Hellendoorn Healthcare Limited

Pear Tree Lodge Residential Home

Inspection report

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Date of inspection visit:
17 September 2018

Date of publication:
30 October 2018

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

This inspection took place on 17 September 2018 and was unannounced.

Pear Tree Lodge is a care home without nursing that provides a service for up to 36 older people living with dementia and/or a physical disability. On the day of our inspection visit there were 18 people living in the service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

This was the first inspection of this service since Hellendoorn Healthcare Limited registered to operate Pear Tree Lodge. When they registered to provide services at Pear Tree Lodge they gave us an action plan as to how they intended to improve the quality of the service provided. At this inspection we found that they had followed the action plan keeping to timescales and improving the quality of care people received.

There was a registered manager as required who had registered when Hellendoorn Healthcare Limited had taken over the service. A registered manager is a person who has registered with the CQC 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.

Extensive building work had been carried out and was still underway during our inspection. This had been planned to provide the minimum disruption to people living at Pear Tree Lodge. People were complimentary about the standard of the improvements.

People felt safe living at the service and were protected from risks relating to their care and welfare. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

People were protected by the provider's recruitment processes. Safe recruitment practices were followed before new staff were employed to work with people. Required checks were made to ensure staff were of good character and suitable for their role.

People received care and support from staff who knew them well. Staff training was up to date and staff felt they received the training they needed to carry out their work safely and effectively. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed monthly or as changes occurred.

People received effective health care and support. Medicines were stored and handled correctly and safely. 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 supported this practice.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they were given choices.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People and relatives were aware of how to make a complaint. They told us they could approach management and staff with any concerns and felt they would listen and take action. They benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service and their relatives felt there was a good atmosphere and thought the service was managed well. Staff also felt the service was well-managed. They told us the management were open with them and communicated what was happening at the service and with the people living there.

The management team had a clear vision for developing the service which was demonstrated by the actions they had taken since registering to run the service and plans in place for future improvement.

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.

Risk assessments were in place to address any identified risk and actions were in place to mitigate that risk.

There were systems in place to protect people from abuse. Staff knew how to safeguard people from the risk of abuse and how to pass on concerns to relevant agencies.

Medicines were administered and managed safely.

There were sufficient staff available to meet people's needs. Systems were in place to ensure staff were recruited safely.

Is the service effective?

Good

The service was effective.

People's consent was sought prior to care being given and staff followed legislation designed to protect people's rights.

Staff completed an induction and training programme. Training for staff was updated regularly.

Staff received ongoing support and development through supervisions and appraisal.

The environment was being improved to better meet people's needs.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People felt staff were kind and caring and that they were listened to.

Staff were relaxed and friendly and knew people well. They were patient and built positive relationships, treating people with

dignity and respect

People's individual diverse needs were known and met by staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care files included information and guidance for staff about how their needs should be met.

There were activities and entertainment for people to participate in at both group and individual level.

People knew about the home's complaint's procedure.

Is the service well-led?

Good

The service was well-led.

There were clear plans to develop and improve the service.

The registered manager and provider recognised the importance of
regularly monitoring the quality of the service provided. The management team were involved in day to day care and supervision of staff.

There were regular meetings with staff and management to aid communication and to ensure quality was maintained within the service.

Staff said they enjoyed working at the home and they received good support from the provider and manager.

Pear Tree Lodge Residential Home

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.

This inspection took place on 17 September 2018 and was unannounced. It 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-by-experience had a background in adult social care.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the nominated individual, the registered manager and four care staff. We spoke with eight people living in the service and six relatives. We observed interactions between people and care staff. We reviewed three people's care records, policies and procedures and records relating to the management of the service, training records and the recruitment records of three care staff. We also spoke with a visiting GP.

Good

Is the service safe?

Our findings

People told us they felt safe living in Pear Tree Lodge. One person said, "Staff are very very good. They wash and dress me, they take their time and they talk to me and they listen to me." A relative said, "Wonderful treatment, it is marvellous, the way they are looked after."

The service had a safeguarding policy and staff had undertaken safeguarding training to help them recognise and act on any concerns about people's safety. Staff understood their responsibilities to keep people safe and how to pass on concerns to the right agencies to protect people. During induction staff were required to read the safeguarding and whistleblowing policies and these were discussed with a senior member of staff.

