Holly Tree Lodge Limited

Holly Tree Lodge Residential Home Derby

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

Holly Tree Lodge provides personal care and accommodation for up to 27 people. On the day of the inspection the registered manager informed us that 26 people were living at the home.

This inspection took place on 15 and 19 December 2016. The inspection was unannounced and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people and older people living with dementia.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service and their representatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

Staffing levels were, in the main, sufficient to ensure people were safe.

People using the service and relatives told us they thought medicines were given safely and on time.

There were systems in place to ensure that the premises were safe for people to live in.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service.

Most staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed on relevant issues in order there was assurance to meet all the needs of people.

Staff generally understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone told us they liked the food served and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People and their representatives told us that staff were friendly and caring and we saw many examples of staff working with people in a kind and compassionate way.

There was some evidence that people and their representatives were involved in making decisions about their care, treatment and support, though evidence was lacking in some care plans.

Care plans were individual to the people using the service and covered their health and social care needs.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people, though activities tailored to people's needs had not been frequently provided.

People and relatives told us they would tell staff if they had any concerns and were confident they would be followed up to meet people's needs.

People, their relatives and staff were satisfied with how the home was run by the registered managers. People, their representatives and staff all said that this was a well led and well run service.

Management carried out audits and checks to ensure the home was running properly to meet people's needs.

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.

People and relatives told us that people were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff. There were, in the main, enough staff to safely meet people's needs. Staff knew how to report any suspected abuse. Medicine had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff had been trained and supported to meet people's needs, though more training was needed for staff to enable them to effectively meet all people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was collaboration with and referral to health services to maintain people's health.

Is the service caring?

Good

The service was caring.

People and their representatives told us that staff were friendly, kind and caring. We observed this to be the case in all interactions we saw. Staff protected people's rights to dignity, independence and privacy. People or their representatives had not always been involved in planning their care.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs. Staffing levels were, in the main, in place to ensure this was provided. Some activities were available to people, though this availability needed to be increased. People and their

relatives told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Good

This service was well led.

People and their relatives told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

Holly Tree Lodge Residential Home Derby

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements you speak my language duly and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people with dementia.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We found that many people using the service were unable to communicate their views on the care provided due to their level of dementia, so we used a variety of methods to inspect the service. We observed how people were supported during their lunch and during individual tasks and activities. 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 observed people and how staff related to them as they supported them with their care needs and activities of daily living throughout the day. We also observed both breakfast and lunch being served in the two dining rooms.

We spoke with seven people living in the service, the registered manager, the deputy manager, two relatives of people living in the service, three care workers, a domestic worker and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

At our last inspection in October 2015 the service was not meeting the regulation we inspected with regard to keeping people safe. We followed up these issues and found that the service had made the necessary improvements.

People told us that staff helped to keep them safe by reminding and prompting them about things. One person said, "There is always someone about and they will say … something if I get up and try to walk about without my frame …so I don't fall."

People told us they felt safe because staff were available and that staff checked on them at night when they were in bed. Relatives also confirmed staff were available and said the premises were secure, with security coded keypads fitted to exterior doors. Staff could see and talk to people in the office, and staff were able to see people walking around the home.

Relatives said the service had supplied them with relevant information about the different types of abuse that could occur. They had been made aware of what action to take if they were concerned, and said they would be confident this would be dealt with.

We found equipment had was being used to promote people's safety. The provider had installed a sensor beam at the bottom of the stairs which activated and alerted staff should someone get on the bottom step and try to go upstairs. Pressure mats were in place in bedrooms to alert staff if people get out of bed in the night.

We observed that staff supporting people to mobilise or transfer used appropriate moving and handling equipment and techniques. Staff told us they always checked hoists and slings before each use. We saw this was the case. We observed that after meals, staff went round the dining room and made sure any spillages on the floor were wiped up.

Staff had been aware of how to keep people safe. For example, to make sure that people were not rushed when personal care was supplied. We saw staff providing support to people walking to make sure they were safe. Staff appeared to understand the help that was needed to maintain safety and wellbeing and this was provided when needed .

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and updated for risks, including for falls, help with moving safely, how to deal with behaviour that challenged the service, and risks of developing pressure ulcers. The staff we spoke with had been aware of their responsibility to report any changes and act on them.

