

Gracefind Limited

Treetops Residential 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 27 October and 1 November 2016 and was unannounced.

Treetops Residential Home provides accommodation and personal care for up to 24 older people. The service is a large converted property. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floors. There were 18 people living at the service at the time of our inspection.

A registered manager had not been working at the service since April 2016 and the providers were leading the service. The provider had a condition on their registration that required a registered manager to be in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. One of the providers planned to apply to CQC to become the registered manager until a suitable manager was appointed and had completed their employment probation to the provider's satisfaction.

Detailed plans and equipment were not in place to keep people safe in an emergency. The providers requested the local Fire and Rescue Service visit the service to give them advice and guidance following our inspection.

Detailed information was not available for staff to refer to about people's care and how to manage risks to them. The provider had identified this before our inspection and had put plans in place to address these shortfalls. This did not impact on the care and support people received as staff knew people well and people were able to tell staff what they wanted. People's care was planned with them, to keep them safe and help them be as independent as possible. Possible risks to people had been identified and were managed to keep them as safe as possible, while supporting them to be independent.

Some people wanted more to do during the day. The provider was recruiting an activities coordinator to offer people a wider variety of activities.

People received the medicines they needed to keep them safe and well. Changes in people's health were identified quickly and staff contacted people's health care professionals for support. People were encouraged to eat a balanced diet.

Staff were kind and caring to people and treated them with dignity and respect at all times. Staff knew the signs of abuse and were confident to raise any concerns they had with the providers. Complaints were investigated and responded to.

The providers had oversight of the service. Staff felt supported and were motivated. They shared the

provider's vision of a good quality service.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. The providers met regularly with staff to discuss their role and practice. They supported staff to provide good quality care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People were not restricted and went out when they wanted to. Some people went out without staff support. Applications had been made to the supervisory body for a DoLS authorisation when necessary.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. Staff supported people to make decisions and respected the decisions they made. When people lacked capacity to make a specific decision, decisions were made in people's best interests with people who knew them well.

The providers worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People, their relatives and staff were asked about their experiences of the care and their feedback was acted on.

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.

Checks had been completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

The provider had taken action to get advice about suitable plans and equipment to support people to evacuate the service in an emergency.

Detailed guidance about how to manage risks was not available for staff to refer to. However, risks to people had been identified and action was taken to keep people safe.

Staff knew how to keep people safe if people were at risk of abuse.

There were enough staff who knew people well, to provide the care people needed.

People were given the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

Staff were supported and had the skills they required to provide the support people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

People were supported to be independent.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service responsive?

Good ●

The service was responsive.

Detailed guidance was not available for staff to refer to about people's care preferences. However, people had planned their support with staff and received their care in the way they preferred.

The providers was taking action to make sure everyone had enough to do during the day.

Any concerns people had were resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the providers. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People, their relatives and staff shared their views and experiences of the service and these were acted on.

Treetops 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 27 October and 1 November 2016 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury. We spoke to a visiting health care professional.

During our inspection we spoke to five people, one person's relatives, the providers and five staff. We looked at four people's care and support records and associated risk assessments. We looked at people's medicine records and management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

We last inspected Treetop in September 2014. At that time we found that the registered provider was complying with the regulations.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "The staff do their best to keep us safe. I get worried about moving around now my legs have gone but they help me and are always there". People appeared relaxed and happy in the company of each other and staff.

Risks to people had been identified and staff followed agreed processes to keep people safe while maintaining their independence. For example, people who were at risk of developing pressure ulcers were supported to use pressure relieving equipment. Staff knew the correct settings for pressure mattresses and cushions and made sure equipment was set correctly. No one had pressure ulcers at the time of our inspection. The providers had identified that detailed guidance about how to manage risks to people was not available for staff to refer to and had put plans in place to address this. They agreed that this was an area for improvement.

Any accidents or incidents were recorded and monitored and action was taken to prevent further incidents. One person had fallen from their bed twice. Staff had considered using bedrails to support the person to remain safe. The person was confused at times and was at risk from trying to climb over the rails. The person's relative had agreed with staff that a mattress would be placed on the floor next to the bed to reduce the risk of injury to the person if they fell.

