Mrs RJ Francis and Partners

Trees Nursing Home

Inspection report

12 Candlers Lane
Harleston
Norfolk
IP20 9JA

Tel: 01379853919

Date of inspection visit:
20 September 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Nursing Home is registered to provide accommodation for up to 21 people who require nursing or personal care. The service provides support for older people, some of whom are living with dementia. Accommodation is provided on one floor. There are areas around the service where people could sit and relax, including the enclosed garden. At the time of our inspection there were 21 people living in the home.

This unannounced inspection took place on 20 September 2016.

The service had a registered manager. A registered manager is a person who has 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 the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always supported to take their medicines as prescribed and medicines were not always safely managed.

Procedures were in place to check the quality of the care provided in the service.

An effective induction process was in place to support new staff and further training was provided to ensure all staff had the necessary expertise and skills.

People were involved when their needs had been assessed and reviewed so that staff knew how to provide the care and support they needed.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a sufficient number of staff to meet the care and support needs of people living in the home. Satisfactory pre-employment checks were completed before staff worked in the home.

People were supported to be as safe as possible because assessments of risks had been completed and included details of how the risks could be managed. This meant staff had the information they needed to reduce risks.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and could describe how people were supported to make decisions.

People had sufficient food and drink of their choice throughout the day. People were supported by kind, caring and happy staff. People's privacy and dignity was respected by staff.

A number of systems, including feedback and information from people were used to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always safe because staff had not followed the provider's policies and procedures in administering medicines that had been prescribed 'when necessary.'

Accidents and incidents had been investigated to ensure improvements for people were made.

Risks to people's safety and welfare were assessed and managed.

There were enough staff to provide the necessary care and support for people.

Is the service effective?

Good

The service was effective.

People's healthcare needs had been effectively addressed.

People had individual menu choices, which meant their health and nutritional needs were effectively met.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well.

People's rights to make decisions about their care were respected.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with dignity and respect.

Friends and family of people living in the home were encouraged to visit at any time. People and their relatives were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager responded appropriately to people's concerns.

People had their care needs assessed and staff knew how to meet them.

Is the service well-led?

Good

The service was well led.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received. People's records were completed in full by staff.

There was a registered manager in place.

Trees Nursing 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 20 September 2016 and was unannounced. It was undertaken by one inspector.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also looked at other information received from stakeholders of the service.

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.

During our inspection we spoke with five people and two relatives. In addition to the registered manager, we spoke with three care assistants and a chef. Throughout the inspection we observed how the staff interacted with people who lived in the service.

During the inspection we spoke with a GP who visited the service regularly.

We looked at three people's care records, four staff recruitment records, staff training and supervision records and other records relating to the management of the service. These included audits, rotas and meeting minutes, complaints investigations and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People were not always kept safe because nurses had not followed guidelines when administering medication that was prescribed to be given "as required". During this inspection we found that one person had been administered a specific medication three times. However, we found that there was no written documented evidence in the daily notes as to why the medication had been administered by the nurse. We spoke with the registered manager about this. The registered manager wrote a protocol during the inspection to give clear guidelines on when nurses should administer the particular medication and what records needed to be completed.

People could be at risk because although the information from the provider showed that monthly audits were undertaken on medicine stock and MAR charts we did not find this to be the case. The medicine audit was only to check stock levels to ensure people did not run out of their prescribed medicines. There had been no audit of the medication administration record (MAR) charts or any audit to reconcile the number of tablets in boxes held in the service. This meant we could not determine the correct numbers of tablets had been administered or the number that should have been available.

People told us they were happy with how their medicines were administered. One person told us the staff (nurses) helped them with any pain and administered pain relief appropriately. Another person said, "I have pills, the staff bring them." We saw medication administration record (MAR) charts where a person could have one or two tablets, such as paracetamol. Nurses had noted the number administered. This reduced the risk that people were administered too many tablets within a 24 hour period.

Medicines were stored and disposed of safely in line with the current regulations and guidance.

Accidents and incidents were recorded and we found details in the daily notes that showed how staff had managed them appropriately. The registered manager said they had been informed of incidents that had occurred. They had checked with the nurses who had been on duty that action had been taken to minimise a recurrence. Staff said any measures required to help minimise the potential for any recurrence, such as a person falling, was recorded. For example, there was evidence that referrals were made to the local falls team. We also noted that information in the Commissioning Support Unit report, that additional equipment such as pressure mats had been provided to reduce the risk of falls for one person at night. One person told us, "I sometimes have falls and they [staff] pick me up. I haven't fallen for some time. They [staff] keep me safe."

