

# Epping Care Home Limited

# Treetops Care Home

## Inspection report

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Essex

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## Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service well-led?

Inadequate



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 19 November 2014. Breaches of legal requirements were found. We told the provider that they must meet specific legal requirements by 27 February 2015. We undertook this focused inspection on 6 and 10 March 2015 to confirm that they now met those legal requirements. This report only covers our findings in relation to those requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Treetops Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Treetops Care Home provides care and accommodation for up to 52 people, some of whom have dementia care needs. There were 27 people using the service at time of our inspection, three of whom were in hospital.

A new manager had been appointed on 25 September 2014 but was not yet registered with the commission. A

registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the way medicines were managed and found that improvements had been made. Medicines overall were safely stored, recorded and administered in line with current guidance.

Since our last inspection, systems had been put in place to support quality assurance processes and improve the care people received. However, further work was needed to ensure that the processes and systems continued to improve the care people received on an on-going basis.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service had improved arrangements in place for the safe management of medicines. Medicines were given to people in line with the prescriber's instructions for their use.

Inadequate



### Is the service well-led?

Action had been taken to develop systems to monitor and improve the quality and safety of the service. However, work was on-going to embed these processes to ensure continued improvements.

Inadequate



# Treetops Care 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 6 and 10 February 2015 and was unannounced.

The inspection team included a pharmacist inspector on 6 February and three inspectors on 10 February 2015.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with three people living in the service. We also spoke with the manager and six staff working in the service.

We looked at six people's care records and twelve people's medicine records. We looked at the support records relating to nine members of staff. We also looked at the provider's arrangements for managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

During our inspection of the service in November 2014 we found the provider did not have suitable arrangements in place to protect people from the risks associated with the unsafe use and management of medicines. We served a warning notice to the provider on 12 February 2015 requiring them to become compliant with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 24 February 2015.

During this inspection, on 06 March 2015, we found medicines were stored safely for the protection of people who used the service. We found there was a record of the temperatures of the areas where medicines were stored, that these were within acceptable limits and maintained the quality of medicines used.

We found there were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. Records relating to people's medicines were in good order, provided an account of medicines used and disposed of, and demonstrated that people were given their medicines as prescribed.

Where people were prescribed medicines on a "when required" basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. The manager assured us that these were in the process of being reviewed to ensure that people would be given medicines to meet their needs.

We looked at the training records for nine staff members who were authorised to handle medicines. We found that these staff had received appropriate training and they had been assessed that they were competent to handle medicines. We were therefore assured that people would be given medicines by suitably qualified and competent staff.

The manager told us that they carried out weekly checks on the quality and accuracy of medication records. We looked at the records of these checks completed within the previous month. These had identified some issues with the use of medicines and there was a record of the action taken to investigate and resolve these. We were therefore assured that appropriate arrangements were in place to identify and resolve any medication errors promptly.

# Is the service well-led?

## Our findings

During our inspection of the service in November 2014 we found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. We served a warning notice to the provider on 12 February 2015 requiring them to become compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 26 February 2015.

At this inspection, on 06 March 2015, the provider had produced a quality policy and annual development plan policy. Systems had been implemented to gain people's views so that the provider had current information. This included sending out surveys to gain people's views on the quality of the service they experienced. The responses had not yet been analysed and an action plan implemented to demonstrate improvements.

The manager told us that, as part of an effective system to ensure quality in the service staffing levels had not been reduced in line with the reduced number of people living there. They also told us that some people had moved to different bedrooms so that people were living on three of the four floors so as to enable staff to be available to people to support their safety and manage risk.

Staff support systems were more clearly organised. Each staff member had had at least one supervision with a member of the management team. The manager had a planned system in place to provide an annual appraisal of all staff following completion of two effective supervisions. A matrix showed the manager which staff had completed training so that gaps could be targeted and actions taken. Staff had been informed in writing of their responsibilities in relation to attend training. A range of training sessions were recorded as arranged in line with the manager's plan.

Recording systems such as those for staff training and management of medicines were completed and notably clearer. The one complaint advised as received by the service was recorded. The manager told us that the summary of the investigation would now be recorded as it had recently been completed. Records relating to people's care, such as of management of diabetes, contained additional information. However, further improvements were needed to ensure that records were person centred and audited going forward so that they remained up to date and relevant.

The system to assess health and safety in the service had developed. The provider had arranged for a consultant to undertake an full health and safety audit in January 2015. This had identified a number of required actions. A clear plan was not yet in place to show how and when these were to be completed. The manager confirmed that some of the actions had been completed such as work to the handrails and toilet seats. This meant that further work was needed to ensure that actions required were dealt with in a systematic way, risk assessed and prioritised to ensure people's safety and wellbeing.

Further action had been taken to limit the risks to people's safety in the service. A gate was in place to safeguard people from the risk of trips and falls leading to steps that we had previously identified. A detailed risk assessment had been carried out on the water system and identified actions had been completed.

Although we found that the service had implemented more robust quality assurance processes and had started using these to improve the service for people, further work was needed to ensure that processes and systems continued to improve the care people received on an on-going basis.