

Review of compliance

<p>Holly Tree Lodge Holly Tree Lodge</p>	
Region:	East
Location address:	122 Spring Road Kempston Bedford Bedfordshire MK42 8NB
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Holly Tree Lodge is registered to provide accommodation for up to fourteen people with a learning disability. It is registered with the Care Quality Commission as a Care Home without Nursing.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Holly Tree Lodge was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Holly Tree Lodge had taken action in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 09 - Management of medicines
- Outcome 10 - Safety and suitability of premises
- Outcome 13 - Staffing
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 5 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke with five out of the ten people currently living at the home. People told us they were well looked after by staff, who were very nice.

Two people said they liked living in their own bungalows and one person said, "I like my bungalow. I keep all my own things here and I can watch my favourite films."

People we spoke with told us they assisted with household chores such as cleaning their rooms and cooking. On the day of our visit one person had cooked their own lunch; They told us "I like to cook my own meals whenever I can."

One person told us about the staff "they help me when I need it." Another person said "I look after myself but they will help me if I'm struggling."

What we found about the standards we reviewed and how well Holly Tree Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.
People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.
People experienced care, treatment and support that met their needs and protected their rights.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was meeting this standard.
People were protected against the risks associated with medicines because the provider has appropriate arrangements in place to manage medicines safely.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

The provider was meeting this standard.
People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.
There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.
The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

When we revisited Holly Tree Lodge on 5th July 2012 we spent time talking with people and observing the care given to them.

We spoke with five out of the ten people currently living at the home.

Two people said they liked living in their own bungalows and one person said, "I like my bungalow. I keep all my own things here and I can watch my favourite films."

Some concerns were raised about the lack of choice in relation to the food purchased for the home. For example, we were told by one person that the crisps were always plain so they would go to the local shop to buy their own flavoured crisps. Another person told us they had often asked for pickle but it had not been purchased. They also told us that they would like fresh vegetables and fruit, but told us they had mostly frozen vegetables and a poor choice of fruit.

People we spoke with told us they assisted with household chores such as cleaning their rooms and cooking. On the day of our visit one person had cooked their own lunch; They told us "I like to cook my own meals whenever I can."

Other evidence

Our inspection of 01 March 2012 found that although staff showed respect for people, their dignity and independence was compromised by the environment. For example, there were stained, worn carpeting on the stairs; stained carpeting in one bungalow where there was a strong smell of urine and a smell of damp in a second bungalow.

The provider wrote to us on 30 March 2012 and told us that carpets in two bungalows had been replaced and redecoration work was due to be completed in one bungalow. Remedial work was also due to be carried out on areas identified in the previous report. In addition they told us that the manager would ensure a rota highlighting household chores is in place for people living in the house including the bungalows.

During our visit on 05 July 2012 we observed that people's privacy, dignity and independence was promoted through single occupancy bedrooms and staff carrying out personal care in private areas of the building. Staff knocked and waited before going into people's rooms.

We looked at the care plans for five people using this service. These contained a 'communication passport' which described the individual methods people used to communicate. These included body language, verbal communication and sign language. On the day of our visit we saw several staff using sign language with people using the service.

We saw information in people's care plans about their likes and dislikes, personal preferences and preferred routines. For example, how people liked to have their personal care delivered and the activities people enjoyed.

Staff we spoke with were aware of how people liked things to be done for them and in a way which they preferred.

The manager told us that one person had an advocate who had regular contact with the individual.

People were given opportunities for community involvement. People attended the local library, shops and town centre. On the day of our visit we saw two people going to the local park.

The provider may find it useful to note that concerns were raised about the lack of choice of food. People had told us they would like to see fresh vegetables and fruit. During our visit we looked in the food store cupboards and saw very few fresh produce. There were bananas which were not accessible to people and a cucumber and some tomatoes. We were informed that the providers purchased the food for the home on a weekly basis. Staff told us that people using the service were not involved in purchasing their food from the supermarket.

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

When we revisited Holly Tree Lodge on 5th July 2012 we spent time talking with people and observing the care given to them.

We spoke with five out of the ten people currently living at the home.

People told us they were looked after by staff, who were very nice. One person who was outside watching the traffic said they were bored.

We spoke to a group of four people at lunch time who told us that they liked living in the home. They said they could go out if they wished or stay at home.

We saw discussions taking place on the day where people requested a fish pie instead of the day's menu. This was decided upon and two people agreed to help prepare the evening meal.

Other evidence

Our inspection of 01 March 2012 found that care plans and risk assessments were not detailed enough and were not kept up to date. We could not find any information about people's healthcare needs.

The provider wrote to us on 30 March 2012 and told us that the manager would update the support plans and risk assessment and ensure clear guidance was in place for all staff to follow. The manager would ensure that care plans were written in a more personalised way.

