

Treehome Limited

Elm Tree House

Inspection report

8 Chandag Road
Keynsham
Bristol
BS31 1NR

Tel: 01179867791
Website: www.craegmoor.co.uk

Date of inspection visit:
18 July 2022
20 July 2022
25 July 2022

Date of publication:
17 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elm Tree House is a care home providing the regulated activity accommodation for people who require nursing or personal care to up to eight people. The service provides support to older people, younger adults, autistic people and people with a learning disability. At the time of our inspection there were six people using the service.

Elm Tree House is made up of two former domestic properties. Accommodation is laid out over two floors, with washing and toilet facilities accessible on both floors. People have access to a communal kitchen, dining area and communal lounges. The registered manager's office is located on the ground floor, on the same floor there is level access to a well-stocked garden.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: People were not always supported to pursue their interests and hobbies and maintain their independence. People were protected from the risk of harm because staff knew what to do if abuse was suspected or witnessed.

Right care: People had health plans in place to reflect their current health related needs. At the time of our inspection only one person had an end of life care plan in place, this contained conflicting information.

Right culture: The provider had implemented an action plan to help drive improvement in the service.

Permanent and longstanding agency staff knew people well and talked about them in a person-centred way. Relatives said they knew how to complain and would complain if they needed to.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care, audits and checks at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Elm Tree House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of three inspectors and one bank inspector.

Service and service type

Elm Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 15 June 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with five people and eight staff including the registered manager, operations director and care staff. We reviewed various information in relation to the running of the service, including three recruitment files, audits and care plans.

After the inspection

We spoke with relatives of people living at the service. We continued to seek clarification about information we were reviewing.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments outlined measures to help reduce the likelihood of people being harmed, and care plans contained detailed guidance for staff about how to keep people safe.
- Personal Emergency Evacuation Plans (PEEPs) were in place and described in detail how staff should support people to evacuate the building in the event of an emergency.
- We reviewed the plan for one person assessed as being at high risk of choking. The person had been prescribed a thickener, used to change the consistency of fluids and reduce the person's risk of choking. The care plan informed staff how much thickener to add to drinks. The tin of thickener also informed staff how much thickener to add. Despite this, we observed a member of staff adding too much thickener to the person's drink.
- We discussed the incorrect use of thickener with the deputy manager, they said they would speak to the member of staff immediately. To prevent a recurrence, the deputy manager said they would highlight directions on the tin to make the instructions more visible to staff.

Systems and processes to safeguard people from the risk of abuse

- Potential safeguarding concerns were shared with the local authority safeguarding team. The provider had worked closely with the local safeguarding team when the need arose.
- Potential safeguarding concerns were discussed at meetings and audited for themes and trends.
- Staff spoke confidently about how they would identify abuse and what actions they would take if abuse was suspected or witnessed. Comments from staff included, "[Abuse] could be financial, physical. Little things like locking their [people's] door on the outside – that is abuse... I would report abuse straight to [registered manager's name] and go higher if needed" and, "If I saw anything [abuse] I would talk to [registered manager's name]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 particular 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. At the time of our inspection, no one

had a DoLS authorisation in place, recent applications had been submitted.

- People's capacity to make decisions was assessed. We saw best interest decisions were documented and followed by staff. Where appropriate, professionals and relatives were involved with the best interest decision-making process.

Using medicines safely

- Medicines were managed safely.
- People were supported with their medicines by staff who had been trained and assessed as competent.
- Medicine administration records we looked at, had all been signed to indicate people had received their medicines as prescribed.
- Medicines were stored safely. For example, the temperature of medicines cupboards was monitored, and action was taken to reduce the temperature to within manufacturer guidelines.
- Some people were prescribed medicines on an as required (PRN) basis. PRN protocols were in place to inform staff when and why people might need additional medicine. The protocols included information such as if people were able to tell staff if they were in pain.
- There were processes in place to ensure that people had access to their medicines if they spent the night away from the service.
- Topical medicines, such as creams and lotions had not always been dated when opened. Topical creams should be dated upon opening to ensure staff are aware when they should no longer be used and be disposed of. We discussed this with the acting deputy manager who said they would ensure staff dated all bottles and tubes.

Staffing and recruitment

- The provider did not use a systematic approach to determine the staffing requirements in the service. Instead, the registered manager used a minimum ratio of staff to people.
- Relatives told us they did not think there were sufficient numbers of staff to meet people's needs. Comments from relatives included, "Main thing is staffing. They've been really short staffed, and no one drives so she doesn't go out" and, "Some staff are particularly good, but they haven't got enough to care. Carers have to cook and clean as well so there's no time to spend with people."
- We received mixed comments from people about staffing levels. Comments included, "Enough staff, but we need more drivers" and one-person fed-back they wished staff could, "Sit with us more."
- The provider told us they were facing challenges in relation to the recruitment and retention of staff, particularly in relation to staff who held a valid driving licence. To mitigate this, the maintenance person was doubling up as a driver, taxis were being used and wages had recently been increased. Overall, staffing levels remained in line with the required ratios.
- Staff were recruited safely. Checks included those with the applicant's previous employer and the Disclosure and Barring Service (DBS). DBS checks are important as they inform employers of an applicant's previous criminal history and if they are on the barred list.

We recommend the provider reviews and amends how staffing levels are assessed, ensuring there is a systematic approach to deploying staff across the service, in line with people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Measures were in place to support visitors attend the service; PPE was available and visitors could access an outdoor space for their visits.

