

Holly Tree Lodge

Holly Tree Lodge

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 

Overall summary

This inspection was carried out 24 June 2015 and was unannounced.

The inspection was carried out by one inspector.

Holly Tree Lodge is a care home, which provides residential care for up to 14 people with a learning disability. On the day of our inspection 9 people were using the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were very well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was kept at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Holly Tree Lodge

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 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 took place on 24 June 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place on 29 October 2013.

During our inspection we observed how staff interacted with people who used the service.

We spoke with four people and the relatives of two people who used the service. We also spoke with the registered manager and four staff.

Some people who used the service were unable to communicate verbally with us.

We reviewed four care records, five medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes I am safe.” A relative said, “Oh yes, we know [relative's name] is safe here.”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I know how to report it.” Another explained what they would do and who they would report it to. They also told us that they worked with the people who used the service to try to get them to understand what abuse was and how to tell someone. They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company's policies and procedures and felt that they would be supported to follow them.

There were notices in the staff room giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it.

Within people's support plans was a separate file which contained risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and the use of bed rails. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was an emergency information file available to staff. It contained; contact numbers for staff, people's relatives, emergency contacts for professional and a set of floor plans. People had their own emergency plans within their support plans.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider's policies.

People told us there were enough staff on duty. One person said, “There is a lot of staff.” The registered manager told us that people have allocated hours and most staff worked on a one to one with people. On the day of our inspection there were seven staff and the registered manager on duty.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, “Sometimes we plan outings and different activities and we can have more staff on shift if we need it.” Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week.

We found safe recruitment practices had been followed. One staff member said, “I had to have my references and checks in place before I could start.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

People told us that the staff gave them their medicines. One person said, “If I have a headache they give me a tablet.” Staff told us they were only allowed to administer medicines if they had completed training and competency to do so. We observed the morning medication administration round. Staff explained that two staff did all medication together to ensure there were no errors. Both staff signed the Medication Administration Record (MAR) sheets. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited weekly.

Is the service effective?

Our findings

People told us staff were well trained. One person said, “Yes, they know what to do.”

The provider had an induction programme which all new staff were required to complete. One staff member said, “I had to do some training and shadow someone before I could work on my own.” The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, “She is always here and we can speak to her at any time.” Another said, “We all get on, [registered managers name] is very supportive. She works along with all of us.” We were told that staff had regular one to one supervision with the registered manager. We saw completed supervision forms within staff files. These showed a variety of subjects were covered, and some staff had been given actions to complete within a specific time frame.

Staff told us they received a lot of training. One staff member said, “We have lots of training from different people.” The registered manager told us she sourced training from a number of places including the local authority and an outside training provider. She went on to tell us that when a number of staff had attended training she asked them to cascade it to the rest of the staff team to ensure continuity. We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication along with more specialised such as epilepsy, stroke awareness and challenging behaviour. Some staff were registered on nationally recognised qualifications at both level two and three.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required and some people were subject to DoLS.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for lunch or wanting to go out.

We saw in some people’s support plans that they had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders in place. These had been completed in line with recent legislation, with consultation of the person, their family and the doctors involved in their care.

People told us they had enough to eat and drink. One person said, “It is nice.” Staff told us that they had recently changed to menus to accommodate some people’s likes and dislikes. Staff we spoke with were aware of individual’s tastes. We observed lunch time. Two people did not want what was offered. Staff chatted with them to find an alternative. One person asked for scrambled eggs. Staff explained that they would need to wait whilst they were prepared. The person agreed and enjoyed them. One person was assisted to go to the local shop to purchase food they wanted but was not available in the kitchen. Lunch time was a pleasant time, everyone sat in the dining room and staff assisted when required but in a discreet manner. A variety of drinks was also offered. Staff explained that one person who was on bed rest had a Percutaneous Endoscopic Gastrostomy (PEG) feed in situ. They explained how and why it was used and that all staff had attended training specifically to enable them to care for this.

People we spoke with told us they saw the doctor or dentist when needed. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals. People had health action plans which contained all health documentation. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

People told us that staff were very kind. People and relatives made comments regarding the kind and caring approach of the staff. One person said, "The staff are all kind." A relative said, "You could not ask for better staff."

We observed positive interactions between staff and people who used the service, for example, when they were helping people to mobilise or give general support, staff were chatty and there was a good atmosphere. Most people were in receipt of one to one support from a member of staff, we observed staff explaining they were supporting them on that day and what time they would be on duty till. They were then able to discuss what the person wanted to do and when.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. One person was becoming unsettled and staff knew how to respond to help the person settle. They spoke to them for a while about a subject of interest. This settled the person and showed the staff member knew them well. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, "I can do what I want." We observed this in practice and also within people support plan documentation.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. We saw documentation within one person's support plan that the services of an advocate had been used to assist the person.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at meal times and when people got up or as well as keeping doors closed. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and the registered manager.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. A relative said, "I visit any time." During our inspection we observed visitors visiting throughout the day. They were encouraged to join in and participate in the general chat and activity within the house.

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. There was evidence in the care plans we saw that people and their families or representatives had been involved in writing their care plans. In one person's care plan there was documentation of a recent discussion between a family member and care manager.

A relative we spoke with told us the staff and the registered manager could not be more helpful. They explained their relative had recently passed away and staff and the registered manager had been at the hospital to support the person and the relatives. They also said that the registered manager had arranged for extra staff to be on duty to help when they told the other people who used the service. Another person told us they did not think their relative would settle as they had been to a number of other services, but with work from the staff and the registered manager, their relative was settled and had been for a while.

Staff told us they knew the people in their care but used the written care plan to confirm there had been no changes.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that

choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. A relative told us that their relative was able to make choices about their everyday life. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. The registered manager told us that they had a visiting activity person who visited twice a week to do different activities such as chair exercises, balloon modelling and counting. The registered manager told us that they also had one person had family abroad and the staff assisted them to use Skype to speak with them each week at a planned time. This enabled them to speak with and see them regularly.

There was a complaints policy and procedure in place. This was also available in an easy read pictorial format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey is sent out to people and their relative's. The results were available for the 2014 survey. We saw that one person's relative had written a comment on their survey. The registered manager had written that she had called and spoken to the person to discuss the issue and a resolution was found which both parties were happy with. The survey for the people who used the service was in pictorial and easy read format to assist with completion.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

Staff told us that they received support from the registered manager. One staff member told us, “The manager is like one of us, but we can speak to her about anything.” Another said, “We are involved in what is happening in the home.” They also told us that the provider visited every week and if needed they could approach them.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the registered manager chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The registered manager told us that the providers visited weekly. This was to check that there were no issues and to assist with any maintenance jobs.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening.

A variety of meetings had been held on a regular basis, including; residents, relatives and staff meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings. Within the minutes of a residents meeting we saw suggestions for a trip to the seaside, we saw evidence that a trip had been undertaken and others were planned through the summer. This showed that suggestions were acted on.

The registered manager told us that there had been some improvements to the environment. For example new heating in the conservatory, the lounge had new curtains and the upstairs corridor had been painted. She was able to show us evidence that the downstairs corridors were being re decorated, new carpet had been ordered for the lounge and new refrigeration for the kitchen. She explained these had been organised following the providers visits and discussions with them.