

## Midshires Healthcare Limited

# Treetops

### 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 27 February 2017 and was unannounced. The service was last inspected on 24 and 25 November 2015 and was not compliant in all areas. There were two breaches. One breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Person-centred care as people who lived in the home were not engaged in activities that met their needs and reflected their preferences and Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Premises and equipment as equipment was not cleaned or properly maintained, nor were the standards of hygiene in the kitchen adequate.

At this inspection we found improvements had been made and the home was now compliant in all areas.

Treetops is a residential care home for up to 28 people who live with mental ill health. At the time of our inspection 22 people were living there. The accommodation consists of an old house with extensive grounds around it.

The registered manager had recently left the organisation. However, at the time of the inspection the operations manager had applied to be the registered manager with the Care Quality Commission. 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.

People were protected from bullying and harassment by staff who were trained and knowledgeable about significant risks to people. The management team and staff were able to explain to us how they protected people's rights. The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were adhered to.

There were sufficient numbers of staff to keep people safe. The provider had recruitment procedures in place and only employed new staff once appropriate checks had been completed. The provider ensured new staff participated in an induction which included a period of shadowing an experienced member of staff.

People's medicines were managed safely. There were procedures in place to ensure medicines were safely stored, administered and disposed of.

People's nutritional needs were met; special dietary needs were catered for and people were given the choice about where and when they ate their meals. Staff understood people's health needs and people were supported to access relevant health care professionals when this was required.

Caring relationships had been developed between people and the staff who supported them. People were

supported to express their views and were involved in the development and review of their care plans. Staff knew people well and were aware of the importance of treating them with dignity and respect. Staff were kind and caring and people's self-esteem was promoted and staff supported and encouraged them to remain as independent as possible.

People received care that was responsive to their needs and their needs were met in line with their preferences where this was possible. People knew how to make raise concerns. Staff, the management team and people felt their concerns would be listened to.

Audits were carried out to monitor the quality and safety of the service. Staff supervision and training was provided. Meetings were held with people to give them the opportunity to voice their thoughts about the services they received. Staff we spoke with understood their roles and responsibilities.

## 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.

There were enough staff to meet people's needs and help keep them safe.

Staff understood the different types of abuse and were confident any concerns they raised would be acted upon.

Risks to people living in the home were managed and their freedom was supported in a safe environment.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training which prepared them with the skills required to work in an environment where people required support.

Consent to care and treatment was sought and the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were adhered to.

People were supported to have sufficient to eat and drink and had a choice of food.

People were supported to maintain good health and had access to health care professionals when this was required.

### Is the service caring?

Good ●

The service was caring.

People were supported by a staff team who developed caring relationships with people.

People were supported to express their views and be actively involved in the planning of their care.

People's privacy and dignity was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Outings and events were organised for people to take part in.

People received care that responded to their differing needs.

Complaints were responded to and acted upon.

### **Is the service well-led?**

**Good** ●

The service was well led.

The deputy manager and senior staff team were open and receptive to ideas from their staff. They were approachable and supportive to people.

There was good daily leadership in the home.

Care was monitored and audited to help ensure high quality care was delivered.

# Treetops

## 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.

The inspection took place on 27 February 2017 and was unannounced. The inspection team comprised of one inspector and an expert by experience. An expert by experience is someone who has, or who has a relative who has, experience of similar services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted Derbyshire Healthwatch to ask if they had any information which might inform the inspection. Before the inspection the provider completed 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.

We spoke with six people who used the service, the operations manager, deputy manager, two senior support workers, two support workers, the activities co-ordinator and two members of kitchen staff.

We reviewed a range of records about people's care and how the service was managed. This included three people's care plans, staff training records, three staff recruitment files, health and safety audits and records relating to medicines.

Not all of the people living at the service were fully able to express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

# Is the service safe?

## Our findings

At our last inspection 24 November 2015 we found premises and equipment was not cleaned properly nor were standards of hygiene adequate. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found cleanliness and equipment was of a good standard.