A fire risk assessment had been completed. Plans and equipment were not in place to support each person to leave the building in an emergency. Following our inspection the providers contact the local Fire and Rescue Service for support to improve fire safety at the service. Practice drills were held regularly so staff got to practice their role in an emergency. Fire equipment was checked to make sure it was working properly. Risks posed to people from the environment had been identified and assessed and measures were in place to reduce risks.

We would recommend that the provider act on any advice received from the local Fire and Rescue Service fire safety team.

Staff knew about different signs and types of abuse and were confident to raise any concerns they had with the providers. Staff were aware of safeguarding procedures and these were displayed in the staff office for them to refer to. Staff felt confident to challenge their colleagues or whistle blow to the providers or to the Care Quality Commission (CQC) when they had concerns about their colleagues' practice.

People's money was protected. The provider's held money for people who did not want to hold their own money. They made sure people always had money for things that they wanted such as sweets, cigarettes and hair dressing appointments. Any money people spent was recorded, receipts were kept and the balances were checked to make sure they were accurate. People and their relatives were provided with copies of these records regularly and when they asked for them. People had locked drawers and cupboards in their bedrooms and held keys for these.

People received their medicines safely and on time. Effective systems were in operation to order, receive and dispose of medicines. Medicines prescribed for short term conditions, such as antibiotics were obtained quickly. Staff had completed medicines management training and their competence was assessed before they supported people with their medicines.

Some people needed to take insulin to manage their diabetes and were supported by staff who had completed diabetes management training provided by the local Clinical Commissioning Group (CCG). One person's specialist diabetes consultant had written to the service stating that the person's diabetes management had improved since staff had been supporting them and this had improved their health.

Some people were prescribed medicines 'when required', such as pain relief or inhalers to help them breathe more easily. Guidance was provided to staff about the use of each medicine. Medicines were stored at the correct temperature.

Staff checked people's medicines when they moved into the service to make sure they had everything they needed. Some people on short stays had been supported to dispose of out of date medicines or over stocked medicines before they returned home. Other people had been supported to take important medicines they had not previously been taking. This had helped people feel better and return home. Any concerns had been shared with people's doctors.

Staffing levels were planned around people's support needs, appointments and activities. Most staff had worked at the service for several years and knew people very well. There were always enough staff around when people needed them, and staff had time to spend with people. Staff worked flexibly to respond to changes in people's needs, such as having additional staffing in the morning to support people to get up washed and dressed.

The senior carer leading the service during our inspection had authority to increase staffing levels if necessary. They called another staff member to work at the service during our inspection to support people while they spoke to us. Cover for vacancies, sickness or holidays was provided by the staff team. Senior care staff were on call out of hours to give staff advice and support. The providers were also available and visited the service to support staff when they needed it.

A full employment history, including explanations for gaps in employment had not been obtained for all staff. The providers agreed this was an area for improvement. Other checks including obtaining information about staff's conduct in their last employment, identity checks and Disclosure and Barring Service (DBS) criminal records checks had been completed before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records of training and qualifications in care new staff had completed was obtained to check staff had the skills and qualifications to fulfil their role. The providers were recruiting new staff and two potential employees were in the process of having their checks completed.

Is the service effective?

Our findings

People were given information to support them to make choices about all areas of their lives, including how they spent their time and who with. During our inspection people were offered information to help them make decisions. Staff respected people's decisions, including any unwise decisions they made, such as the decision to smoke.

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.

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 application 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.

People living at the service were able to make day to day decisions, such as how they spent their time and what they wanted to eat and drink. Staff supported people to make decisions in ways they could understand, such as showing people items and offering them a limited number of choices at a time. People chose their dessert from a selection on a trolley at lunchtime. Staff showed people the choices as well as explaining to them and people chose what they wanted.

People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals. Staff followed the principles of the MCA.