People told us they felt safe. One person said, "Oh yes I feel safe. At first I was a bit worried being on the ground floor but they [staff] check you at night to see you are OK. I feel very safe."

Information from the provider showed, and staff confirmed, that they had undertaken training in safeguarding people from harm and were able to explain the types of harm and the process to be followed when incidents of harm occurred. One staff member said, "I have completed the training [in safeguarding people from harm]. I would report anything to the nurse in charge and they would deal with it. I could go to

the boss [provider] or report to CQC." Staff told us there was information available about protecting people from harm, such as the phone numbers that they could use to report concerns. There was a procedure in place but there had been no concerns raised in relation to safeguarding people from harm.

Overall the level of risk to people was managed effectively. Areas of risk for people had been identified such as moving and transferring, safe eating and drinking, the development of pressure sores and falls. We saw information in relation to how these risks had been managed. One member of staff said, "There are risks around infection. We now have people watch us wash our hands [to make sure all staff adhere to the policy on hand washing]. We use a clean apron in each room and remove it in the room as we leave, to ensure infection is controlled." We saw that a process was in place so that risks were reviewed regularly and staff confirmed that reviews took place. Staff told us that they were informed of the updated information and that people's records were updated where necessary.

Records showed that appropriate equipment maintenance and servicing had taken place. The fire alarm system was tested weekly and took place during the inspection. Information in the Commissioning Support Unit report showed that fire drills had been undertaken. Staff confirmed that there were Personal Emergency Evacuation Plans which were easily available in an emergency. These provided emergency services with information about each person living in the home and the level of assistance needed in the event of an emergency evacuation such as a fire. This meant that in the event of a foreseeable emergency staff would have the appropriate information to act promptly.

We saw that there was a sufficient number of staff available to provide care to people in the service on the day of inspection. People, relatives and staff all said there was a sufficient level of staff to meet people's needs. One person told us, "I ring the [emergency] bell and they come and help me straight away. If they are busy I wait a short while. Oh yes, there are enough staff." Staff told us, "There are a good bunch of girls [staff] and we work well together and take pride in our work." Another member of staff said, "Yes there are enough staff. If someone [staff] goes sick they [manager/nurse in charge] ring us to cover or someone from the other [sister] home. I've never seen an agency member of staff – ever."

People were safe because the provider followed robust procedures for the recruitment of staff. Staff confirmed that checks had been completed before they began working with people in the home. For example, a satisfactory employment history and Disclosure and Barring Service (DBS) check, (This is a criminal records check to ensure that staff were suitable to work with people who use this service).

Good

Is the service effective?

Our findings

There was information in staff personnel files that showed new staff had an induction training programme, which provided all the mandatory training expected by the provider. There were no new staff on duty during the inspection.

People were supported by staff who had the knowledge and training necessary to meet their needs. Staff told us they received a range of training that supported them with their roles. These included; fire, dignity, pressure area care and moving and transferring. Information about staff training was kept on their individual files and on a computer matrix. We saw that all mandatory training expected by the provider was up to date or had been arranged for staff. One person told us, "I make sure they [staff] do what I want. Sometimes I wonder if they've had training. I would tell them if they were rough or anything. No-one has been rough." Another person said, "Since I've been here I've known the staff have been on courses. I would say the nurses are very competent."

Staff told us that they were supported by face to face supervision meetings and staff meetings. One staff member told us, "There are staff meetings every six months but they can be earlier if there are any problems." Another staff member said, "I get supervision from a senior [carer] from [another home owned by the provider]."

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.

The staff had a good understanding of the MCA and DoLS and confirmed that where people using the service had or did not have capacity, information was in their care plan. We saw that staff understood people's needs well. This was by ensuring that the care provided was only with the person's agreement and in line with the MCA and DoLS codes of practice. A member of staff told us, "You protect people's best interests. We did mental capacity as part of our dignity training, about people who are able to make choices."

We found that appropriate applications to lawfully deprive people of their liberty had been submitted to the supervisory body [local authority] and were awaiting authorisation. Information from the supervisory body showed that the referrals had the status of 'pending'.

We checked information that had been recorded in relation to any incidents to ensure people were not restrained. We found that no-one had been restrained and staff and management confirmed that was the case. Staff told us that if someone was anxious then they followed the care plan and risk assessment in relation to the person. For example, by offering people reassurance, leaving a situation to return a short while later or by conversing with people.

