

Twelve Trees Limited

Twelve Trees Residential Care 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

Twelve Trees care home provides care and support for up to 34 older people, some of who are living with dementia. There were 28 people living at the service when we visited.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The home had a manager in place who had applied for registration with The Care Quality Commission (CQC). 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 knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and wellbeing. There were enough staff to keep people safe. The provider had appropriate arrangements in place to check their suitability and fitness to support people.

We saw people were supported to have sufficient to eat and drink to maintain a balanced diet. People told us they liked the food and lunchtime was a social event.

The environment was clean and staff followed good practice for minimising risks to people that could arise from poor hygiene and cleanliness. They also ensured the environment was clear of slip and trip hazards to support people to move freely around. The premises and equipment were regularly maintained and serviced to ensure these were safe. Medicines were managed safely and people received them as prescribed.

People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw staff had received refresher training in the last two years. In addition, we also found staff had received formal supervision and appraisal.

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community nurses and GPs to implement care and support plans.

People were involved in the assessment and care planning process and their care plans were regularly updated to reflect their changing needs. People were encouraged and supported to participate in a range of activities to suit their individual interests. There was a complaints system in place and people felt able to raise any complaints or concerns.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People

were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks.

Systems were in place to make sure people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager and registered provider, which identified any improvements needed and actions were taken.

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 remains Good.

Is the service effective?

Good ●

The service was previously rated Requires Improvement and is now rated Good.

Staff had been trained in and demonstrated a good understanding of the MCA and DoLS.

Staff could appropriately describe how they would support people in making decisions.

Is the service caring?

Good ●

The service was previously rated as outstanding.

The registered provider, manager and staff were fully committed to providing people with the best possible care.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

People's confidentiality was maintained and staff understood the need for this, however, not all records were stored securely.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Twelve Trees Residential 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 checked 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.

Before the inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the registered provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

This comprehensive inspection of Twelve Trees Residential Care Home took place on 18 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with five people who lived at the home. We also spoke with the manager, senior care staff, care staff and the cook. There were no visitors on the day of the inspection and we were unsuccessful in contacting relatives. We spoke with a healthcare professional and looked at records which included six people's care records, people's medicines administration records (MAR's), four staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the Short Observational Framework for Inspection (SOFI) during the lunchtime meal service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection in February 2015 and the rating continues to be Good.

People told us they felt safe. One person told us, "I feel very safe here. There's always someone here for me during the day or night." Another person said, "Staff check on you all the time. They're very good."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They told us they understood their responsibility to report any concerns they may observe.

Risks to people were identified, assessed and plans were put in place to minimise them. Staff had clear step by step guidance about how to support people to minimise risks. For example, some people needed support to move from one place to another. Risk assessments gave details about what people could do for themselves, what equipment was needed and how staff should support people. Throughout the day staff supported people and followed the guidance in the risk assessments. The deputy manager and manager monitored risks, reviewing accidents and incidents on a regular basis to identify any themes or changes in people's needs. If people were at risk of losing weight referrals had been made to a nutritionist. People who had an increase in falls were referred to the local falls team.

The registered provider had systems in place to ensure the environment was safe and did not pose unnecessary risks to people. There was an on-going programme of maintenance and servicing of the premises and equipment and any issues identified through these checks were immediately dealt with. We saw staff kept the environment free from trip hazards that could cause people to slip or fall. Staff also followed well established procedures for minimising risks to people that could arise from poor hygiene and cleanliness. The environment, including communal areas such as toilets and bathrooms, were clean and well maintained. Staff wore appropriate personal protective equipment particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases.

The manager ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances they were honest, trustworthy and they would treat people well. Staff files evidenced safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 12 people's medication administration records (MARs) and found most correctly completed,

although there was some unexplained gaps or omissions. The manager was aware of this and was in the process of addressing it with individual staff. We observed staff doing the medication round. Staff explained to people what medication they were being given and then observed them as they took it. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

Is the service effective?

Our findings

Since our last inspection, people continued to be supported by staff that were trained to meet their needs. Staff undertook training in areas that were specific to their roles. This included refresher and update training to help keep their knowledge and skills up to date with current best practice. New members of staff shadowed more experienced staff and were only able to support people unsupervised once senior staff were satisfied they demonstrated the necessary skills and competence to do so. Senior staff met with all staff regularly through a programme of regular supervision meetings and an annual performance appraisal at which staff were encouraged to reflect on their work practice, further training and development opportunities.

At our last inspection staff demonstrated a lack of knowledge about the elements of the Mental Capacity Act and how these related to their practice.

There was also a lack of appropriate directional signage to orientate and support people living with dementia.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. Addressing the findings of our previous inspection staff had been trained in and demonstrated a good understanding of the MCA and DoLS, and they appropriately described how they would support people in making decisions. There was also an improvement in signage to locate some key areas of the home. Where necessary, appropriate DoLS applications had been made to the local authority.

We saw people were supported to have sufficient to eat and drink to maintain a balanced diet. People told us they liked the food and lunchtime was a social event. The majority of people ate in the dining room and people were chatting as they ate. One person told us, "The food is always lovely and home cooked." Where necessary, people's food and fluid intake and weight had been monitored to ensure they received adequate nutrition. Where people were being supported to eat their meals, staff did so with patience and compassion, engaging them in natural, friendly conversation about their families and interests. The cook was aware if people had specific needs such as pureed or fortified foods to increase calorie intake and help them maintain a healthy weight.