Staff were aware of their responsibilities under DoLS. People were not restricted. Some people went out and returned home when they wanted. Other people were taken to the places they wanted to go by staff, at their request, such as shopping and to local clubs. One person told us, "If I go out I let them know I'm off and when I will be back it's just polite and I don't want them to worry". Another person said, "I spend time in the garden every day. It's nice, we have a covered area so I can get outside even if it's raining". Some people were the subject of a DoLS authorisation and others were waiting to be assessed by their local authority. Staff knew who had a DoLS authorisation in place.

Staff supported people to maintain good health. People told us, "The staff know me really well, I was feeling unwell but trying to pretend I was ok. The staff realised I wasn't right and convinced me to see the GP and I had a chest infection" and "If I'm ill staff always keep me safe". People were supported to attend health care appointments by their family or the providers, including health checks and GP appointments. This helped people to tell their health care professional how they were feeling and offered them reassurance. Staff made

sure any recommendations were acted on when they returned to the service. People had regular health care checks including dental check-ups and eye tests.

Staff were trained to do basic health checks such checking people's blood pressure. They told us that this helped them identify changes in people's health quickly and they shared important information with people's health care professionals.

The providers had a contract with a local GP surgery and provided short term services to people who needed care and support to recover from a short term illness or injury. One person had received a service for a week while their home was changed to meet their increased needs. The person's family told us they were very grateful for the care the person had received at Treetops and for the support from staff to find a service to care for the person in their own home. Plans were in place for the person to return home which is what they wanted.

People told us they liked the food at the service. One person told us, "The food is good and it's never cold". Other people said the food was "Nice". People had enough to eat and 'seconds' were offered to people at lunchtime. People were involved in planning the menus. Several people had asked for pork chops and these had been included in the menu.

Alternative options were offered at each meal and staff prepared special meals for people who wanted them. The breakfast menu included cereal, toast and a cooked breakfast. People's comments included, "We always get a choice of two meals", "The staff are very accommodating if you don't like something. You have plenty of choice" and "I have sandwiches for supper too about 8pm, whatever I fancy". Menus were varied and meals balanced, with fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's likes, dislikes and needs.

People who were at risk of losing weight were offered meals fortified with full fat milk, butter and other high fat products. People who required a low sugar diet were offered the same foods as everyone else and people were able to add extra sugar if they wanted it. For example, people who did not need a low sugar diet were offered jam to add to rice pudding.

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the support they needed. They had received an induction when they started work at the service to understand their roles and responsibilities and get to know people and their support needs. New staff worked alongside experienced staff to help them build relationships with people and provide care in the way people preferred. Staff who did not have experience of providing care to people completed the Care Certificate, (an identified set of standards that health and social care workers adhere to in their daily working life).

Staff were knowledgeable about people's needs and health conditions. There was an ongoing programme of training. Training that staff had completed was tracked and refresher training was arranged when it was due. The range of training completed by staff included subjects related to peoples' needs such as diabetes and dementia. Some staff held level 2 or 3 qualifications in social care. Plans were in place for staff to complete 'virtual' dementia training, to help them understand how people living with dementia see the world. Staff had personal development plans in place which included their agreed development goals. One staff member told us they had asked to complete level 4 training and the provider had helped them find this and to enrol onto a course.

The provider worked alongside staff regularly and checked they were undertaking their role to the standard

they required. Staff received feedback immediately and at regular one to one meetings. Any changes needed to their practice were discussed and agreed. All the staff we spoke with told us they felt supported by the providers. Staff had an annual appraisal of their practice and development over the previous year.

The staff team was small and most staff had worked at the service a long time. They knew each other and the people they supported well. Throughout the inspection staff gave people the care they needed in the ways people preferred.

Is the service caring?

Our findings

People told us they were happy with the service they received at Treetops. Their comments included, "If I can't be at home this is a good place to be", "If someone needed somewhere to stay I'd say come here. They realise we are all human and all different" and "The staff are excellent they are very caring".

Staff treated people with respect. People were referred to by their preferred names and were relaxed in the company of staff. People told us they shared jokes with each other and staff and laughed together. One person said, "We have a good laugh here with each other and the staff". Staff told us they got to know people well and understood what was important to them. It was important to some gentlemen that they looked smart and well groomed. Staff made sure that people knew who would support them to shave each day, as this was important to them. People's religious and cultural needs and preferences were respected. Staff supported people to attend places of worship so they could follow their beliefs.