There were assessments in place which identified risks in relation to people's health, independence and wellbeing. These considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been identified, for example a pressure risk, the assessment had looked at factors such the person's mobility and skin condition as well as nutrition. When required the service referred risks to the appropriate specialist, and ensured the necessary equipment was made available. For example, pressure mattresses. Staff could tell us about people's individual risks and how they were being managed. Records were up to date and showed what action had been taken in response to changes in level of risk. For example, one person had shown an increase in challenging behaviour. The service had explored the reasons for this making a referral to the GP, checking if the person had a urinary tract infection and reviewing their medicines.

On the day of our inspection the service was undergoing major building renovation work. There were appropriate risk assessments and actions in place to ensure people were protected from harm during this work. For example, people's access to areas where building work was taking place had been restricted. The provider also confirmed that services such as electrical, gas and water were being upgraded and had appropriate certification.

People told us there were sufficient staff to support them safely. One person said, "Got some new staff, more efficient now, they manage alright with the work." Another person told us that when they pressed their buzzer staff came quickly. Staff told us there were sufficient staff. One member of care staff said, "I think there are enough staff to look after residents. They are happy, we are encouraged to talk with people." We asked the registered manager and the nominated individual how they ensured there were sufficient staff. They told us that the number of staff was related to the needs of people living in the service. A dependency assessment was carried out for each person which was reviewed monthly. This was used to work out the number of staff required. They went on to explain that as well as this method they were active in the service and were regularly part of the care rota and that this supported them to ensure there were sufficient staff. Staffing was adjusted to meet the changing needs of people. For example, the provider told us that during the warm summer months when people chose to rise earlier in the morning staff had started their shift earlier to accommodate this. Staffing levels were reviewed at the weekly management meeting. The nominated individual confirmed that as the number of people living in the service increased staffing levels

would be kept under review to ensure there were sufficient staff to meet people's needs.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. These help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People told us that they received their medicines as they required. One person said, "I get paracetamol, every time I ask for pain killers they give them to me." We observed staff supporting a person with their medicines, they sought the person's consent and checked how they wanted to take their medicine. The carer said to the person, "Just got your tablets here, can you pop that in or do you want me to help. I have some juice here. Well done."

Medicines were managed and administered safely and as prescribed. A senior member of care staff demonstrated the provider's system for recording, storing and administering medicines. There were clear ordering, checking and auditing procedures. This ensured that people's medicine administrations been had completed correctly. Staff who administered medicine had completed training on the safe handling of medicines and their competence to administer medicines was checked to ensure their practices were safe. Where people had their medicine prescribed to be administered as required (PRN) there were protocols in place which gave staff guidance when to administer the medicine. A visiting GP was at the service to review a person's medicines. They told us that the service was, "Very good at telling me when medicines can be stopped."

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately. People's rooms and communal areas were clean and tidy. Good standards of hygiene had been maintained throughout the service and there were no unpleasant odours. A member of domestic staff we spoke with explained the cleaning procedures they undertook to ensure the service was cleaned effectively.

Accidents and incidents were recorded. This included a description of the incident. The registered manager told us that they monitored these to identify any trends but as the service had been operating for five months they had not found any trends.

Good

Is the service effective?

Our findings

People had their needs assessed before moving into the service and care plans were put in place to meet their needs. These were regularly reviewed to ensure that they reflected people's changing needs. Staff told us care plans gave them sufficient information to provide the care and support people required. Assessments considered people's health needs, personal care needs, nutritional needs and their cultural and religious needs. The assessment formed the basis of risk assessments which were carried out and support plans which were put in place. Specialist information was included in the assessments and care plans where required, for example from speech and language therapy teams (SALT). Staff told us and our observations confirmed, they followed people's assessments and care plans when providing care and support.

The service used equipment to support the delivery of effective care. For example, pressure reliving mattresses for people at risk of developing pressure ulcers. The nominated individual told us that as part of the building and improvement work closed circuit television (CCTV) was being installed into the communal areas of the service. This would benefit people by not only providing increased security but allow people to be as independent as they wished whilst remaining safe. The registered manager told us that they were in the process of writing the policy with regard to storage, disposal and access to the CCTV recording.

