records, training records, audits and complaints.

After the inspection

We received feedback from four relatives and requested feedback from four professionals who visited the service. We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People had individual risk assessments in place. We reviewed examples of risk management in relation to health conditions and accessing the community.
- We saw one person who had a medical condition did not have a supporting risk assessment in place for being supported in the bath. There was some guidance in the persons care plan and staff spoken with were aware of how to appropriately support the person. The registered manager confirmed a risk assessment had been completed following the inspection.
- Some people could get anxious leading to incidents where they displayed harm to themselves or others. There were detailed care plans in place giving staff guidance on how to respond to people at these times.
- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.
- Two people had uncovered radiators in their bedrooms and no corresponding risk assessments in place. Whilst it was evidence there was no immediate risk to the people relating to the risk of burning themselves on the radiators, the registered manager confirmed they had completed a risk assessment and had arranged to get them covered.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

### Staffing and recruitment

- Staffing levels were based around people's individual needs.
- The service currently had staff vacancies, and they were using agency staff to cover these. The registered manager and staff confirmed the same agency staff were requested to aid consistency.
- Staff we spoke with said the staff vacancies did put pressure on the team at times. However, they confirmed the registered manager helped out when needed. They also confirmed shifts were covered and staffing levels were never unsafe. One staff member told us, "We are using agency because we have to. They try and book the same agency, the ones that work well, they are usually quite good and helpful. We are never in an unsafe staffing situation."
- There was an ongoing recruitment plan in place to recruit new staff. Safe recruitment systems were in place to ensure suitable staff were employed.

### Systems and processes to safeguard people from the risk of abuse

- Not everyone was able to tell us if they felt safe with the staff supporting them. People however looked comfortable in the presence of staff. When asked if they liked the staff, the four people we spoke with said

they did.

- Relatives told us their family members were safe. One relative told us, "Yes, [name] is safe there." Another relative commented, "Definitely safe. No concerns."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally.
- Staff received safeguarding training as part of their induction and had regular updates.

#### Using medicines safely

- Medicines were stored safely and securely. The Medication Administration Records (MARs) we reviewed were completed correctly when medicines were administered. Staff received training in medicines management and their competency was assessed.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had guidance for staff to instruct them when to administer these medicines.

#### Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

#### Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident forms were completed and reviewed by the registered manager who had oversight of the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 care plans were based on their assessed needs and preferences.
- Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs well.
- People's protected characteristics under the Equalities Act 2010 were identified and promoted.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet their needs.
- Relatives told us staff had the right skills to support their family member. One relative told us, "As far as I can tell they are well trained."
- New staff were required to complete an induction to ensure they had the required skills and competence to meet people's needs. The registered manager confirmed the induction was linked to the Care Certificate, to enable staff to understand the national minimum standards.
- Staff commented positively on the training they received. One staff member told us, "The training is really good and thorough, we have refreshers and are regularly updated."
- The training record showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "Supervisions are regular, we run through the guys, how I am finding working with them and any ideas to help them move forwards. The good thing is that you can talk about your wellbeing, how you are feeling, and you feel listened to."

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

- Menus were based on people's likes and preferences, if people did not want what was on the menu they could choose an alternative option. People had individual menus in place where they wanted to choose their own meals daily.
- People's food likes, and dislikes were recorded in their care plans.
- People confirmed they were happy with their meals.
- At the time of our inspection there were no people requiring specialist nutritional support or who were at risk of malnutrition.

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

- The home was suitable to meet the needs of the people.

- People told us they liked their bedrooms which were personalised with pictures and items of their choosing.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Relatives confirmed staff supported them to access healthcare services. One relative told us, "They have always sought appropriate healthcare input."
- Records showed people accessed the opticians, dentist, GP, and hospital appointments when required.

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.