For example, a person was assessed as being at risk of developing pressure sores. The risk assessment included relevant information such as the provision of a specialist mattress, use of a pressure cushion when

sitting and the need to protect the person's skin by the application of barrier cream. We saw the specialist mattress and the pressure cushion in place. There was also information directing staff to regularly reposition the person in bed to protect their skin. We looked at records and these indicated these measures had been carried out.

There was information in a person's care plan that they should be assisted to eat soft foods to ensure they were protected against the risk of choking. We spoke with the cook who showed us relevant information as to people's nutritional needs to ensure the food provided was safe for them to eat. This showed that relevant information was available to staff to keep people safe. We observed staff following these safety issues.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was servicing of equipment such as hoists and fire records showed that there was a testing of equipment and fire alarms. Regular fire drills had taken place. We saw the people did not have personal evacuation plans in place . These outline how to evacuate people safely if a fire occurred. By day two of the inspection visit the registered manager had rectified this and put plans in place.

We observed that staff were competent when assisting people to transfer and walk. They checked both the safety of the hoist and sling before providing assistance. They explained to the person what they were doing throughout the procedure to provide reassurance. Safe practice was also seen when staff assisted people to stand and when using wheelchairs.

Staff also were seen to manage behaviour that could be challenging, in a way that minimised risk of harm. We saw that at lunchtime a person became distressed. The deputy manager spoke calmly and suggested the person had a drink first. As this had no effect and to prevent the situation escalating, the deputy manager suggested going to the person's room to have a lie down, which calmed the situation.

During our inspection visit we found there were, in the main, enough staff on duty to meet people's needs and talk with people. There were short periods of time when there was no staff presence in lounges. After the inspection, the registered manager sent us a staffing needs assessment. This stated that an additional member of staff would be recruited and available in the busy morning period.

People using the service, relatives and staff spoken with all felt there had been sufficient staff on duty to support people's needs. People's needs were, in the main, seen to be met effectively and in a timely manner to help ensure that they were safe from harm. A relative told us, "Whenever you come there is always someone (member of staff) floating about making sure people are safe and they respond immediately if anything happens. Like, for example, someone has spilt tea on the floor and they were there straight away to clean it up so no-one slipped." We observed that people who needed assistance did not have to wait long for a staff member to support them.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This showed that the necessary documentation for staff was in place to demonstrate that staff were safe to supply personal care to people.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that

other professionals outside the service were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own. We saw evidence of an incident where the registered manager had cooperated with the local safeguarding team with regard to a safeguarding incident to keep the person safe.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would go to the manager straightaway." The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations.

Staff told us that people received their medicines at the time they were supposed to get it. Relatives told us as far as they were aware, there had been no problems with people receiving medicines from staff. One person said, "They give you the tablets at about the same time every day and they stand with you to make sure you swallow them."

A system was in place to ensure medicines were safely managed in the service. Medicines were kept securely and only administered by staff that had been trained and assessed as being able to do this safely. We looked at medication administration records for people using the service. These showed that medicines had been given and staff had signed to confirm this.

There were medicine audits undertaken so that any errors could be identified. Temperature checks for the fridge holding medication had been carried out and these were in line with required temperatures to make sure the effectiveness of medication was safely protected.

We saw protocols in place for PRN (as needed) medicines. Protocols ensure that medicine is supplied consistently to people to ensure their health needs are safely met. Protocols are set out by the prescriber, usually the GP.

Good

Is the service effective?

Our findings

At our last inspection in October 2015 the service was not meeting the regulation we inspected with regard to seeking people's consent to personal care. We followed up these issues and found that the service had made the necessary improvements by our observations of care provided to people.

All the people we spoke with told us that staff were trained to give them the help they needed. Relatives were confident staff had the necessary skills and knowledge.
A relative said, "Staff all seem very aware of what caring for a person with dementia involves. In fact they have taught us as a great deal as well about dementia and helped us understand mum."

A staff member told us that staff had regular training in relevant issues such as how to properly move and position people, health and safety and first aid. She said there had been, "An amazing training package on dementia awareness," that had been provided to staff .