People told us they felt safe living at the home. One person said "They (staff) have been protecting me for many years so I feel safe". People described times when others displayed behaviours which may be perceived as difficult or challenging and this made them feel unsafe. However, they said staff advised them to stay away from the area to keep them safe. Three people told us they did not feel safe living in the home due to one other person living in the same home. We talked to the deputy manager about this they explained there was a new support plan in place for this person to help ensure other people were kept safe. For example, there was always a member of staff who placed themselves between the person who became upset and other people to help protect them. They had also liaised with mental health professionals to support them in maintaining everyone's safety. This strategy had only recently been required but was being effective in protecting people.

Special training had been arranged for staff to assist them in de-escalation techniques when people became agitated. We saw staff reacted to keep people safe when one person living in the home became upset. This meant the risks and needs of people living in the home were balanced and people were kept safe. The staff team understood the needs of people and promoted this without compromising on safety. Risk assessments were in place to support staff in managing risk.

Staff we spoke with had a good understanding of different types of abuse. Staff understood their roles and responsibilities in recognising and reporting any potential abuse. Records showed staff attended training in safeguarding people. Staff understood the processes in place for reporting any concerns and told us they would have no hesitation in reporting to their line manager if they had any anxieties about someone's safety. Personal Evacuation plans were available should anyone be required to be evacuated from the home in an emergency, for example fire. Also, documents were easily available for people living in the home with important information if they were required to be admitted to hospital.

People told us they felt there were enough staff to meet their needs and provide care and support and we could see this was the case. We looked at staffing rotas and could see there were enough staff on duty to help ensure people were kept safe. The deputy manager told us if there was staff sickness then staff employed by the organisation were asked to volunteer for extra duties to help with the continuity of care. This helped to provide continuity of care for people. However, where this was not possible they used agency staff to ensure there were sufficient numbers of staff on duty to meet the needs of people living in Treetops.

We reviewed staff employment records and found checks had been undertaken before prospective staff worked at the home. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and

Barring Service (DBS). This meant people could be confident staff had been screened to help ensure their suitability to work with people who received care and support in the home.

Staff who were responsible for the administration of people's medicines had taken part in training and supervision to help ensure they were giving the right medicines to the right people at the right time. Medicines were safely stored and records showed staff followed current legislation and guidance. We reviewed medicines administration records (MAR) and observed staff during a medicines round. We saw the staff member ensured people received the correct medicine and completed the MAR chart afterwards. The deputy manager told us medicines were audited following every medicines round to ensure the appropriate amount of medicine had been given. This helped to ensure the continued safety regarding medicine administration to individual people.

When we arrived at Treetops to carry out the inspection none of the toilets had paper towels for drying hands. This puts people at risk of infection as hands are not dried properly. We pointed this out to the deputy manager who explained how the error had occurred and by the end of the inspection visit we could see all toilet areas contained paper towels.

# Is the service effective?

## Our findings

People told us they had confidence in the staff and they believed they had the right skills to supporting them. We saw people were supported and cared for by staff who had received training which supported them in their work. Records showed staff had completed training or arrangements had been made for them to undertake training. For example training had been undertaken in mental health, person centred planning and epilepsy. This meant staff were developing the right skills to care for people who lived in the home.

New staff completed a period of induction, shadowing and training so they were able to effectively meet people's needs. Staff told us they spent the first few days of their employment looking at care plans so they could get to understand the needs of the people they were going to be working with. Staff told us that during the induction they felt supported and were able to ask any member of staff for help if they needed this. They also told us they spent time shadowing a more experienced member of staff before they began to work independently with people. Staff we spoke with told us they received supervision to support them in their role. When we looked at records we could see supervisions were undertaken.

The Mental Capacity Act (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. We looked at care plans and could see mental capacity assessments had been completed where this was appropriate.

The management team understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted under Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found they were. Staff were able to explain to us their understanding of the MCA with regard to how people were supported to make their own decisions and choices. When people's choices were restricted under DoLS, they should be as least restrictive as possible and staff were able to explain the importance of this to us. During our inspection visit we saw people's consent to care and treatment was sought.

