

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Holly Tree Lodge

122 Spring Road, Kempston, Bedford, MK42 8NB

Tel: 01234266391

Date of Inspection: 29 October 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Holly Tree Lodge
Registered Manager	Mrs. Simangele Samantha Mason
Overview of the service	Holly Tree Lodge is a care home, which provides residential care for up to 14 people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 29 October 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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During this inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not always able to talk to us about their experiences. We spoke with five people using the service during this inspection. People told us they were happy living at Holly Tree Lodge. One person said about the staff; "They are lovely. I like my key worker. She takes me shopping."

People experienced effective, safe and appropriate care. Care plans were well documented to promote continuity of care.

We found that people living in the home received their prescribed medication when they needed it and in a way that suited them.

We found the premises to be maintained to ensure the home remained safe for people using the service, staff and visitors.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Suitable arrangements were in place to address people's comments and complaints, and ensure they were listened to.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

During our inspection on 29 October 2013, we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not always able to talk to us about their experiences. During this inspection we spoke with five people using the service.

We looked at care records for five people using the service. We found that people's needs had been assessed prior to using the service, to enable staff to develop appropriate and effective plans of care. The care plans we saw corresponded with associated risk assessments. These showed the service was assessing people's capacity to make their own decisions, and enabled them to maintain their independence as far as possible. Systems were in place to monitor people's healthcare needs, and ensure routine healthcare appointments were up to date. We saw records of other professionals 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 in place specific to each individual. These included accessing the community, working in the kitchen and using transport. These were up to date and fully completed.

We were able to talk with five people using the service who confirmed they were happy living in the home. One person said about the staff; "They are lovely. I like my key worker. She takes me shopping." Another person told us; "It's very good here. I'm going out tomorrow. I've not been well and they all look after me." We observed some staff interactions with people which were polite and respectful.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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During our inspection on 29 October 2013, we found that medication was being stored securely and appropriately. Stock levels were being monitored, to ensure people had enough medication.

Staff had received training, to ensure they had the right skills and knowledge to administer medication to people living in the home safely.

We saw detailed guidance in care plans in relation to 'as required' (PRN) medication, to inform staff when this should be given. There was a detailed homely remedies policy in place to ensure people were using these safely.

Medication administration records (MAR) were being maintained which showed that medication was being given as prescribed. Each entry had been completed by two staff. The manager told us that two staff always completed the medication round. One staff member dispensed the medicines and the second person acted as the witness. The MARs included explanations in respect of gaps in administration - for example, if someone had refused their medication, or the reasons where (PRN) medication had been administered.

Overall, these arrangements meant that medicines were prescribed and given to people appropriately and as prescribed by their doctor.

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our inspection, we looked at the premises where the service was provided, regarding the layout and design, security measures, and maintenance. This was to ensure people were protected against the risks associated with unsafe or unsuitable premises.

Holly Tree Lodge consists of the main house where the bedrooms were situated over two floors. In addition, there were three self-contained bungalows at the back of the main house. Access to the upper floor was via a staircase and a stair lift. We spoke with one person living in one of the bungalows. They told us they had chosen the colour scheme for their home and they were very happy living there. People's bedrooms and bungalows had been personalised and we saw that their likes and interests were displayed in their rooms.

Each floor of the main house had a bathing facility that had been recently renovated. The shower on the ground floor had also been adapted for use by people with a physical disability. The provider may find it useful to note that we observed damp in one bungalow, on the walls of the bathroom.

Corridors were accessible for wheelchair users and equipment was stored safely, not causing obstructions. Fire exits were accessible and equipment was maintained safely and repaired when required.

Appropriate measures were in place such as Portable Appliance Testing (PAT), electrical installation checks and servicing of gas appliances. This meant that appropriate measures were in place to ensure the premises remained safe for people using the service, staff and visitors.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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As part of this inspection, we looked at the recruitment records for four staff who worked at Holly Tree Lodge.

We found that their personnel files contained documentation which provided a clear audit trail and demonstrated that thorough recruitment processes were followed prior to staff appointments being offered. For example, we found all the required documents such as staff references, recent photograph and records for disclosure and barring (DBS) were in place. In addition we saw that home office documentation was in place to ensure people were allowed to work in the United Kingdom. We also saw health screening records. This meant that people were cared for by staff who had the relevant checks completed before they commenced employment.

Staff we spoke with confirmed they had attended an interview as part of their recruitment.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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During our inspection on 29 October 2013, we found that a complaints procedure for the home had been developed, and systems were in place to deal with comments and concerns.

The provider may find it useful to note that there was no complaints policy or procedure available in a suitable format for people using the service. However care records acknowledged that people who needed support to make a complaint, due to their complex needs could receive support from their relatives or advocates, who had received information about how to complain on their behalf.

We were told that the home held monthly meetings with people where they were asked if they had any concerns or complaints about the service they received. We looked at the minutes of these meetings and saw that some people had raised concerns/complaints. The provider may find it useful to note that the minutes of these meetings did not always demonstrate what action the provider had taken and what the outcome to the concern/complaint was.

One person using the service told us; "Yes I would make a complaint and I would go to the manager if I wasn't happy. I don't want to make one now because I'm very happy."

Overall these arrangements showed that people were listened to, including people living in the home, and their concerns were taken seriously.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - 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.

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**Moderate impact** - 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.

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**Major impact** - 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

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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