People's relatives and friends were free to visit them whenever they wanted. One person told us, "I can have visitors whenever I like, but if they are here at lunchtime they wait in the lounge or my room while I eat, I think that is ok". Another person who was new to the service received a visit from a friend and their dog which the person was very fond of. Staff told us this helped the person to settle in and maintain their friendships outside of the service. People kept in touch with their family by telephone. One person told us, "I have my mobile phone so my friends and family can call me directly". Other people made and received calls using the phone at the service.

Staff held birthday celebrations with people and invited their friends and family. Everyone had a homemade birthday cake and chose the menu for their birthday tea. People told us they liked this. Staff had suggested using balloons and 'Happy Birthday' banners to help everyone understand what the celebrations were for. These had been purchased in preparation for the next birthday celebration.

People told us they enjoyed the other celebrations held at the service. They told us, "We have fun, it is nearly Halloween and we dress up. I'm really looking forward to it. I had great fun last year" and "I'm looking forward to the Christmas party it's already booked for December".

One person had not been interested in looking after themselves before they moved into Treetops. With the staff's encouragement and support they were now looking after them self again and staff supported them to go clothes shopping when they wanted to.

The providers and staff involved people in making decisions about the service, such as the decoration of their bedrooms and communal areas. Residents meetings were held often and people made suggestions. The providers had recognised that they could do more to include people in making decisions about all areas of the service and were researching ways to do this. People were encouraged to bring personal items into the service such as small pieces of furniture, pictures and ornaments to make their bedroom feel "more like home".

Some people continued to do light housework including laying tables and folding napkins. One person told us, "It keeps me busy and active". Another person told us, "I like to sew and staff bring me things to stitch, if they rip their clothes I mend them. I have always loved sewing and it's nice to be useful". Staff were impressed by the person's sewing skills and grateful when they mended their clothes. The person sewed names tags into people's clothes for them, to help staff make sure laundry was returned to the right person.

Staff reassured people if they were worried. One person was worried as they thought they had lost their make-up bag. Staff reassured the person and helped them look for it and "It won't have gone far". Staff told us they would look for the makeup bag with the person and they did not like to look in the person's things without the person being present. We checked with the person later and they were pleased that their makeup bag had been found.

People told us they had privacy and decided how much privacy they had. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive. People told us they could choose the gender of the staff member who supported them. Their comments included, "I always have a lady to help me but I don't mind which one as I like all the girls", "I chose to have female staff to help me bath" and "I have a female helping me to wash as that's what I like".

Staff supported people to remain as independent as possible for as long as they wanted. Staff explained to us what each person was able to do for themselves and what support they needed, such as washing people's backs and legs only during their bath or shower.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. No one required the support of an advocate at the time of our inspection. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

Everyone met with the providers to talk about their needs and wishes before they moved into the service. This included people who moved in quickly on the recommendation of their doctor to receive a short term service. An assessment was completed with people and their representatives when necessary which summarised their needs. This helped the providers make sure that staff could provide the care and support the person wanted. People were able to visit the service and spend time with other people and staff before deciding if they wanted to move in. One person told us, "I came here for respite twice, I was referred by my GP. I then decided to come in full time. It was nice as I had got to know staff and residents first".

People's move in to the service was planned to make sure the providers were able to greet people and help them settle in. No new people moved in while the providers were on holiday.

People had planned their care with staff and their relatives when necessary. People told us staff provided their care in the way they preferred. One person told us, "When I have help getting ready I tell staff what they can do and what I don't want them to help with, they usually just wash my back, I can do the rest myself".