People were supported by trained staff. Staff told us the training was good and that they were given opportunities to develop their knowledge. All staff received an annual appraisal together with regular supervision sessions with a senior member of staff. Supervision enabled staff to discuss their practice and any development needs. Staff competency was assessed and they received regular refresher training. This was confirmed by staff and the records we looked at. Staff completed an induction into the service before providing care. From our observations and conversations with staff we found they demonstrated their knowledge and skills. For example, when administering medicine, speaking with people and preparing and serving meals and drinks.

People were complimentary about the food. One person said, "Very nice chicken, I enjoyed that. Sausages and veg were good. Triple ice-cream today." Healthy eating was promoted. A person said, "I can ask for fruit but they have it on the tea trolley. I had a fruit salad for dessert, was very nice. Get a good bit of veg now." We observed that fruit was offered from the morning and afternoon tea trolley.

The meal time was a pleasant experience. The service was using a temporary dining room as the main dining room was being re-modelled. This had not impacted on the quality of the service. There were white linen tablecloths, flowers in a vase on each table, glass tumblers and wine glasses. We observed one person speak to the nominated individual during their meal saying, "You spoil us." Care staff took time to settle people into a comfortable position to eat their meal. One person had sat looking into the sun. A member of care staff took time to ensure they were comfortable pulling the curtains across and saying, "Let me know if you get too hot. Would you like me to get your Lucozade from your room?" When serving the meal staff offered choice. One person was asked if they wanted the sausages or chicken but declined both. The cook said to them, "I can do something with eggs, do you like scrambled or I can do something with gravy?"

People's weights were monitored and appropriate action taken if people were identified as being at risk of malnutrition, such as referral to a dietitian. Similarly, if people were observed to have difficulty swallowing, a swallowing assessment was sought with a speech and language therapist.

The registered manager and staff consulted effectively with external healthcare professionals in a timely way. We spoke with a GP who visited the service weekly. They were positive about their relationship with the service saying, "They are knowledgeable and they are caring. They clearly take note of what I am saying." People's health care needs were documented in their care plans and the service supported people to access healthcare professionals as needed. Records showed people had access to various healthcare professionals when necessary for example chiropodist and district nurses.

The provider had registered to provide a service at Pear Tree Lodge five months prior to this inspection. They were undertaking major building works to improve the quality of the accommodation the service provided and to better meet the needs of people living in the service. This included providing a new entrance, widening a corridor and putting en-suite bathrooms to all bedrooms. This had been planned to cause the least disruption to people living in the service. One person said to us, "I got a new wall and a new toilet, that is good. They coped with the dust and the dirt okay. The room is a lot better and makes me feel better." The provider has plans to further improve the premises, this includes improving people's access to outside space.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had made appropriate applications under DoLS. Where authorisations had been granted these were appropriately monitored.

Staff had received training in MCA and DoLS. They demonstrated their understanding whilst providing care and support by gaining people's consent and supporting them to make choices in their daily lives. For example, asking where they wanted to sit in a room, what drink they would like, and when giving medicines. People were able to make their own decisions about how they wished to spend their time. A person told us, "I wake between six and seven, go to bed whenever I feel like it. I can stay up and read all night if I want. "

Good

Is the service caring?

Our findings

People told us that the staff took time to talk to them and listened to what they wanted. One person said, "They talk to me, they listen to me." A relative said, "[Relative] is looked after very well. I have no complaints at all, staff are happy and give respect now."

People's independence was valued and promoted by staff. Staff took the time to allow people to get up and walk at their own pace and encouraged them. We observed staff speaking to people with kindness and patience and there was an easy friendliness between staff and people living in the service. One person told us, "Staff are good, I think. You can have a laugh and a joke. I know their names, every now and then they stop and talk to me." Another person said, "Fantastic care, caring staff so caring. They all seem happy from the management downwards." When one person became distressed we observed staff taking the time to support and reassure them.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good.

People had their needs reviewed regularly. People or their representatives were involved in decisions about their care through regular care plan reviews. People were also supported to express their views about the running of the service. One person said, "They came and talked to me about the changes. I sat in the lounge in the day time and they did the work. It was better that I did not have to move out" A relative told us, "We get a good welcome and a cup of tea from staff. They ring and tell us of any changes."

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff treated people as individuals, according to their needs.