We talked with the chef who was able to tell us about people's dietary needs. The chef told us that there was always a weekly update provided to the kitchen to ensure people received the diets they required. The chef said, "One person had been falling and needed building up. We made sure they had fortified drinks, lots of butter on sandwiches." The chef said he had completed a number of courses. He had completed a course about people living with dementia and found it useful. He used the information as part of his menus such as meals that relate to the time when people in the service were younger. The chef said, and people confirmed that people could ask for anything they wanted and it would be provided. For example on the day of inspection one person did not want the alternative meals and was given chicken, which was their request. He also told us that people could have a cooked breakfast if they wanted.

People were supported to eat and drink the foods they liked, how and where they liked to eat them and any particular dietary needs. One person told us "It's nice food here. There is a choice. If you don't like what they have [for the meal] they have a salad or jacket potato [available]." Another person told us, "The food varies but on the whole I have no complaints. I get enough [food to eat and drinks] and there are always choices of meals." Staff told us there were some relatives who come and help their family member with their meals. Staff said they would assist anyone who needed help and we saw that was the case during the inspection. We heard how people were asked if they wanted a napkin and this was explained to them if the person was not sure what it was or what to do with it. Staff were very patient and supportive.

People and their relatives confirmed there were a number of health professionals who visited the home such as occupational therapists (OT), speech and language therapists, GP's, dieticians and physiotherapists. One relative said, "[Name of OT] comes in for regular meetings with the staff here [in the service]. She checks that things are carried out." Staff were clear and understood their responsibilities and there were procedures in place to support people's healthcare needs. A health professional said that staff provided them with the information they needed when they requested it. They said that staff telephoned when people needed to be seen by a GP and there had been no inappropriate calls for a GP to visit. This showed that people's healthcare needs were responded to appropriately and in a timely manner.

Good

Is the service caring?

Our findings

People were positive about the way that staff treated them. One relative told us their family member was told they would be "bed bound". However the staff at Trees had got their family member up (by using the hoist) so that she could take part in activities that interest her, such as bingo. One person said, "They [staff] are quite nice. I was cold in the night and they brought me another blanket. The nurse put bed socks on me." During the inspection we saw and heard how staff interacted positively with people as they passed them in their rooms, the corridor or when assisting people to walk.

Overall the environment was clean and bright. There was an air of calmness and there were no call bells sounding for long periods of time. People were encouraged to go outside if they wanted to and were assisted if they agreed. Information from the provider showed that training in dignity and compassion had been completed. Staff we spoke with confirmed that they had received the training.

People were assisted by staff to be as independent as possible. Staff were able to describe what areas people were independent with, as well as how to provide their care. Staff said they had the time to talk with people and get them to do as much as possible to maintain their independence. One person told us, "It's very nice here. They're [staff] very kind. Staff help me with things I need them to do. I go outside if someone helps me."

People said that staff treated them with dignity and respect. Staff described and people confirmed various methods they used to help support people with their privacy and dignity. This included closing a door or curtains and letting people do as much of their personal care as possible. One relative said, "Staff close the curtains and the door [to keep the person's dignity]."

People were able to speak up on their own behalf or were supported by a relative who would speak up for them if it was necessary. We heard how staff communicated with people in a positive way and understood the needs of people. Care plans that identified how people wanted their care to be provided. This included what the person's preferences were such as whether they wanted a male or female to provide their personal care. One relative said there had been an issue originally as they had not indicated their family member preferred a female member of staff when personal care was being provided. Once the information had been given to the registered manager then only female staff provided the care. This showed the service listened to and respected people's views.

People told us that they were supported in a way which meant the risk of social isolation was minimised. For example, there were several visitors and relatives who visited during the inspection. The manager and staff also encouraged people to get out into the community for example to the local shops, as well as into the home's gardens. One person told us, "If I ask staff they will take me out in the garden. My [relative] also takes me out."

We saw that people in the home had clean clothes and that their hair had been combed. We noted that several ladies in the home had make up and lipstick on. Those we spoke with said they liked to look nice.

Good

Is the service responsive?

Our findings

Records showed that the registered manager assessed people before they came to live in the home to ensure their care needs could be met. The information in the assessments formed the basis of people's initial care plans so that staff could meet people's needs. This ensured that the staff were able to provide people with the care and support they needed. Records we viewed confirmed this. One relative said that the pre-admission assessment had been very good.