- People had the capacity to make their own day to day decisions and staff respected this.
- When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests and least restrictive. The registered manager was in the process of reviewing all capacity assessments.
- At the time of our inspection, one person had an authorised DoLS and the other four were pending assessment with the local authority. The conditions on the persons DoLS were being met.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us they liked the staff supporting them. One person told us, "Yes they are nice" when asked if they were happy with the staff.
- Relatives told us staff were caring. Comments from relatives included, "They are fantastic, [Name of person] loves it there" and, "I would describe [name of persons] relationship with staff as good. I feel staff do promote caring attitudes."
- We reviewed a compliment from a relative that stated, "Staff are very caring and special people."
- Staff knew people well and spoke positively about their work and the people they supported.

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

- People were involved in making day to day decisions about their support.
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "We are here to help them make choices."
- Relatives told us people were able to make decisions about their care. One relative told us, "[Name of person] can speak easily about their views and decisions reached and staff do support this." Another relative commented, "Always give [name of person] choices. The staff are all fantastic I can't praise them enough."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff knocked on people's bedroom doors before entering.
- People confirmed they could have private time in their bedrooms when they wished. Each bedroom door had a sign on it to state if a person did not want to be disturbed or if they were happy to be.
- One relative told us, "Privacy standards are high, they are treated as an adult." Another relative commented, "They treat [name of person] brilliantly, they treat them as an adult, they have a choice and make their own decisions."
- People were supported to maintain and develop relationships with those close to them.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves. One staff member told us, "We are here to help [people] live with more independence. We are here to support them to have choice, dignity and respect and involve them in their community."
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

# Is the service responsive?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care which met their needs and preferences. People met with their nominated staff member each month to discuss their support. Each week people chose what they wanted to do on each day of the upcoming week.
- Care plans were person centred, detailed and relevant to the person. Care plans included people's sensory needs, important routines and described what people were able to do for themselves and the support they required from staff.
- Staff had a good knowledge of people's needs and preferences. Relatives told us staff knew their family members well. One relative told us, "They know [name of person] very well." Another relative commented, "Staff know [name of person] well, the senior support worker who is also the key worker knows them extremely well and has helped them a great deal."

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 individual communication needs were assessed and recorded in line with the AIS. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication 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 follow their interests and take part in activities of their choosing.
- The service had vehicles available to support people to attend the local community and places of interest. Staff had a good knowledge of the places people liked to visit.
- Staff supported people to engage in employment opportunities in the community.
- Staff supported people to go to church to follow their chosen faith.
- Relatives told us they could visit at any time and they confirmed staff supported them to keep in contact with their loved one.

Improving care quality in response to complaints or concerns

- People told us they would speak to the registered manager, staff or their family members if they were not happy.
- Relatives told us they felt able to raise concerns with staff or the registered manager and they were happy they would be listened to.

- There had been four complaints raised in the service in the past year. These were responded to and resolved.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager was committed to providing person centred care to the people being supported by the service.
- Relatives told us they felt able to approach the registered manager and they were confident they would be listened to.
- Staff told us they were committed to providing person centred care and the best outcomes for people. There was a positive and person-centred culture instilled in the service.
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "We are a good positive team, [people's] wellbeing is our main responsibility, there's a good atmosphere, I really love the job."
- Staff told us the registered manager was always available and approachable. One staff member told us, "[Name of registered manager] is very approachable and friendly, they are always there to answer questions if you have any." Another staff member commented, "[Name of registered manager] is a really fair manager, they are a good boss and will come out and work with us and lead by example."

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 their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was prominently displayed at the service and was clearly in view for people to see.

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

- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits in place to identify shortfalls and areas of improvement.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.
- The registered manager received ongoing support from the provider through supervision and managers meetings.

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

characteristics

- Residents meetings were held for people to express their views and be involved in the running of their home. Items covered included staff changes, activities, how to complain and how to respond to the fire alarm.
- Staff confirmed they attended staff meetings. One staff member said, "You can speak up and are listened to."
- An annual survey was carried out to seek feedback from people, their relatives and health professionals. We saw the results of the survey carried out in August 2019. Action points had been created from the feedback where required and the registered manager monitored the progress of this.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- There were links with the local community. For example, trips to local community facilities such as local shops, church, leisure facilities and days out.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.