Dr Rais Ahmed Rajput

Spring Tree Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 5 May 2016 and was unannounced. Our last inspection visit took place in November 2015 and at that time we found the provider needed to make improvements to ensure risks for people had been assessed; The provider needed to make sure people were supported to be independent and received the correct medicine at the right time. We also identified concerns that people were not supported to make decisions that were in their best interests where they no longer had capacity. On this inspection we saw improvements had been made. However, the provider needed to consider how to support people's independence within the home as some of the doors could not be opened unless accompanied by staff, which could restrict people. The provider also needs to consider how to promote people's dignity at meal times.

Spring Tree is registered to provide residential care for up to 30 older people. Following the concerns we identified during our inspection visit in May 2015, we issued a condition on the provider's registration to prevent further admissions into the home. On the day of our inspection visit 18 people were using the service. As a result of the improvements demonstrated by the provider at this inspection, we will remove this condition.

A registered manager from another home owned by the provider was managing the service. They were applying to become the registered manager of this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were available at the times people needed them and they had received training so that people's care and support needs were met. People were protected from the risks of abuse because staff understood where harm may be caused and what action they needed to take. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks which meant people could continue to enjoy activities as safely as possible.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. People received support in the ways they preferred and were encouraged to pursue their hobbies and interests. People liked the staff and had developed good relationships with them. People were supported to maintain relationships with people that were important to them and visitors were welcomed at the home.

People had a choice of food, and were encouraged to have enough to drink. People were referred to healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

Staff listened to people's views about their care and people were able to influence the development of the

service. People knew how to complain about their care and concerns were responded to. The provider and manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us and kept us informed us important events that happened at the service.

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.

Staff knew how to protect people from abuse and how to report their concerns. People's risks were assessed and there were individual management plans in place to keep people safe. There were sufficient numbers of suitably recruited staff to meet people's needs. People's prescribed medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff had received training which gave them the skills they needed to care for people effectively. Staff understood how to support people to make decisions and gained their consent before providing support. People were supported to enjoy relaxed and sociable mealtimes. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Is the service caring?

Requires Improvement

The service was not always caring.

People may have limitations on their independence as doors were locked and they could not access all areas of the home. People's dignity was not always respected at meal times as everyone ate from plastic plates and were not provided with a choice. People enjoyed the company of staff and they were kind and polite to them. Staff demonstrated a genuine interest in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care was planned and reviewed with people and their relatives to reflect their individual likes and dislikes. Staff understood

what was important to people and delivered care which recognised their individuality and respected their preferences. People were supported to spend their time as they wanted. Staff provided a variety of activities for people to take part in with or without the company of their families. People knew how to raise concerns and were confident that they would be listened to.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were given the opportunity to share their views of the service and told us it was well-led. The provider was monitoring aspects of the service and using the information to improve care when necessary.

Spring Tree Rest Home

Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection visit 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 visit took place on 5 May 2016 and was unannounced and undertaken 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. The expert-by-experience at this inspection had experience in the care of people living with dementia.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service, four relatives, eight members of the care staff, the manager and provider. We also spoke with commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks.

Good

Is the service safe?

Our findings

On our previous inspection visit we found that the provider needed to make improvements with how risks were assessed to ensure people were safe. On this inspection visit, we saw where people became agitated, staff supported them so potential conflict was minimised. We saw one person became distressed and staff spoke kindly with them and listened when they explained why they were upset. One member of staff told us, "We understand why they get upset and we try as far as possible to avoid situations where they may become angry. If they do become upset we all know what to do, and for them it's about giving them time and talking." We saw risk assessments included information on how to support people and incidents were recorded and used to review the effectiveness of the plan. Where there were changes in people's behaviour we saw the support plan was reviewed and people were closely supervised to ensure they remained safe.

On our previous inspection visit, we also identified concerns with how medicines were managed. On this inspection visit, we found that the provider and staff had worked closely with the dispensing pharmacy to review how medicines were managed. The provider had organised for a pharmacist to review the systems and processes. Each month they had carried out a comprehensive audit to evidence that people had received their medicines as prescribed. Staff had received training in the safe handling and administration of medicines and their competency had been assessed. Information was available to identify where people needed 'as required' medicines. One member of staff told us, "We're really pleased with the work we have done to raise standards with medication. We have checks done every month and staff are observed being responsible for the medicines. If there are any mistakes at all, they receive more training and are not responsible for medicines until we can ensure they are safe." We spoke with the pharmacist who told us that safe systems were now in place which meant people were protected from the risks associated with medicines.