Some people said they were aware of their care plan, but not everyone had looked at or had been involved in it. One person said they had a care plan, but had not been involved but their relative had. We saw that people had been involved where possible, and if not relatives had been spoken with so that staff had up to date information in how to provide good care for people. People and relatives told us the staff were always available to discuss anything and responded to things when necessary.

People's care needs were reviewed regularly and, where there were changes in those needs, the individual plans of care had usually been updated. For example, where a person had been experiencing falls changes in their diet had been made, together with extra weight checks and input from the GP. This meant that people's changing care needs were recognised and that staff had the updated information they needed to provide good care.

One person told us, "I get a choice of a bath or shower. It's normally on a Wednesday or Saturday, but they [staff] would give us a bath or shower on a different day. I always have a female [member of staff] when having a wash." The person said they had said they wanted their personal care provided by a female member of staff and that was the case.

We noted a file in one person's room that detailed their life history including, family, interests and dates of importance. The person said a family member had made it and that staff looked at it and talked about things that were important to them. The registered manager said the activities person had completed 'This is me' forms with people and their families that provided similar information. The forms were in the process of being typed up so that they were legible and clear. In another person's bedroom staff were advised to use the photographs displayed in the bedroom to increase communication. This meant staff had things they could talk about with people which meant people were less likely to be socially isolated as a result.

One person told us that they chose not to attend activities provided in the home but enjoyed time in their bedroom to watch TV. During the inspection there were several relatives and friends visiting people living in the service. Another person said, "It's up to you what you do [take part in the activities or not]. I don't like mixing."

People and their relatives were aware of a complaints procedure and how they could raise a complaint or concern. One person told us, "I don't need to complain. I'm quite happy." Another person said, "I know who to speak to if I need to [raise a concern or complaint]." There was a policy and procedure in place from the provider on how to deal with concerns/complaints and this had been followed. There had been two

concerns which had been recorded, investigated and actioned to the satisfaction of the complainants.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by four nurses, care and ancillary staff. One relative said, "The [registered] manager has been very helpful." One GP told us that they had a good relationship with the registered manager and staff in the home. One member of staff said, "It's [the service is] well run."

Staff understood the ethos of the home. One member of staff said, "We try to keep it as a family home, warm and cosy. Management know everything about [the people who live in the service]. We get time to spend with the relatives. Nothing is rushed or hurried [for people]. We're passionate about our job."

Information from a commissioner showed that there was a monthly audit schedule as well as a weekly audit of food and fluid chart records. Information from the provider showed that audits such as care plans, reported skin tears and bruises, infection control audits and hand washing audits were completed. Staff said that there was a handover every shift and a communication book to ensure they were up to date with people's care needs. Evidence of staff records about people's care needs were provided. Audits on the nurses daily notes had not always been completed but the provider stated action would be taken immediately to ensure audits were completed in line with the policy.

Information from the provider showed that the registered manager and other staff had informal chats with people and visitor's as well as to observe staff practice to improve and develop the service. There was confirmation that there had been a 'resident's meeting' every three months, although the last was May 2016. There were agenda items including menus, activities and issues arising. People had been encouraged to attend but people who chose to remain in their rooms had been visited to give them an opportunity to be involved and make comments. Changes as a result of the meeting had been about the menu, to include goulashes and curries, and activities including outings. People told us the changes had been made.

The last quality assurance questionnaire was completed January to June 2015. The registered manager said the service was changing the quality assurance system and would be sending out questionnaires annually from next month (October). It was evident during the inspection that people had been listened to after a survey had been completed in relation to activities provided in the service. We saw that there had been an extra member of staff employed to carry out activities and interests for people. The staff member was also due to increase their hours for another day from October 2016.

Staff told us there were team meetings every six months or more frequent if necessary. They said they were encouraged to discuss anything with management at any time. It was evident that staff and management were open, communicated well and everyone understood their roles and responsibilities in the service.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of certain events that happen in or affect the service being provided. The registered manager had an understanding of their role and responsibilities such as supporting people and staff, providing training and notifying the CQC when required. They were aware of when a notification was required to be sent to CQC but there had been

no events in or affecting the service to date.

Staff told us that the home had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice. One staff member said, "I would tell the [management] about abuse and it's supposed to be confidential. I have all the numbers in a book." Another staff member said, "I am confident to do that [whistle blow] and it would be dealt with."