Staff told us that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. A member of staff said, "We have had lots of training including refresher training." Staff also told us there were always opportunities to discuss any issues with senior staff to help them provide effective support to meet people's needs.

The staff training matrix showed that staff had training in essential issues such as infection control, protecting people from abuse and moving and handling techniques. There was also evidence that a number of staff had qualifications and others were encouraged to undertake vocational training such as the Care Certificate, which is nationally recognised training, so that they could provide effective care to people.

Staff told us that when they started work they were shadowed by management staff over a number of shifts. Staff said this had been very useful in being shown how to provide care and being able to seek advice on how to effectively meet people's needs. We saw that induction training, such as moving and handling and protecting people from abuse, had also been provided to ensure that staff understood how to effectively meet people's needs.

We saw that some staff had not undertaken training in health conditions such as stroke and diabetes. The registered manager said she would arrange further training. We received information from the registered manager after the inspection which set out that staff would receive additional training. This would mean that staff would be fully supported to be aware of and able to respond effectively to all of people's assessed needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We saw that some staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. Other staff had been booked to attend this training. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The staff we spoke with explained their responsibilities in relation to the MCA.

At this inspection we found evidence of mental capacity assessments for individuals and best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was information in place for assessing people's mental capacity. Deprivation of liberty (DoLs), applications had been made with proper authorisations granted to enable staff to take decisions in people's best welfare interests. Staff told us that even though DoLs had been approved for people, staff still asked what they could do, such as washing themselves. This told us that the service was ensuring that the person could still, as much as possible, make decisions about how they wanted to live their life.

We saw that staff sought people's consent when supplying personal care to them. We observed that staff asked for consent before providing care and support, and where appropriate explained the reason for what they were doing .

We observed breakfast time. All the people had a hot drink of their choice and fruit juice. They were also offered further hot drinks throughout the meal and extra food if they wanted it. Staff encouraged people to eat. Another person was physically able to eat but needed to be informed of what to do at each stage, and staff provided this assistance.

The atmosphere at mealtimes was relaxed and sociable. People engaged in conversation with each other. Staff members encouraged this and there was light-hearted banter between people and staff, which people enjoyed.

When asked if they had enjoyed their breakfast, one person said, "It was lovely. The toast was nice and hot. All the food here is very nice and tasty and we have some lovely drinks - juice, tea, coffee, whatever you want. We ladies all sit together and like to have a good chat among ourselves."

Staff asked people which options they would like to eat for the main course. Some people were unsure of what was being offered and staff explained this. It may have been easier for people to communicate their choice by having some form of pictorial menu to help them choose. The registered manager said this would be followed up.

A relative told us his family member struggled with a knife and fork and it had been agreed that where possible finger food should be provided. This helped the person keep their independence.

When people needed assistance to eat, staff sat down next to them and talked to them explaining what they were doing, going at their pace and making sure they were ready to continue.

One person told us, "This pie is delicious and the vegetables are nicely cooked. The puddings here are always good."

Staff told us that the kitchen was open at all times and people could have a snack or a drink at any time of the day and night should they want one.

Staff provided assistance to people who needed help to eat. For example, they cut food up for some people who needed smaller pieces so they were able to eat themselves. People ate at their own pace and appeared to enjoy their food. The staff we spoke with were aware of people's food choices .

People had eating and drinking care plans which included a list of their likes and dislikes, weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake monitored. When specialist advice was needed we saw evidence that staff referred people to relevant professionals.

People with swallowing difficulties were supplied with soft and pureed food to help them eat the food. The food served appeared of good portion size and was nutritious.

We saw that people were offered drinks frequently by staff. People also told us that drinks were available at any time and we saw that staff encouraged people to drink. This prevented people suffering from dehydration.

The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. She told us that when a newly admitted person came into the home to live, she was supplied with information by management about their nutritional needs and their favourite foods so this could be incorporated into the menu.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

Relatives told us they were satisfied that staff had ensured they had prompt access to health professionals when needed. We saw that management had sought the advice of the community nurse. A person showed us and the assistant manager a red mark on their her wrist. They told us said they had "lost my balance and knocked it". When the community nurse came in to the home, senior management asked for the nurse's opinion and if any treatment was required.