Staff responded to any changes in people's health needs and sought advice when needed. Staff worked closely with health professionals such as GPs and district nurses who visited people on a regular basis. The manager recognised the importance of seeking expertise from community health and social care professionals so people's health and wellbeing was promoted and protected.

Is the service caring?

Our findings

At our last inspection people told us the staff were kind and caring and we saw staff showed patience, gave encouragement and were respectful of people's privacy and dignity. We also noted staff demonstrated they had a good understanding of people's individual needs and preferences. The service was previously rated Outstanding.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. People we spoke with informed us the care provided in the home was very good and all the staff and manager were very caring and always looked at doing what's best for all of them. One person told us, "The staff are very nice indeed." Another said, "I am very happy to be here, it's a nice place with lovely people."

The service had a strong, person centred culture and the ethos was open and friendly. Staff called people by their preferred name and tailored the way they interacted to each individual. One person told us, "We have lots of laughs here" and "I think it's a lovely place." One staff member told us, "It's important that we see and treat each person as an individual with unique needs and preferences." Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach observed throughout our inspection. People's confidentiality was maintained and staff understood the need for this, however, not all care plans were stored securely which could compromise people's right to confidentiality. We spoke with the manager about this during the inspection who committed to address this issue immediately.

Where they were able, people were actively involved in making decisions about their care and support. We saw people were encouraged to make decisions for themselves. For example, people were offered choice in what they wanted to eat and drink and in what they wanted to do. Care plans provided good information about people's preferences and described how they wanted staff to care for them.

People were encouraged to maintain relationships with friends and families. Relatives could visit at a time of their choosing. Where people did not have family members to support them, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People were treated with dignity and respect. People were dressed in fresh, clean clothes and their hair and nails were tidy and trimmed. After eating, staff discreetly ensured people were helped to clean their hands and face and any spillages on their clothes were wiped quickly to avoid stains or marks. We observed staff knocked on people's doors and waited for permission before entering their rooms. Doors to people's rooms and communal bathrooms and toilets were kept closed when people were being supported with their personal care to ensure they were afforded privacy.

Is the service responsive?

Our findings

The homes approach to care was person centred and holistic. Care plans were informative and reflected that people had been involved in developing their plans and people confirmed this. The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. Staff told us the information in the care plans was good and it helped them to provide people with the care they needed. The care plans had been regularly reviewed and updated to ensure they continued to meet people's changing needs.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. Daily evaluation by staff helped to identify deterioration in people's health or where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines, assessment for equipment and increased staffing levels. A healthcare professional said, "The staff are responsive to any of our recommendations or instructions."

People's hobbies and interests were taken into account when planning activities. The service had dedicated activity staff and they offered people a wide variety of things to do to meet their social and physical needs. One person said, "There's always something going on." Another person told us, "I like the quiz, it keeps the brain going." There were a wide range of planned activities in the home each day that people could participate in such as singing and music sessions, exercise classes, arts and crafts and puzzles, quizzes and games. The service also had a dedicated vehicle which could be used for trips and outings.

People and their relatives were informed about how they could make a complaint if they were unhappy and dissatisfied with the service. The registered provider maintained appropriate arrangements for dealing with complaints or concerns should they arise. There had been no recent complaints however, historic records showed when a concern or complaint had been received; the manager had conducted an investigation and provided appropriate feedback to the person making the complaint.

Is the service well-led?

Our findings

Since our last inspection the registered provider had formally appointed a new manager for the service who was in the process of having their application for registration with CQC assessed.

People told us the manager and deputy manager were approachable and accessible. One person said, "They are always around if you want them." Another said, "The manager is nice but has only been here a short time. The deputy manager has been here for years and is fantastic." Staff comments included; "I think we are a good team and are well supported by the management team." And, "It's a nice place to work with a good atmosphere and good colleagues."

The manager informed us they had been in the home for approximately four months and since coming in they had reviewed processes that had been in place and looked at improvements that could be made without making too many changes that could be disruptive to the day to day running of the service. The manager informed us, "We are developing improvements to some systems such as the dependency tool. We have also reviewed every persons care plan and changed the format to ensure information was up-to-date and easily accessible to all staff and professionals visiting." Records we reviewed confirmed this.

We found the service had clear lines of responsibility and accountability. The manager was supported by a deputy manager and senior care staff who undertook some management tasks including administering medication. The manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the manager and staff confirmed they were clear about their role and between them provided a well-run and consistent service.

People told us, and records confirmed they were asked for their views and opinions on a range of issues such as food, staffing, activities and care. One person told us, "We are regularly asked what we think of things." Minutes of resident meetings showed the registered provider had responded to feedback from people, for example improving the outside space.

In the PIR returned to us, the registered provider had set out the improvements they planned to make to the service and the good practice they wished to embed into the service. They recognised room for improvement and avoiding complacency. They also identified the need for a fluid service to meet the changing needs of the people living at Twelve Trees.

Staff spoke positively about the manager and said they were well supported by them. Regular staff team meetings took place at which senior staff shared any important changes taking place within the service that impacted on staff's roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and for their ideas about how people's experience of the service could be improved.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

There was a quality monitoring system in place where checks had been made on the services systems and practices. A recent survey showed people were happy with the quality of the service they received. The new manager was in the process of improving the quality monitoring system to ensure all areas of the service were monitored more closely. For example, they were devising new forms for recording audits to ensure the systems remained effective. Regular audits had been carried out such as for nutrition, complaints and health and safety.