The registered manager had implemented a key worker system where each person had a named member of care staff who was responsible for care planning reviews and updates. This supported people to build relationships with staff. Referring to the service key worker system one person said, "I like it that we are linked in with the staff."

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People received their care from a regular staff team. This consistency helped meet people's needs and gave staff a better understanding of people's needs. It supported relationships to be developed with people so they felt they mattered

Good

Is the service responsive?

Our findings

The service provided care which was planned to meet people's changing needs. Prior to admission a pre-admission assessment was completed, to ensure the person's needs could be met and gather personalised information to assist in the care planning process. Care plans provided guidance to staff about the care and support people required. This included their likes, dislikes and preferences. Some care plans had been signed to indicate people's participation.

We found that the care plans although containing all necessary information were not easy to follow. Some information was duplicated which could lead to mistakes. We spoke with the registered manager about this. They told us that when they had taken over the service care plans had been reviewed to ensure they provided the necessary information but that they had recognised that improvements were needed. Since the inspection visit they have sent us a copy of the new care plans they are going to implement. These provide a more person-centred format for the care plan which clearly shows the care and support people require.

People's social needs were developed and promoted. The registered manager organised the activities. They told us that activities and outings were planned around the feedback received from people and relatives. There was a different activity each day. The programme for the week of our inspection included music therapy, exercises, and a shopping outing. The registered manager told us how they planned to develop links with the local community by inviting local schools and voluntary organisations into the service.

People we spoke with praised the activities that were provided. One person said, "I like to knit, do puzzle books, the ball games, singing. They always ask me to join in." Another person said, "Done arts and crafts, lady came and played the piano, pause for thought is quite good. I think there is enough to do. Once or twice I went into the garden, the carers would come and see if I was alright. Man does exercises in the chair. I enjoy that."

Some visiting entertainers provided one to one entertainment for people who could not leave their rooms. Feedback from one person who had been encouraged to play the harp, described how good it had been for their hand motor skills.

People told us that they had not had any concerns or complaints but knew how to complain if necessary. One person said, "I can go and speak to the manager, she is always available." Another person said, "If I had any concerns I would go and speak to [manager]." The home had appropriate complaints policy and procedure in place, which were clearly displayed.

Care plans contained some information as to how people wished to be supported at the end of their life. The new care plan format that the registered manager has sent to us covers this area in more detail and will contain better information for staff when people reach this stage in their life.

Good

Is the service well-led?

Our findings

The management team had a clear vision for development and improvement of the care provided at Pear Tree Lodge. When they had applied to us to register as the provider of the service they had given us a plan of how they would be improving the service. At this inspection we found that they had kept to the plan achieving some results in a shorter timescale than originally planned.

Managers regularly worked as part of the care team. The provider told us that this enabled them to make any improvements to the service or equipment as quickly and as efficiently as possible. They also said that it allowed them to monitor the care being provided and the day to day culture in the service. People told us that they found the management team accessible and responsive. A relative said, "The owners and manager have talked with me, listened to me and taken action."

Staff told us that they felt valued by the management team. Regular staff meetings were held to keep staff informed of developments and receive feedback. Minutes of a recent meeting for domestic staff showed that feedback had been requested on new cleaning products. A senior and key worker meeting had discussed care plan updates and staffing levels.

Improvements had been made to staff working conditions with the provision of a larger staff room for rest breaks with a fridge and hot and cold drinking water and refreshments, fruit and a meal provision when working. A vending machine had also been introduced following discussion and feedback. A member of care staff told us, "Facilities and morale of the girls have gone up." People told us that they had noticed an improvement in staff morale. A person said, "Changes are for the better, my room is better, food is better, staff now have a bit more of a laugh. It is better than it was."

Regular audits were carried out by the management team to ensure people who used the service received a high standard of care. These included audits of health and safety, infection control and medication. Any concerns identified were addressed appropriately.

The service worked in partnership with other care providers for example, the GP and district nurses. There were plans in place to develop links with the wider local community. The provider and registered manager were aware that before they took over the service the local community perception of the service had not been good and had plans to develop community links and bring the community into the service. For example, an open day and a Christmas Fayre.

Throughout the course of the inspection people said that the home was a happy place with the management team making many improvements around the care people received and development and support for staff. During conversations with the provider, registered manager and staff it was clear that the ethos of the home was one of continuously improving the care and support provided to people.