Denestar Limited

Trees Residential Care Home

Inspection report

6 Weavers Road
Pontefract
West Yorkshire
WF8 1QR

Tel: 01977704068
Website: www.denestarltd.co.uk

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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

Trees is a residential care home for 22 people, some of whom may be living with dementia. People have their own rooms with shared bathing and social facilities. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe and staff knew how to report any concerns. Risks were managed in a person-centred manner with measures in place to minimise the risk of harm. Staffing levels ensured people's needs were met promptly as they worked well as a team and medication was safely managed. Staff had received relevant training and had access to regular support from the leadership team. The home was clean and fresh.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional and hydration needs were met with a varied menu and they were able to access health and social care support as needed.

Staff were caring, kind and considerate, providing reassurance and encouragement where needed. People's privacy and dignity was respected and wherever possible people were included in discussions about their care needs.

Care records were detailed and reflected people's needs, providing staff with necessary information and guidance. Complaints were handled well and compliments were shared with staff.

The registered manager and provider were committed to delivering high standards of care and the policies, procedures and systems supported and evidenced this. Where improvements were needed, these were actioned promptly and effectively. Best practice was followed and people were happy and settled in their home.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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 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 26 March 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with eight people using the service and one of their relatives. In addition, we spoke with nine staff including three care workers, the cook, the maintenance man, the deputy manager, the registered manager, the operations director and the provider.

We looked at three care records including risk assessments, four staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Our findings

People told us they felt safe as did their relatives. Staff we spoke with understood their role in safeguarding people from abuse, what signs to look for and what to do if they suspected abuse, including whistleblowing if they were concerned about a colleague's practice. They also knew how to use techniques to diffuse behaviour which may challenge. Where learning was needed for staff following an event, this was shared by the provider.

Staff understood how to keep people safe as they were aware of risk assessments and other checks in place to minimise risks to people, and policies and procedures promoted people's safety. Staff were able to explain measures put in place when someone was at risk of developing a pressure ulcer or at risk of malnutrition. We observed correct moving and handling practice, where staff encouraged people to support their own weight as much as possible. Records included reference to specific equipment and method of transfer, and accidents were dealt with appropriately.

Personal emergency evacuation plans (PEEPs) were in place, and equipment had been checked in line with statutory requirements and was subject to frequent in-house scrutiny. Fire doors auto-closed during a routine alarm practice and staff were aware of the fire evacuation procedure. The property was well maintained both inside and outside, and we saw a robust programme of maintenance tasks which were completed in a timely manner.

We looked at staff recruitment records and found appropriate checks had taken place. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. One person told us, "We meet new staff when they start here, there are three or four staff on at a time."

We observed there were sufficient staff to support people safely and saw rotas which confirmed all shifts had been covered appropriately. Rotas demonstrated staff worked each shift, no agency staff were used and people's needs were met by increased staffing levels at busier times of the day.

The home appeared clean and we did not detect any unpleasant odours. A comprehensive cleaning schedule was in place and followed. Staff understood and described their role in preventing cross infection. People had allocated slings for their personal use if requiring the use of a hoist to transfer. An external audit by the local authority had scored 97% which showed people were protected from the risk of infection.

Medication, including controlled drugs, was stored, administered and recorded safely. Records were detailed with photographs of specific tablets to aid identification and corresponded to stock levels. Dates of opening were noted to ensure medication was not used past its expiry date and handwritten medication administration records (MARs) had two signatures to ensure it was correctly transcribed. 'As required' medication was recorded correctly and also if it was refused. Plans were in place to amend the MARs so recording was clearer. This had been arranged in conjunction with the pharmacist. Staff administered medication patiently and sensitively ensuring all had been taken before signing records. We saw their competency had been checked at regular intervals.

Good

Our findings

People said they were given choices at every opportunity. One person said, "Staff pop in and ask if I'm ready to get up. If I'm not, I ask them to come back in later. We don't have to get up unless we want to." Staff understood the importance of presuming capacity and how they would support someone to make decisions if this was not evident. Care records contained written guidance for staff to follow in line with the requirements of the Mental Capacity Act 2005, although we noted not all records were completed in full. The registered manager agreed to address this.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had appropriate DoLS authorisations in place and these were monitored as required.