Learning lessons when things go wrong

- When incidents occurred, staff were supported to reflect on what had happened during 'safety huddles'. This process allowed staff to understand what had happened and look at any lessons learned.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- Relatives told us people were not always supported to access the community and pursue their hobbies and interests. Comments from relatives included, "They [people] don't do anything. They don't take them out. He just watches TV. They're just sat in the lounge with the TV on" and, "There's not enough for people to do. I'm not complaining though as the staff can't work any harder."
- People's care plans recorded their hobbies and interests, however records showed people were not being supported in line with their assessments. For example, one person's care plan stated they, "Like to go out everyday walking, in [their] wheelchair or on the bus." However, over a period of three weeks, the person was not supported to do this. Records did not show the person had been offered, and declined, the opportunity to go out.
- One person's care plan stated that, at times, the person communicated they wished to be involved with activities and groups but would become anxious closer to the time of events. Records did not show the person was being supported with their anxiety with the aim of increasing their involvement in activities and groups.
- Daily records were not always completed to show how people were being supported to maintain their independence, despite the record prompting for this. Many of the boxes used to record such information were blank and on three occasions, we found 'N/A' recorded in one person's daily records.
- Some people in the service were allocated 1:1 hours that were funded by the local authority. Records did not show people were being supported to access these hours.
- At the time of our inspection, the registered manager confirmed there was an end of life care plan for one person using the service. We reviewed the care plan and found it was incomplete and contained conflicting information. For example, a tick indicated the person had made a Will, however a sentence stated, "No Will."

The provider failed to ensure people received consistent support to pursue their hobbies, interests and that promoted their independence. There was an additional failure to ensure end of life care planning was person-centred and accurate. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Health action plans were in place. These included hospital passports which are documents containing important information about a patient with a learning disability, including personal details, how they like to be supported and any health needs.

- Care planning was personalised, guidance included how the person could be best supported, what they enjoyed and their attributes.
- The menu we viewed did not provide people with a choice of meals; there was one meal option available for lunch and one for dinner. We spoke with the registered manager who said people could choose meals that were not on the menu. The deputy manager confirmed people had contributed meal ideas each week.

Continuous learning and improving care

- The provider engaged with people and their relatives to resolve complaints.
- Relatives told us they felt comfortable raising complaints. Comments from relatives included, "I would call them if I really wasn't happy about something" and, "I'd talk to the manager if I was really concerned."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. When people needed staff support, this information was included in care plans. For example, some people were hearing or sight impaired, guidance informed staff about the most effective ways to communicate with the person.
- Plans included information for staff such as whether people were able to inform staff if they were unwell or in pain, and how they might show this if they were unable to vocalise their needs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits had not always been used effectively to identify shortfalls, errors and omissions.
- The provider failed to monitor the provision of funded 1:1 hours. This meant they could not be assured people were receiving the 1:1 hours they were entitled to.
- People's daily notes were not always complete, information such as meals eaten, how the person was feeling and whether personal care had been received, offered or declined, had not always been recorded. There was an additional failure to identify this shortfall.
- An audit undertaken in January 2021 recorded a, "Second [meal] option to be available." At the time of this inspection, second meals options were still not available.

The provider failed to consistently and effectively operate governance systems to identify shortfalls, errors and omissions. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular medicines checks were carried out to ensure medicines administration records had been signed, and stock balances were accurate.
- Environmental checks were undertaken, including water temperature checks to help prevent the risk of burns and scalding from hot water.
- Relatives said they felt confident the recently appointed registered manager would help to drive improvement in the service. Comments from relatives included, "The new registered manager is approachable. I do have confidence in them. I hope I'm right. They're trying to sort the Wi-Fi out" and, "I have spoken to the manageress. There have been a lot of managers. The manager is known to the organisation, so they should be good. One of the staff was promoted to [acting] deputy so they know people."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Permanent staff knew people and their support needs. For example, one staff member described how they had supported a person to attend a family event and how they were planning to support another person who was due to undergo a routine hospital admission. They talked about, "Being there for them [people]" and, "Being there to support [relative]."
- Unannounced out of hours spot checks were carried out to monitor care provision at night.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had recently relaunched their 'have your say' campaign. This was a forum where people had the opportunity to provide feedback. Most recently, people had said they would like to have an annual party, the operations director confirmed this would happen.
- Staff were supported to attend meetings. Items on the agenda included a recent celebration of 'Pride Month' where staff were able to share photographs and the provider's LGBT+ network was promoted.

Continuous learning and improving care

- Managers were involved with governance meetings and these were used as an opportunity to reflect on lessons learned in the past month.
- At the time of our inspection, the provider had implemented an action plan to improve care provision in the service. Recent progress included reviewing all protocols for 'as required' medicines and appointing a 'dignity champion' to ensure staff knew how to provide people with care in a dignified way.

Working in partnership with others

- Staff responded to people's changing needs. For example, referrals had been made to the speech and language therapist (SALT) for advice in relation to swallowing difficulties.
- During our inspection, the operations director was pro-active and suggested ways that they could work with the Care Quality Commission (CQC) to provide assurance about improvements in the future, such as submitting a monthly action plan and update.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility in relation to the duty of candour. The registered manager said, "It means to be open and honest and apologise if we make a mistake; offering a solution to anyone who is involved that has been affected, and supporting people."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people received consistent support to pursue their hobbies, interests and that promoted their independence. There was an additional failure to ensure end of life care planning was person-centred and accurate.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently and effectively operate governance systems to identify shortfalls, errors and omissions.</p>