People told us they enjoyed the food and it had improved in the last few weeks. When we spoke with the manager they told us there had been two new cooks employed recently. One person said "The cook makes really nice meals, much better than before". Another person said "Food, 8 out of 10; can get seconds and even thirds". People were offered a choice as to where they wanted to eat their meals; some chose to eat in the dining area and other people chose to stay in their room. We saw people were offered to have their food brought up to their rooms if they preferred to eat there. People were provided with plenty to drink throughout the day and mini fridges were provided with soft drinks so people could help themselves when they wanted. A new menu was being devised with input from people living in the home so they were eating their favourite foods and choices were available on a daily basis.

We saw the kitchen was well organised and food stored had the date of opening clearly marked. Kitchen staff were aware if people had allergies to certain foods or if they had any specific dietary requirements. Fresh fruit and vegetables were available in the fridge and this helped to ensure only fresh food was served to people. Store cupboards were fully stocked which meant there was plenty of choice for people at meal times.

Some people told us they had easy access to health professionals. However, one person said they had asked to see their health professional but they weren't sure what was happening with this. When we spoke with staff about this they showed us the referral had been made. Staff were able to tell us about people's day to day health needs as well as any specific issues relating to people's individual health needs. Staff told us they had good support from community health services when this was required. We could see appropriate referrals had been made when this was required. For example, one person had been referred to the dietitian when they had a small, but significant, loss in weight. We could see from looking at records that appropriate health referrals had been made when this was required.

## Is the service caring?

### Our findings

People we spoke with told us the staff were caring and were described in a positive way by the people we spoke with. Our observations throughout the day confirmed this. For example, one person left the room very upset and a member of staff immediately left the room to see if they were alright. One person said "All staff are really nice and very helpful". Another person said "Staff are kind to me".

One member of staff told us it was important to have a "Calm environment" to help people feel comfortable in their home. They also said it was important to have individual time with people and not to rush them. They told us it was important to have patience to work with people and to talk to people about what was happening in the home and what was happening to them.

People were supported to express their views and one person had recently gone to live more independently in the community when they had expressed a wish to do this. We saw people were consulted about how they wanted to be supported. Staff explained how they supported them with their daily living activities, such as doing their own washing and meal preparation until they were able to provide their own care and support. Staff said they looked into people's "Likes and dislikes and base care around that". One member of staff said "I do try and encourage independent living skills". In this way staff were demonstrating how people's views were respected to support them to live their own lives how they wished. One member of staff said "As long as the care plan reflects their needs and wants, that's the key thing". They also said "It's important to spend time with them [people]". Staff told us how they supported people in a way they had expressed they wanted to be supported. One member of staff said "It's what they like at the end of the day".

Staff told us how important it was to get to know the people they were supporting. One member of staff said "You build a rapport with the service users" and, "You have to care to do the job properly". This helped to show staff were aware of the need to demonstrate a caring approach to the people they supported. One member of staff said "We're caring, we're a caring group of people [staff]".

We saw people were cared for by staff who showed them kindness and compassion. We also saw people were treated with dignity and respect. One person said "They have a respectful way of talking and don't force things". We saw and heard staff chatting with people in a friendly manner and staff were quick to respond sensitively to people if they became upset or distressed. For example one person had upset another person who was living in the home. A member of staff explained to them it was not acceptable to upset someone else in this way and it was done in a gentle and respectful way.

Staff spoke about the importance of caring for people by showing respect and courtesy. We saw and heard staff talk to people in an attentive and friendly manner. Staff were able to describe how they supported people with their dignity when providing personal care. This included knocking on people's doors, closing their curtains, using people's preferred names and supporting people to remain as independent as possible. All people living in the home had a key to their own room so they could maintain their privacy when they wanted to. A member of staff said it is important to maintain respect for people as "You're coming into their

home".

## Is the service responsive?

### Our findings

At our last inspection on 24 November 2015 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care as people who lived at Treetops were not engaged in activities that met their needs and reflected their preferences. At this inspection visit we could see this had been addressed and there were now various activities available to people.