People and their relatives told us the staff were very good at getting the GP to visit should anyone become unwell or hurt themselves. One person said, "If you tell them you don't feel well they listen to you and act on it and will get the GP to call in to see you."

Visitors confirmed staff contacted them if there were any issues or concerns about their relatives' health. A relative told us how the service had worked with the GP to provide a more effective service for his family member; "The manager got us all together…. It has worked well and avoids unnecessary changes."

Another relative said, "They definitely know what they are doing and respond quickly to any changes. For example they talked to me about her various health issues at length and how treatment for one can affect something else. They monitor her well and to be honest her physical condition has improved since she came here."

We looked at care records which showed that people had all the medical services they needed, such as G.P's, hospital services, nurses, opticians and the chiropodist.
For example, staff had alerted the GP to a person being unwell and the GP had visited and prescribed antibiotics. This meant staff had ensured that the person had been provided with effective healthcare to treat their condition.

We spoke with a community nurse. She told us that staff were quick to refer people to nurses and doctors if people's health needed to be assessed. She felt that the care provided to people was very good and she had no concerns about the staff ensuring that people's health care needs were protected.

We saw records of accidents. We found staff had referred people to medical services when they had a potentially serious accident. Staff told us that they were able to alert management staff to medical concerns and these issues were followed up.

Good

Is the service caring?

Our findings

People told us they were very happy with the care and support they received from staff at Holly Tree Lodge. One person said, "I like living here. It's like a second home. They are all such kind, lovely people." Another person told us, "Staff are very kind, caring and understanding. There is nothing here I don't like. They are always very polite and respectful. They ask what I want to do and don't make me do anything I am not sure about."

A relative said, "The family are all really happy with the care here. We can get on with our lives now, knowing mum is being looked after properly. The dementia has got worse but we can tell she is happy and content here." We noted that every relative that had taken part in the relative's survey had indicated that staff treated people with dignity and respect and that staff were always polite and helpful.

Everyone we spoke to told us their rooms and en-suites had been kept clean, which helped to maintain their dignity. We observed this to be the case. Communal areas were also clean and there were no unpleasant odours .

People at the home told us they were supported to retain their independence and this was observed to be the case. Rather than use wheelchairs people were encouraged to walk short distances between rooms using appropriate aids where needed. Staff walked with people to support them. One person said, "They encourage me to do what I can for myself but are there if needed. I can do a lot but have to someone with me to help with the lift."

We noted staff addressed people by name when supporting them or when in conversation with them. This helped to create a caring and friendly atmosphere.

We saw that staff supported people to pursue their religious/cultural beliefs. A person from a religious background told us they were satisfied with how they could live their lives in the service and their religious beliefs were respected. We saw evidence in the person's care plan that the person carried out religious activities during the day. However, full information was not always in place. For example, a person's religion had been recorded but not whether they wanted to follow it. The registered manager said this issue would be followed up.

People's relatives told us that they could visit the home without restriction. One relative said, "Staff make us feel welcome and take a genuine interest in how we are as well as mum. For example, they have asked about me today as they know I have got some health problems at the moment."

People told us that staff treated them with respect and that their privacy and dignity was maintained. This included making sure that doors were shut, and having towels to cover people when they were helped with personal care. We observed that staff were discrete and spoke softly to people when offering assistance with taking people to the toilet. One person said, "They are very good and I cannot fault them on respect and dignity. I don't like being pushed into things but they guide you into it. I can have a bath when I want it and

they are nice and gentle with you. They never rush me and let me do what I can myself."

We observed that staff being respectful and caring in their dealings with people living in the home. There was a consistently cheerful atmosphere. All staff, whether they were care staff, kitchen staff, or domestic staff talked with people in a warm, friendly way and this created a positive and relaxed atmosphere. People coming into communal rooms were all greeted by their names in a friendly and welcoming fashion. We observed that although the staff were busy they found the time to talk with the people they supported. Staff told us that they ensured that people were covered when they were assisting them to use a hoist, therefore protecting their dignity.

The philosophy of care at Holly Tree Lodge was set out in the literature and policies of the service. This emphasised respect for people, encouraging independence, respecting privacy and for people's rights and needs to be respected. This orientated staff to provide a caring service.

