

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 ●

# Summary of findings

## Overall summary

Holly Tree Lodge is a care home, which provides residential care for up to 14 people with learning disabilities. The service consists of a large house and three individual bungalows.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

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. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

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

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 knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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 maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place which was accessible to all. Complaint had been responded to appropriately.

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

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

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

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## 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 checked 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.

This comprehensive inspection took place on 10 May 2017 and was unannounced

The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in June 2015.

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

Some people were not able to verbally communicate with us.

We spoke with four people who used the service. We also spoke with the registered manager, the providers, three support workers and a visiting social worker.

We reviewed two people's care records, two medicines records, four staff files and records relating to the management of the service, such as quality audits.

## Is the service safe?

### Our findings

When asked if they felt safe one person who used the service nodded and replied, "Yes." Another said, "Oh yes, no one will hurt me, I am safe here, but if they did I would call the police." People were protected from avoidable harm and abuse by staff who showed a good understanding of the subject. One staff member said, "I would report it to [registered manager] or provider, and if I thought they had not done anything I would whistle blow to you (CQC)." They knew how to contact the registered manager and the provider if they thought it needed to go further. Information was displayed explaining how to report suspected abuse.

Each person had risk assessments in place to enable them to be as independent as possible taking into account the associated risks. These included; refusal to take medication, aggression and personal care. These had all been reviewed regularly. Staff we spoke with told us they updated risk assessments when required and carried out additional ones for extra activities such as different activities or holidays.

Staff were recruited following a robust procedure. One staff member told us about the checks that had been carried out before they started to work. Documentation showed that correct checks had been carried out for all staff before they started to work.

It was obvious from our observations that there were enough staff of varying skills on duty to support people with their chosen activities. Some people had one to one support and another person needed two staff when they went out into the community. Staff told us the rota was flexible to accommodate individual's choice of activities. The registered manager said, "We do not use agency staff, our own staff cover for each other." They went on to explain that people had allocated hours and the rotas were planned around those.

Medication was managed safely. The medication trolley was locked and chained to the wall. We observed some medication administration. This was carried out following correct guidance. We carried out a stock check and found they were reflective of numbers recorded on Medication Administration Record (MAR) charts. Each person had a medication profile which explained what medication they were taking and the reason why. It also gave an overview of how the person liked to take their medication. The dispensing pharmacy had carried out an annual audit. Some actions had been found which had been acted on.

## Is the service effective?

### Our findings

People received care and support from staff with the required skills and knowledge. One staff member said, "There is a lot of training, some e-learning and others are face to face." Another said, "We are in the middle of our annual training updates." The registered manager told us they had all of the mandatory training in one month. Staff liked this and it was easy to ensure all staff had attended. They also kept a matrix and the registered manager was able to inform staff when any training was due. Documentation we saw showed all staff training was up to date or booked. Staff also had their competency observed annually. One staff member said, "We have supervisions on a regular basis where we can ask for additional training if we want it." Another told us they were coming to the end of a Qualification Credit Framework (QCF) in health and Social Care at level three. Documentation we saw confirmed this.

Staff told us they were supported by the registered manager and the provider. One staff member said, "[Name of registered manager] is very good. She is very supportive and always here." Staff told us they received regular supervision. The registered manager had a matrix and put them into the diary to ensure they were not missed.

Throughout the inspection we observed staff gaining consent from people. For example, asking if they were ready to go out or ready for lunch. We also saw staff ask a person's permission to enter their room. Where they had been able, people had signed to give consent for their care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

The registered manager told us staff assisted people with their choice of meals, using pictures where necessary. One person told us they did their own food shopping and staff prepared it for them. We observed staff asking people what they wanted to eat and drink. Some people chose to eat together in the dining area; it was a social occasion with lots of chat and laughter. Staff assisted people when required. The registered manager told us of one person who had issues with eating; they had got the dietician involved and worked as a team to help with this. The person now has a normal diet and has put on weight.

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments. Each person had a 'health passport'. This was a file which contained all relevant information regarding the person's health and medication as well as necessary contact numbers and information. The person took this with them if they had to go into hospital.

## Is the service caring?

### Our findings

People were treated with kindness. When asked one person said, "Yes the staff are very good; they are very supportive, they help look after me." We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff.

Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people, making sure they understood what was happening and assisting with what they wanted to do if required.

Where possible, people had been involved in the development of their care and support plans. We saw evidence of this in records we reviewed. On the day of our inspection one person was visited by their social worker for a review. They told us they were very pleased with how the person had settled in and progressed.

The registered manager told us that they had access to an advocacy service if it was needed by anyone. A poster advising of this was displayed.

The registered manager told us that all confidential information was kept in the locked office. The computer was password protected. This ensured information was only accessed by people who had permission to access it.

People were observed to be treated with privacy and dignity. Staff knocked on doors and made sure people were private when being supported with any personal care needs. Staff spoke with people in a calm manner and encouraged independence.

We saw that people had received visits from family. The registered manager told us visitors were always welcome.

## Is the service responsive?

### Our findings

Staff told us they had meetings with each individual to update their support plans. They said they involved the person as much as they were able to ensure their views were documented. Records we viewed showed this had taken place. Support plans were personalised and written for each individual and had been reviewed regularly.

Staff told us that activities were planned for each individual and planned into their week. One person told us they had been out and had their nails done as they were going out to a show at the weekend. On the day of our inspection one person was at a day centre, another went into town to do some shopping. We observed one person colouring, they told us it was a get well picture for a member of staff's husband as he was not well. There were pictures displayed showing people enjoying a number of days out and activities.

There was a complaints policy and procedure which was also available in an easy read format to enable people who used the service to complain. One person said, "I would complain if I had to." We saw that complaints had been responded to in accordance with the provider's policy.

The registered manager told us that they gave each person a questionnaire annually. This was in an easy read/pictorial format. People were encouraged to get family or a member of staff to assist them with completing it. There had also been annual questionnaires for staff to complete. We saw completed questionnaires which included some positive comments. This showed people and their relatives were happy with the care and support provided.

## Is the service well-led?

### Our findings

Staff we spoke with told us they were involved in the development of the service along with people who used the service. Staff told us they were able to voice their opinions, which would be listened to, at regular staff meetings. Regular meetings had been held with people who used the service. Minutes to these meetings were seen.

On the day of the inspection the providers visited. They told us they visited each week to carry out checks and speak with the staff and the registered manager. They told us they had plans to refurbish the upstairs bathroom and had recently redecorated some bedrooms. People showed us their newly decorated rooms and told us they had chosen the colour schemes. The registered manager told us they could call the provider at any time if they needed any support.

Staff told us, and we saw, that there was a positive, open and transparent culture in the service. One staff member said, "We can talk to [name of registered manager], she is always about and very caring." Staff told us that the provider had a whistleblowing procedure and they would use it if required.

There was a registered manager in post who met their CQC registration requirements. 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.

The registered manager was aware of the day to day activities in the service. We observed them interacting with people and staff. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

A number of quality audits had been carried out by both the registered manager and the provider. These included; health and safety, medication and care plans. Where any issues had been found, action plans were in place.