People who used the service and their relatives told us they felt safe and one person said, "The staff are very good at looking after me. There's been a lot of changes with the staff but all for the better." One relative told us, "[Person who used the service] feels safe here with the staff. If they go out they can be agitated, but when there is a member of staff with them, they feel safer." People who used the service and their relatives felt assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse and had a good knowledge of how to recognise and respond to allegations. One member of staff told us, "Safeguarding is about protecting vulnerable people from abuse and neglect. I'd report anything I saw to the manager or I'd follow the safeguarding procedure which is displayed in the office for us to follow."

People told us there were enough staff working in the service to meet their needs and staff were available when they needed them. We saw there was a member of staff present in the lounge area at all times and they spoke with people and ensured their welfare. One relative told us, "There seems to be enough staff around, and they are all very approachable". Agency staff were not used and all additional cover was provided from within the staff team, which meant people received care from staff who knew them and understand how they wanted to be supported.

Recruitment procedures were in place to ensure new staff were safe to work with people who used the service. We spoke with one member of staff who had recently started working in the service and they told us "I couldn't start here until all my checks had come back and they knew everything was okay." We saw recruitment records contained the necessary checks to check staff's suitability to work in the service, including carrying out police checks.

Good

Is the service effective?

Our findings

On our last inspection visit we identified concerns with how people were supported to make decisions when they no longer had capacity. These issues constituted a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection visit, we heard staff offering people choices and gaining consent from them before providing care. People were asked how they wanted to spend their time and where they wanted to sit. One person told us, "I can choose what I want to do. The staff ask me what I want and they listen to what I have to say." When people were being supported to move, we heard staff ask for their consent before walking or being supported to move in their wheelchair. One member of staff told us, "We respect what people have to say. I like to think that the care I provide here is as good as it would be for a relative. We all want to get things right."

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of staff said, "We understand that some people need help to make decisions. We try and start from the point of view that people can, but where we have concerns that we assess how we can support them to make decisions that are in their best interests." We saw assessments had been completed for people who needed support with decision making. When people were unable to make their own decisions, staff recorded decisions made on their behalf in their best interest. For example, one person needed to have their medicines reviewed and required a blood test; we saw their capacity to make this very specific decision had been assessed and it was recorded why a blood test was in their best interests. A member of staff told us, "We have liaised with other health care professionals and we made this decision in their best interests so they receive the best treatment 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The design of the home meant that some people could not access their bedroom as some internal doors were locked and they were unable to understand risks to their safety and were not safe to go out without support from staff. We saw that DoLS applications had been submitted to ensure that people only had restrictions placed upon them, when it was necessary to protect them from harm. Risk assessments had been completed to demonstrate how people were supported in the least restrictive way until the applications had been authorised.

Some people used assistive technology and had a pressure pad alarm on their chair and by their bed to alert staff when they moved. We saw this was used to enable staff to support people and it was recorded in the care records that this was not to be used to restrict people's movement but to keep people safe. One member of staff told us, "We use these for people who are unable to use their call button. We want to make sure people are safe."

People felt supported by staff that had the knowledge and skills to provide effective care and support. One

person told us, "The staff know what they are doing here. They always know how to look after me and I've very pleased with them all." One relative told us, "There have been a lot of changes and I'm impressed with how the staff have tackled these challenges and moved forward." Staff had received training to support people who were living with dementia we saw them helping people to be aware of the day and time and helping to recall events and talk about what was important to them. There were large pictorial signs on the doors to the toilet to help people move around the home and identify these rooms. One member of staff told us, "We all did our dementia training and this helped us to put ourselves in people's shoes. We talked about what it may be like having dementia and how we could support people. We have blue toilet seats as one person's sight is deteriorating and this helps them to recognise where the toilet is and remain independent." Another member of staff told us, "Our training helped us to realise that we must see the person first and not the dementia." The staff were confident that the training they received had provided them with the skills they needed to support people.

New members of staff received training and support to develop the skills they needed to support people and staff completed the Care Certificate. This sets out common induction standards for social care staff and has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours.