During our visit on 05 July we looked at the care plans for five people using the service. Care plans and risk assessments had been reviewed and contained detailed information about people. For example, we saw that where one person had epilepsy, there was a detailed epilepsy plan in place with comprehensive guidance for staff to follow. Advice from the consultant had been reflected in the care plan.

We saw care plans had been kept up to date and reviewed as people's needs had changed. For example, we saw that one person's needs had changed and they were now receiving palliative care. Their care plan had been updated to reflect the changes to their care.

We saw records of other people involved in people's care, such as a district nurse, a psychiatrist and a dietician. This information was kept in a separate file called the 'Medical Records File'.

In the files we looked at we saw risk assessments were in place specific to each individual. These included using transport, bathing, using the kitchen and accessing the community. These were up to date and fully completed.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

When we revisited Holly Tree Lodge on 05 July 2012 we sampled the medication systems and records for all the people living in the home.

We found that people were receiving their medicines as prescribed by their doctor. There were systems in place to account for medicines prescribed, received into the home and either administered or returned to the pharmacy.

Medication administration records (MAR) were maintained with initials alongside each prescribed dose time.

The provider may find it useful to note that we saw handwritten entries on MAR charts which were not dated or signed by two staff. In addition to this we were unable to find any guidance for medicines that were to be given 'as needed'.

We saw monthly medication audits which were completed by the manager.

We examined the procedures for the safe administration and storage of controlled medicines. Although the home was not using controlled drugs at the time of our visit, they had the necessary storage facilities for controlled medicines which were observed to be in line with legal requirements.

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider has appropriate arrangements in place to manage medicines safely.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

When we revisited Holly Tree Lodge on 05 July 2012 we spent time talking with people and observing the care given to them.

We spoke with five out of the ten people currently living at the home.

People living in the bungalows were very proud of their homes and wanted to show us round. We were told by one person that they had been able to choose the colour scheme for their bungalow.

Other evidence

When we revisited Holly Tree Lodge on 05 July 2012 we walked around the building with the manager.

The home was on two levels and the upper floor was accessible via a stair lift or stairs. The manager told us that the carpets on the stairs and upper corridors were due to be replaced on Monday 16 July 2012. In addition to this a new stair lift was due to be installed on the same day.

There was a large lounge which had recently been redecorated and we were told that new furniture had been ordered.

Bedrooms had been personalised with people's colour schemes and personal belongings. We saw that where a person had a particular interest this was reflected in their rooms with posters, DVD collections and memorabilia.

There were signs around the building to help orientate people to different rooms. We noted an adequate number of toilets and bathrooms on both the ground and the first floor.

Three people each had their own bungalow in the grounds of the home and they showed us around their home. In two of the bungalows the carpets had been replaced and one person told us they were going to have a new bed.

The provider may find it useful to note that one bungalow had damp in the toilet and the step to the shower in another bungalow needed to be repaired.

All areas of the home were warm and well ventilated. Observations on the day confirmed that the home was clean and tidy.

We looked at the most recent Fire Officers report and saw that all the remedial work required had been completed. In addition all staff had completed fire training.

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

When we revisited Holly Tree Lodge on 5th July 2012 we spent time talking with people and observing the care given to them.

We spoke with five out of the ten people currently living at the home.

One person told us about the staff "they help me when I need it." Another person said I look after myself but they will help me if I'm struggling."

Other evidence

When we revisited Holly Tree Lodge on 05 July 2012 we looked at the staff rota and spoke to care staff.

The rota's showed that there were four care staff allocated on a morning shift and afternoon shift. Care staff were expected to undertake activities for people, cooking, domestic work and laundry.

The provider may find it useful to note that there were three care staff allocated on each shift at weekends, however we noted and staff confirmed that people's care needs did not change at weekends.

We spoke to the three staff members on duty. They told us that although they felt the staffing numbers were sufficient to meet people needs, they sometimes struggled to provide adequate activities.

Our judgement

The provider was meeting this standard.
There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with people using the services but their feedback did not relate to this standard.

Other evidence

Our inspection of 01 March 2012 found that the systems in place were not robust enough to ensure that a quality service was provided to the people living at this home.

The provider wrote to us on 30 March 2012 and told us that the manager would send out quality assurance questionnaire to relatives once a year. In addition the provider said they would conduct quality checks once a month covering different outcomes.

During our visit on 05 July we saw that audits were undertaken of care plans, the first aid box, the stair lift and medication. In addition to this the manager completed a 'walk around checklist'.

We saw that potential areas of risk had been identified as part of each person's care plan and kept updated to make sure the information was still accurate for their situations.

We were told that residents meetings were due to commence and a staff member had been allocated to undertake these.

Staff said they received regular staff meetings, formal staff supervisions and an annual

appraisal. All staff spoken to said the manager was approachable and they would feel comfortable raising concerns.

We saw that there were whistle-blowing, safeguarding and complaints procedures to raise concerns about practice.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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