Very little information about people's abilities and the care they needed was available for staff to refer in people's care plans. This did not impact on people as staff knew people and their care preferences very well. Staff prompted and encouraged people to do what they were able for themselves and helped them to do other things. The providers had recognised that people's care plans needed to be more detailed and had obtained guidance about care planning from the local Clinical Commissioning Group's Clinical Nurse Specialist for Older People. They had a plan in place to rewrite all the care plans with people, their representatives and staff by the end of February 2017. They told us before the inspection that this was an area for improvement

There was good communication between staff members with handover meetings held between shifts and detailed handover records were kept. Staff told us they were informed about changes in people's needs quickly. Routines were flexible to people's daily choices, such as how they spent their time or if they wanted get up later.

Some people had enough to do during the day and followed their interests. Other people told us they wanted more to do. The activities coordinator was on long term leave and the provider was recruiting another person to support people to take part in different activities. Staff supported people to take part in activities such as games and prize bingo. One person told us, "We have games afternoons it gets my brain going. Throwing hoops on to posts, we all chat and try and help each other. We played big snakes and ladders the other day, I really enjoyed it and we all join in".

Entertainers visited the service to put on variety shows four times a year; people told us they enjoyed these. One person told us, "Sometimes we have little shows, some are very good, some are rubbish but we tell the owners which ones we like and they book that one again". People told us they enjoyed the weekly exercise class. Their comments included, "The lady who does the exercises is really nice she understands I'm not at

my best. We do moving to music which is good, I never used to take part but I always do now as it's enjoyable. The staff join in and make you laugh that is half the fun" and "I enjoy the exercise lady and join in as much as I can".

People told us that staff and the providers listened to any concerns they had and addressed them. Two people told us the providers were "very nice" and "caring" and often checked if they had any problems which needed to be resolved. Another person said, "If I have a problem I can go to staff and it's solved. I rarely have problems though".

There was a complaints policy and procedure and staff were aware of the process to follow should anyone make a complaint. Any concerns were fully investigated and action was taken to reduce the risk of them happening again. No complaints had been made about the service. Any minor concerns people or their representatives raised were resolved quickly by the providers and staff.

Is the service well-led?

Our findings

The providers had been leading the service since the registered manager left in April 2016. Two managers had been employed to manage the service since April 2016 but their practice had not reached the provider's standards and they were no longer working at the service. The manager's position had been advertised and the providers were looking to recruit to the post. One of the providers planned to apply to Care Quality Commission (CQC) to be registered as the manager until a manager was appointed and had successfully completed their employment probation.

The providers were on holiday when we began our inspection. Senior care staff were managing the service on a day to day basis and had the authority to make certain decisions, including to increase staff levels at times if people's needs increased. Money was available for staff to purchase items they needed while the providers were away, such as fresh fruit and vegetables. Staff told us they felt the management at the service had remained constant when the providers were on holiday. There was always someone available either in person or by phone to give staff advice and support.

There was a culture of openness; staff and the providers spoke to each other and to people in a respectful and kind way. The providers had a clear vision about the quality of service they required staff to provide. This included giving people privacy, treating them with respect and supporting people to be as independent as they could be. This vision was shared by staff. The providers led by example and supported staff to provide the service as they expected.

Staff told us they were supported by the providers who were always available to give them advice and guidance. They told us the providers had an 'open door' and they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They told us they felt valued and their work was appreciated by the providers. Staff worked well together to provide people with the care and support they needed.

Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them. There were regular team meetings and staff told us their views and opinions were listened to. Some staff held specific responsibilities such as checking health and safety risks. Staff completed these roles fully and were accountable for the own practice.

The providers asked people, their relatives and staff for their feedback about the service each year. Completed surveys had been received and the provider had taken action to address any comments people had made, such as a request from several people for pork chops to be added to the menu. Feedback received had not been collated to help the providers assess if they were achieving their goal of continually improving the service. They agreed this was an area for improvement. People also shared their views about the service at residents meetings. Staff told us suggestions they made were listened to and they received explanations if their suggestions were not put into practice. We would recommend that the provider seek the views of a wider range of stakeholders, including visiting professionals and commissioners.

The providers completed regular checks on all areas of the service including the environment, records and the support people received. Action plans were produced to make any necessary improvements. Shortfalls identified by recent checks had been addressed.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Notifications had been sent to CQC when required.