Staff said they promoted people's independence by seeing what people could do for themselves, such as being able to wash their hands and faces and encouraging them to do this. A staff member told us, "We make sure that people can do as much for themselves."

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that people who used the service had the opportunity to make choices about all issues. For example, people were asked what food they wanted to eat, such as cereals or porridge for breakfast and people were asked whether they wanted sugar in their hot drinks. Staff asked people where they wanted to sit in the lounge.

These issues showed that staff were caring and respectful in their dealings with people and respected their rights to choose their lifestyles.

One relative told us they had been involved in setting up of the plan when their family member was admitted into the home. However, other people did not have this recollection and their care plans were not always signed by them or their relatives indicating involvement. The registered manager said this would be followed up to ensure that people or their representatives always had involvement in setting up their care plans to enable people's needs to be acted on.

Good

Is the service responsive?

Our findings

People told us that staff looked after and responded to their care and health needs.
We observed staff asking if they were okay or if they needed anything. For people who could not communicate their needs easily, staff recognised individual non-verbal signs or cues. For example, when people needed to use the toilet. One person said, "There is always someone round about and you only have to ask and they (the staff) will do it or see someone about it for you."

A relative said staff listened and always took appropriate action. We observed one person slipping down in their armchair who asked for help. Staff quickly reassured them, got a pillow so that they was in a comfortable position and checked they was alright. A person asked a staff member about their laundry. The staff member responded immediately to this request.

We saw other instances of staff responding to people's needs. For example, a person asked a staff member if they could put food in the garden for the birds to eat. The staff member agreed to do this. We saw a staff member directing a person's hands to their drink when they could not find the tea mug. A person asked if they could have coffee instead of tea and the staff member went to the cook and asked for this and the person was quickly supplied with their choice. A person slumped down in their chair. A staff member noticed this, got them a cushion and helped them to adjust their position so that the person was made more comfortable.

Staff told us they were informed of any changes to people's needs during a 'handover' meeting in the morning and each time there was a new shift. This meant they had the up-to-date information they needed to provide people with responsive care and support.

We looked at care plans for people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. Information was detailed about activities of daily living such as how to communicate with the person, personal hygiene, eating and drinking needs and how to maintain their safety. We saw that turn charts recording action needed to protect people's skin were completed by staff to ensure appropriate and timely care had been provided.

There was also information about people's interests and lifestyle preferences. When we spoke with staff about people's needs and interests, they were familiar with them and were able to provide information about people's likes and dislikes such as when a person wanted tea or coffee. This was an example of providing care that was tailored to the person.

Care plans were seen to be in place and had been reviewed to ensure that care was still appropriate to meet peoples' needs.

Not all staff told us that management staff had asked them to read care plans. This meant they were not fully in a position to respond to all of people's needs. The registered manager said this would be followed

up.

People, relatives and staff told us there had been sufficient staff on duty to meet people's needs. Relatives told us that call bells were answered quickly. We found this to be the case when we observed call bells ringing. We looked at staff rotas. Staffing levels had not been assessed using a formula related to people's dependency needs. The registered manager sent us a formula after the inspection and stated that staffing levels would be increased in the morning period so as to be in a position to fully respond to people's needs.

Relatives told us they were able to visit regularly and were always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

The service had employed an activities person in the past. However, they had left and it was now part of staff duties to provide activities. Staff told us that the activities provided included indoor games such as bowling, exercises, quizzes, music/picture games, reminiscence, feeding the birds, baking and various crafts such as card making. The home also had a secure garden which people could use.

People told us they could choose whether or not to take part in activities. Two people told us that they enjoyed the music and dancing. We saw staff dancing with people. A person had been provided with a cot and dolls which she cuddled and talked to, and she appeared to take pleasure in this activity. We saw staff talking with people and they spent short periods of time engaging them in conversation throughout the day.

We saw a craft session for a small group who were assisted to make a Christmas card for their relatives. There was also evidence of craft work created by people on display in the entrance hall. People told us they had enjoyed making the cards; "It was fun. I am not very good but I did it with help. Really good and we have had a good chat and a laugh." There was evidence that a musical entertainer visited weekly. The notice board showed a list of weekly organised activities to stimulate and engage people. There was also evidence that people had one-to-one time with staff and had been on outings, such as going on shopping trips.