People spoke highly of staff, telling us, "They are not awkward at anything and are very helpful" and "I feel staff are well trained." We saw staff had received regular supervision, appraisals and training, after following a comprehensive induction including shadowing more experienced colleagues. We observed a new member of staff being spoken with about fortified diets and the significance of these. Supervision allowed staff to discuss any training needs or other issues. Core training included annual updates for key topics such as moving and handling and safeguarding. All staff had been supported to commence a national vocational qualification in social care (NVQ).

We found people were supported effectively with nutrition and hydration. People told us, "Nice breakfast, I had what I wanted" and "The food is nice here and the variation is good. It's nice to have a variety." Staff understood how to follow advice from dieticians, were able to tell us who needed fortified food to prevent weight loss and what people's food preferences were. People were offered a wide choice of food with visual and verbal prompts, and could have a cooked breakfast if they chose. Various healthy snacks and drinks were available throughout the day, and sandwiches could be provided at any time if people wanted something more substantial.

We saw the dining room was nicely set out with cloths, cutlery, napkins and condiments. People were offered clothes protectors before their meal and shown pictures of the choices available. This helped people living with dementia to understand their options and make a decision. People had aids to promote independent eating and staff intervened only when people clearly needed assistance. We observed one care worker discreetly sat down with a person who would otherwise have stood for their meal.

People told us, "Staff check on you when you are unwell and ask you if you need the doctor" and "I can see the doctor when I need to." We saw evidence in people's care records of regular visits from external health and social care professionals.

One care worker told us, "We all work together, all the staff get on very well." We saw a detailed 24 hour handover sheet providing key information for new staff coming onto shift.

The provider and registered manager understood current legislation and best practice and this underpinned all interventions at Trees, as evidenced by records and our observations.

Good

Our findings

People were complimentary of the staff. One person told us, "Staff ask us if we need anything" and another said, "Staff are very good to you." A further person said, "I like being here. I like the people who work here and live here, they look after us here." One relative told us staff were caring, kind and compassionate and they looked after their relation well; "My [name] is always clean and well dressed. They are dressed lovely today."

People also told us they felt supported to be as independent as possible. One person told us, "I do a lot for myself" and another said, "I'm encouraged to do a lot for myself." We observed staff interacting with people in a friendly and pleasant manner, making people laugh and ensuring they were comfortable. During any care intervention staff were quick to reassure and explanations were given at each stage. We saw one person become increasingly distressed but staff displayed patience and understanding, providing reassurance and comfort until the person settled.

Staff clearly knew people well through their interactions and what they told us about people. Their references to people demonstrated their caring values and how much they understood people. Staff appreciated the importance of family and friends to people, and were able to discuss people's life histories as detailed in their care records.

Some staff were aware of people's cultural and spiritual needs, but if they didn't know them instantly were able to reference how they would find out.

Staff said people and their relatives, if applicable, were involved with planning and reviewing their care needs and they were asked to sign to agree to the plan. We saw evidence of this in people's care records.

Staff understood how to protect people's privacy and dignity. We saw staff used a screen to protect a person's privacy and dignity when using a hoist to help them transfer to a wheelchair.

Good

Our findings

People felt included in how they spent their day. One person told us, "We can choose where we go on outings, bus trips, meals out. Staff take us out for a walk in the fresh air." Another person said, "I do activities like bingo, reading which I like to do and go into the garden when my [relative] comes." The home had an accessible and enclosed garden which staff said people used during the warmer weather.

During the morning, people sat in one of two lounges listening to music or watching television. Staff said some people enjoyed reading a newspaper. One person told us, "Every day is different, I talk to people; everyone is sociable and staff are great." Staff said at weekends they usually showed a film and provided popcorn to simulate a cinema experience. They also said they played cards with people who enjoyed it.