People had a choice of meals, and alternatives to the main meal options were offered. Meals were served individually to people who were asked what they would like to eat. People were able to decide if they wanted certain ingredients within the meal. For example, one person told staff, "I'll have the stew but without the meat please." This was arranged for them. We shared a meal with people and we saw that staff supported people who required additional encouragement during meal times, at their own pace. We spoke with the cook who told us they were provided with information about people's dietary needs and preferences. We saw meal times were a social occasion with people chatting together and with staff. There was talking and laughter between staff and people who used the service.

People were visited by healthcare professionals and appropriate and timely referrals had been made when people were unwell or when staff had identified that people were losing weight. The provider had arranged for a mental health professional to work in the service one day a week and support people who were living with dementia and to provide training for staff. They told us, "I help the staff to think of people in wider terms than their dementia. Sometimes dementia gets used as the reason for everything. We need to look at the person and review their health needs too."

Requires Improvement

Is the service caring?

Our findings

On our last inspection visit we found concerns that people did not always receive care that was based on their individual needs and preferences and were not enabled to be as independent as they were able to be. People's ability to access the stairs or other areas within the home or grounds had not been assessed. This meant that there was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection visit, we saw improvements were made although further improvements were needed. The design of the home meant that when people and relatives wanted to visit their bedroom they needed to ask for the door to be opened using a key fob and had to use the emergency call in the bedroom to alert staff so they could come back downstairs. One relative told us, "It's not ideal that you have to use the call button and wait for the staff to come and come and get you." At the beginning of the day not all staff had a key fob to open the doors. When we brought this to the attention of the manager; these were obtained from the office and we saw there were enough for all staff. The manager told us they were reviewing the door system to enable better access for people and relatives and acknowledged the current key fob system may restrict movement around the home and reduce people's choices and independence.

People had meals served on blue plastic plates and generally drank from plastic beakers and cups. We saw some people had their own mug, and drinks were served in these between meals from the drinks trolley. At meal times everybody used the plastic crockery. Some people we spoke with told us they would prefer to drink from a china cup and one person said, "The plates aren't that nice." Staff told us they had been purchased to support people living with dementia but everyone used these and people had not been consulted about what style of crockery that would prefer. The provider agreed that this did not always promote people's dignity and other standard crockery and cups were available but had not been used.

Peoples' diverse needs were recognised. One person told us, "The staff always ask me what I want to drink and never make assumptions. They know how many sugars I like but they still ask me every time. I think that's very polite." Information was recorded about people's diverse needs, their sexuality and whether they wanted to practice their faith, to grow a beard and whether they had a preference to be supported by staff of a particular gender. People were registered to vote and we heard people talking about their opinions for current political events. The manager told us that people would be supported to vote and understood the importance of people being included in political affairs.

Staff spoke compassionately with people, for example, we heard one person became worried as they no longer had a job. The staff spoke with them about what they would like to do and arranged for them to have a role that day and help in the home. Staff spoke kindly when they were supporting people and kept them informed of what was happening. For example, when supporting someone to walk, a member of staff said, "You're doing really well. Walk steadily, we're just moving to this chair." When providing drinks, any person who was sleeping was gently rubbed on the hand and woken gently to ask them if they wanted a drink or biscuits and offered a choice of tea or coffee. Where people had a hearing impairment they gained their attention before speaking and checked they heard and understood what they were saying. Staff were patient and waited for responses from people when assisting them to mobilise.

People told us that staff respected their privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. For example, where people had spilt food on their clothes, staff supported them to change. One person told us, "I want to look my best." People were dressed in a style of their choosing and had matching accessories and women had a handbag. We saw when people were supported to move staff remembered to take their personal belongings with them and asked people where they could place them so they could reach them. One relative told us, "From a care point of view, the care workers are superb, the current ones come in and are attentive."

People were supported to maintain the relationships which were important to them. Relatives told us they could visit anytime and there was a variety of communal areas where people could spend their time.

Good

Is the service responsive?

Our findings

People were offered opportunities to pursue activities and interests, to socialise together or, if they preferred, spend time alone doing what they enjoyed. We saw people were singing and spent time outside in the garden. We heard people laughing and talking with each other and staff. One person told us, "It was lovely and sunny today and nice to be out. I hope this weather lasts." At lunch time one person started to sing and people around joined in. There was a relaxed atmosphere as people smiled and sang with each other. One person told us, "I love that song. I enjoyed that."