We saw some people taking part in activities on the day of the inspection. For example, one person was playing a game with a member of staff. Another person was choosing CD's to play. One person said "I'm bored there's nothing to do". However, when we looked at records we could see there were daily activities available to people.

The provider employed an activity co-ordinator whose aim was to provide structured activity for people. We spoke with the activities co-ordinator who was responsible for planning the day to day activities. They told us they had been supported by an occupational therapist to provide activities on a monthly basis but this had not happened for six months. However, the activities co-ordinator gave us an example of how they attempted to engage people who wanted to stay in their room. They had a strategy for building up a relationship with people slowly until they became confident, only then did the activities co-ordinator introduce activities for them. One member of staff, regarding activities said you've "Got to get people interested and not just keep offering activities". This demonstrated an awareness that sometimes people respond better to ideas for activities if they are introduced to them gradually and slowly building the relationship.

We saw the planned events for November and December 2016 which took place at Treetops, these amounted to 23 events over two months. Activities had been planned including a Halloween party which all people had attended. There was also a trip to the cinema which four people were recorded as attending and a Christmas pantomime which was attended by twelve people. During February 2017 there were nine group activities organised which people took part in and included shopping trips, a birthday party and group chats. On the day of our inspection we saw people were supported to be involved in activities of their choosing. This meant people were supported to lead active lives.

People had care plans which reflected and focussed on them as individuals. Care plans had been reviewed and updated to reflect any changes in people's needs. For example, when their likes, dislikes and interests changed. Risk assessments were also included and updated when required. We saw there was a life history of people's past including the care plans and discussions with their key workers were recorded which gave information about how they wanted to be supported. There was also information in care plans about death and dying and how people wanted to be supported during this time. One person had a special request regarding the decoration in and around their room and one of the members of staff had worked with them to provide the environment they requested. This helped to demonstrate staff were responding to individual requests.

People told us requests and complaints were responded to quickly and when they mentioned something to

a member of staff it was acted upon. Feedback regarding people's support was sought through people's key workers who had regular contact with them. The provider had a complaints procedure and this was available should anyone have a complaint. We saw the complaints procedure contained sufficient information for people's complaints to be responded to and investigated.

## Is the service well-led?

### Our findings

The registered manager had left the service and the Operations Manager was in the process of applying to become the registered manager. The Operations Manager understood their role and responsibilities. They were familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notification of a person's death or an event which may affect the effective running of the service. We saw arrangements were in place for the day-to-day management and running of the service by a deputy manager.

The deputy manager told us they undertook a daily walk around Treetops to help ensure people's needs were being met. They also told us they did a weekly walk around the home to focus on ensuring the environment was safe and fit for purpose. We saw documentation confirmed this. However, there was one person's room which had a damp patch showing on the ceiling. We discussed this with the deputy manager and the handyman who said this was being addressed.

Staff told us the deputy manager was approachable. One member of staff said "I can approach [deputy manager] with any concerns or ideas I have and [deputy manager] will act on it. We discussed with the deputy manager the ways in which they motivated staff and involved them in decisions about the home. They told us they believed it was important that their office door was always open and staff could approach them with questions or concerns. The deputy manager said they "Empowered staff to know they can ask". They also explained they were encouraging staff to be involved in quality audits in the home so they understood and took responsibility for the environment. The deputy manager said they also helped to develop staff by supporting them to "Sit with service users to complete evaluations and care plans". This shows staff were involved in the day to day running of the home. One member of staff said "I love my job" and "I can do something I'm good at".

We saw documentation that confirmed service user meetings and service user surveys were undertaken and that action was undertaken from the outcome of these. For example, there were action plans from the minutes. People who lived at Treetops were invited to meetings which helped them to be included in what was happening in the home. One member of staff said "This allows them to make decisions as a team. People also had monthly meetings with their key worker to talk through their care plan and look at any changes that were required to be made. Staff handovers were completed comprehensively twice a day. We also saw staff surveys with an analysis of the comments and then a follow-up staff meeting to address the issues raised. Throughout the day of the inspection visit we saw people approach the manager and could see they were happy and comfortable to do this.