We saw an activities co-ordinator in the afternoon of the inspection. They clearly knew people well by their topics of conversation with people, discussing where they had previously lived and worked. They knew about the local area which enabled some reminiscence and interaction with people. One care worker told us they had engaged a person in knitting that day. When they had talked to them they found the person had a lot of experience knitting and the carer was planning to bring a pattern and more wool in the following week for them.

Care records were person-centred and detailed, outlining people's specific assessed needs in relation to use of equipment, mobility, nutrition, emotional wellbeing and medication amongst others. Each of these needs had a care plan for staff to follow outlining the expected outcome and how these needs were to be met. They also stated what was important for that individual and how needs were to be met in the least restrictive manner, and whether the person understood the need. We saw these were followed in practice, such as how one person chose to eat their meals. Information conformed to the requirements of the Accessible Information Standard as it identified people's specific needs, and guided staff as to how best meet those needs.

A brief overview provided key information about people such as one person's preference to walk around the home and garden freely, and observations completed post admission ensured staff understood a person's main routines as soon as possible. Where needs changed, we saw records were updated accordingly. Daily records were thorough and evidenced all care interventions and a person's emotional wellbeing.

All staff had received training to care for people who were dying. One care worker stressed how important it was to listen to people, "Asking what they like, are they religious and want the support of a minister. Asking

what food they would really like." They said privacy and dignity was important as well as keeping people pain free and comfortable and keeping family up to date.

People and relatives felt confident in being able to raise any concerns. A complaints procedure was available and the provider encouraged people to raise concerns as they regarded "each complaint is a gift" from which they could improve their service. One person told us, "If I had a problem they (staff) would do their best to sort it" and another said, "I would tell the manager, [name]." We checked the complaints file and saw full investigations had taken place and outcomes shared. There was also a large selection of compliments from people who had stayed in the home, their relatives and staff who had been supported to progress in their careers.

Good

Our findings

People and staff spoke highly of the home. One person said, "It's lovely here, it feels like home." Another told us, "I feel the home runs well." One relative told us, "I feel [name] is safe. I can visit at any time and I'm always made welcome." One care worker told us, "We're like a small community, we all have time for each other. People will swap shifts to help you out; we work together, we're a good team! If you enjoy coming to work, you do a better job." Another care worker said, "We can spend time with people, it's a lovely home." Staff said they would recommend the home to friends and family.

People had the opportunity to share their views of the home at residents' meetings which were held regularly and facilitated by the activity co-ordinator. One person told us, "When I go to residents' meetings, I feel able to tell them what I would like." Another person told us how much they enjoyed the local community visits including, "The kids came from school at Christmas time, gave us presents and sang for us."

There was a registered manager in post at the time of the inspection. 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.

All people we spoke with knew the registered manager's name and were happy to discuss anything with them. Staff said the management team were approachable, available and fair. One care worker said, "The managers genuinely want the best for people," and out of hours support was always available. Another care worker told us, "I can talk to my supervisor whenever I want, or the manager." Staff thought the home was well organised and maintained, and we saw evidence the registered manager actively thanked them for their input and commitment.

Staff said they had regular meetings with managers where they could raise issues or concerns and discuss solutions, and we saw evidence of these meetings where practical training was also undertaken to discuss different care scenarios.

The provider had a robust quality assurance system in place which linked checks to the Care Quality Commission's inspection process. An annual programme ensured all aspects of care provision was scrutinised and people and staff's views sought at each opportunity through the use of surveys. Responses were always very positive. These surveys were analysed and any issues were actioned promptly. The

provider had assigned staff 'champion' roles where they took the lead for specific topics and shared any changes with colleagues accordingly.

During our visit the provider and operations director were quick to respond to discussions to improve aspects of documentation and gave a clear impression of being pro-active and committed to continual improvement. One care worker was also keen to say, "We do the best we can for everyone." The provider had also recently completed an internal compliance review which was very comprehensive and showed actions had been completed promptly.

The ratings were displayed in the home and on the website as required under statutory legislation.