Family members had worked with staff and organised a fund raising activity fair. One room had been decorated with period furniture and equipment. One relative told us, "It was lovely, we had sewing machines and irons and people really enjoyed looking at everything and it sparked off some great memories for people." People generally told us that the level of activities had improved and they enjoyed participating in planned events. One person told us, "It would be nice to have more activities designed around for the men here. I think this would be beneficial for people." We talked to the manager about this who agreed to review this.

People were actively involved in the planning and delivery of their care and their views were listened to and acted on by staff. People received care from staff who had a good knowledge of their needs and preferences and care was planned to reflect their likes, dislikes and preferences. Staff knew about people and their family and we heard staff speaking about current family events with people and their relatives. One member of staff told us, "We are spending time with people and their family so we can complete their life history. People really enjoy talking about this with us and it helps us get to know people better." Another member of staff told us, "It's important to know people as you can provide better support. [Person who used the service] loved going on Caribbean holidays. The other day when we were sat on the bench outside, I just said, 'close your eyes and imagine you are on a beach'. They smiled and it was lovely to talk about what they enjoyed."

People were able to raise concerns or make a complaint if something was not right. People told us that they would be confident in speaking with the manager or a member of staff if they had any concerns about the support provided. We saw any complaint was addressed promptly and one relative told us, "I can go the manager and say 'I don't think this is working' and they are approachable and can either explain to me why something is the way it is. I have a good relationship with them." A member of staff told us, "If anybody reports anything that is a problem, then the manager acts on it. It's definitely improved here. We need to think about what we would want if any of our family lived here. If we carrying on thinking like that, we'll carry on improving.

Good

Is the service well-led?

Our findings

The service had a manager who was the registered manager at another service owned by the provider. They had submitted an application to us to become the registered manager at Springtree Rest Home. People who used the service and their relatives spoke positively about the manager and the staff team. One relative told us, "I always thought the staff were lovely but now they have the guidance they need and things are improving. There is more stability to the staff." Another relative told us, "There were lots of problems, but since the new manager arrived, it is a lot better." The staff told us they had been supported by the manager to make improvements and they were approachable and available when they needed them. One member of staff told us, "There have been many changes here, but the biggest change has been with the management. The new manager is on top of everything and doesn't want to see thing slide. It's also better because the managers (of the two other services owned by the provider) get together now and can support each other."

The manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. One member of staff told us, "At my last supervision, we talked about my performance and how I was. We also looked at how we would support people to evacuate the home in the case of fire. We go through different topics and the manager makes sure I'm comfortable with everything I've learnt." Following training, the manager observed staff practices and ensure the staff were competent in that area.

Staff had a good understanding of the provider's whistle blowing policy and staff were confident that they would be supported to raise any concerns about poor practice in the service. One member of staff told us, "I have a duty of care so I have to speak up for people to make sure they are receiving the best care."

The provider and quality manager carried out quality checks on how the service was managed. We saw they had carried out observations of care practices and had concentrated on how staff interacted with people, management of continence, compassion and how choices were made. Where concerns or good practice was identified, this was discussed with staff. The quality manager was also responsible for training staff and improving standards. They told us they were reviewing the care records and daily entries and said, "We are reviewing how records are completed and using real records so staff can think about what that write down and what this really means; are the entries are meaningful?" The quality manager told us they were committed to ensuring standards continued to be raised and was positive about the future of the service.

Quality audits had been completed on personal support plans, medicines management, health and safety and care records. Accidents and incidents had been reviewed to identify whether there were any trends. We saw where one person had fallen on several occasions, a referral had been made to the falls team and they had been provided with additional equipment to support them. Following this intervention we saw they had not had any further falls.

Service satisfaction surveys were being distributed to people in order to obtain their feedback on the quality of service they received. New survey cards had been designed in an easy read format. The manager informed us that these would be evaluated and we will review the outcome on our next inspection visit.

People who used the service and their relatives had been invited to residents meetings. The minutes recorded that they had discussed improvements made within the service, reviewed how the doors were locked and considered the use of key codes. One relative told us, "We are asked for our opinion and I always feel I can speak about what I want to raise." Another relative told us, "There is a relatives committee, which helps me because I can go to other relatives and talk and you don't feel so alone dealing with things."

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. A copy of our last report and rating was displayed in the entrance hall to inform people of the quality of the service.