One relative told us "One thing…is that there is no regular programme of meaningful activities arranged here. It seems very intermittent to me."

We also saw records where people's activities were recorded. However, this was limited and recorded day-to-day events such as people speaking to each other.
Staff told us they thought more frequent activities could be provided, such as having more craft and painting sessions, to ensure people were supplied with more stimulation.

The registered manager acknowledged that there was not a lot of frequent activities. She indicated that she would review and increase the activities and look at enrolling a staff member on specialised training to provide appropriate activities to people living with dementia.

No one spoken with had raised or wished to make a complaint. The relatives spoken with said they would either talk with the manager or senior staff if they needed to make a concern or complaint. A relative told us, "(I have) no complaints at all."

We looked at the complaints book which contained a small number of complaints. This included details of the action taken to resolve the issues . Any issues raised had been discussed with staff. This showed that staff listened and learnt from people's experiences, concerns and complaints.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. There was also information about the local government ombudsman should the complainant that the local authority had not followed proper process in investigating their complaint.

We discussed with the registered manager how to improve services for people who lived with dementia. This included having more signs throughout the service, having themed corridors showing life in the past, colour coding toilet and bathroom doors and providing more meaningful activities.

Good

Is the service well-led?

Our findings

At our last inspection in October 2015 the service was not meeting the regulation we inspected with regard to ensuring that the services provided to people were of good quality. We followed up these issues and found that the service had made the necessary improvements.

People who lived in the home and their relatives thought the home was well run. They said that the registered manager and deputy manager were approachable and helpful. The registered manager was visible, available and proactive in managing the service. For example, we saw the registered manager asking a person if they were warm and getting a blanket for them. It was clear that senior management were in communal areas and we saw they were supportive to staff as well as knowing people well. Staff interactions were relaxed and cheerful. There was a real sense of a team with staff in all roles being involved in ensuring the comfort and wellbeing of people.

People and relatives praised staff and management for the way in which the service was run. People using the service had no complaints. Relatives felt that there was an open door policy and that they were listened to and, if necessary, action had been taken. They also felt that management informed them of any changes that occurred.

Staff told us they could approach the management team about any concerns they had. One staff member said, "I really love working here, and I feel we are lucky to have the managers we have. It's a very open style of management - it's like a little family really and we all know what's going on. I feel we can go to them with anything and they listen and if necessary do something."

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect. They said they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Holly Tree Lodge were always put first.

The registered manager had organised residents and relatives meetings but these had not been well attended. This still meant people and their relatives had the opportunity to be consulted about the services offered and they had been included in the running of the home.

Staff said that essential information about people's needs had always been communicated to them by way of daily handovers, so that they could provide appropriate care that met people's needs.

We saw that staff were supported through individual supervision, appraisals and staff meetings. Staff supervision records evidenced that supervisions covered relevant issues such as the observation of care issues. This supervision was limited as staff had not discussed other relevant issues such as any concerns, teamwork and training. The registered manager said this issue would be reviewed and followed up. This will then give staff more support to discuss their competence and identify their learning needs.

Relatives had been asked their opinions of the service in the past year by way of completing satisfaction surveys. This showed all the relatives who had returned the survey forms had been very positive about the service. No one had stated that any improvements were needed. Staff had also completed the survey on their views of the running of the service. We saw that there had been some comments about staff not always working together as a team. There was no action plan to deal with this. The registered manager swiftly sent us an action plan after the inspection as to how this was intended to be tackled and improved.

We saw minutes of staff meetings. These covered relevant issues such as staff training, properly completing records and management expectations as to how to provide effective individual care to people. Staff told us that they could raise issues and suggestions at these meetings, they felt listened to and issues put forward were discussed and taken into account by the management of the service. We saw evidence that staff had been complimented on supplying good care to people living in the service. This showed that staff received recognition for their efforts in meeting the needs of people, which helped to maintain their morale.

These are examples of a well led service.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included audits looking at infection control, observation of care practice by staff, care planning, fire checks, issues about the premises such as ensuring safe water temperatures, maintenance checks and protecting people's skin from pressure sores. By having quality assurance systems in place, this protected the safety and welfare of people living in the service.