

Epping Care Home Limited

Treetops Care Home

Inspection report

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11 October 2016

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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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 April 2015. A breach of legal requirements was found. This was because the provider did not have suitable arrangements in place to assess and plan people's care to ensure their safety and welfare. The service did not have any people living there between May 2015 and January 2016 while the provider took steps to improve the service in line with their action plan. We issued a Notice of Decision in November 2015 to vary the condition already in place on the provider's registration. The new conditions allowed the provider to admit up to 26 people to the service in a planned, phased and monitored way.

This unannounced comprehensive inspection took place on 10 and 11 October 2016. Our observations at this inspection showed that significant improvements had been made to the safety and quality of the service people received. People's care was assessed and planned for.

Treetops Care Home provides accommodation for up to 26 older people who require personal care. People may also have needs associated with dementia. There were 20 people living at the service on the day of our inspection, including one person who was in hospital.

A registered manager was not in post at the time of this 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.

Since our last inspection, a manager was appointed and registered with the commission; however they had subsequently voluntarily cancelled their registration with us. A new manager was in post and undergoing a probationary period to ensure their suitability for the role. They confirmed they would take steps to progress an application for registration as required subject to successfully completing their probation.

While improvements had been achieved in the service throughout, some further progress was needed to the way the service monitored these to ensure they were maintained. This included the organisation, maintenance and safekeeping of records at all times. The provider's representative showed us that this was ready to implement.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people and keep them safe. There were also processes in place to manage any risks in relation to the running of the service. Medicines were safely stored and administered in line with current guidance to ensure people received their prescribed medicines.

People were supported by staff who knew them well and were available in sufficient numbers to meet people's needs effectively. Staff received ongoing training and used their training effectively to support

people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People had regular access to healthcare professionals. A wide choice of food and drinks was available to people that reflected their nutritional needs and took into account their personal preferences.

People were well cared for by kind and caring staff who treated them with dignity and respect. Visitors were welcomed and relationships were supported.

People's care was planned and reviewed with them or the person acting on their behalf. This made sure that people's preferences were included and that staff had information on how best to meet people's needs. People were supported to participate in social activities that interested them and met their needs.

People felt able to raise any complaints and were sure they would be listened to. Information to help them to make a complaint was readily available.

There was an open and inclusive approach in the service. People had opportunity to express their views on the service and influence improvements.

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.

Safe systems were in place to manage risk for people living and working in the service and people lived in a safe, clean environment.

Robust systems were in place to manage safeguarding concerns. Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service.

There were enough staff to meet people's needs safely. People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training and support that enabled them to meet people's needs and staff supervision systems were being implemented.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

People were supported to eat and drink sufficient amounts and people enjoyed their meals. People had access to healthcare professionals when they required them.

Is the service caring?

Good ●

The service was caring.

People were listened to and treated with kindness, consideration and courtesy.

People were involved in decisions about their care. Their preferences were respected so that people felt they mattered.

Staff knew people well and people were supported to maintain relationships that mattered to them.

Is the service responsive?

Good 

The service was responsive.

People received individualised care and support that met their needs and reflected their preferences.

People were supported to engage in activities of their choosing and that were meaningful to them.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Systems were in place to improve the service. Aspects of monitoring processes needed more work so as to ensure improvements were maintained.

The service promoted a culture of listening to people and inviting feedback to make improvements.

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 was undertaken by two inspectors on 10 and 11 October 2016 and was unannounced.

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

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection process, we spoke with six people who received a service, two visiting relatives and a GP. We also spoke with the provider's representative, the manager and five staff working in the service.

We looked at five people's care and nine people's medicines records. We looked at records relating to five staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People felt safe using the service. One person said, "I do feel safe. I cannot believe how nice it is here." Another person said, "I feel very safe here no problem at all; staff are patient. I have no worries or concerns; which makes you feel very safe."

There were suitable arrangements in place to safeguard people. The provider's representative had maintained clear records of safeguarding matters raised in the service and notified the commission as required. The records showed that, where issues were identified, the provider's representative and the manager had worked with the local authority to ensure people were safeguarded. An independent consultant had been retained to support clear investigation so as to ensure a safe service. Staff had attended updated training and a review of learning was completed with staff to ensure their understanding and active participation in safeguarding people. The provider's representative, the manager and staff had a good understanding and knowledge of how to keep people safe from the risk of abuse. They knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people.

There were noted improvements to the procedures in place to identify people's individual risks and to put plans in place to limit their impact to promote people's safety. People's care plans identified any individual risks such as falls and included information to guide staff to manage this safely. Staff were aware of people's individual risks. We saw that staff used safe moving and handling practices and the required equipment when supporting people to transfer from one place to another. Personal evacuation plans were in place for each person. Procedures were in place to identify risks such as in relation to Legionella and fire safety and safety inspection certificates were available. Records showed a limited number of gaps in the systems in place to monitor fire and water checks which the provider's representative addressed with the designated staff immediately.

People lived in a clean and safe environment and there had been noted improvements since our previous inspections. One person said, "The rooms are kept clean and nice." A member of the care staff told us that the housekeeping staff worked hard and kept the home very clean. We observed that proper infection control measures were practiced by staff. Staff told us that they had ample supplies of equipment to support this. We saw that, since our previous inspections, new furniture had been provided with surfaces that enabled effective cleaning. A further upgrade of the laundry area had been completed. Adjustable height beds had been provided in all bedrooms to support safety for people and staff. New boilers had been fitted so as to ensure adequate levels of heating and hot water were available for people's comfort. One person said, "I feel nice and cosy here." Flooring had been changed in some areas which supported reduced falls risks. A new call bell system had been fitted which enabled monitoring of the time it took for staff to respond to people's request for assistance. Two wet rooms had been installed which allowed people to shower more easily and maintain their personal hygiene.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Staff told us they had had an interview to show their suitability for the role before being appointed. Staff recruitment interviews were being undertaken during the inspection. Records showed that references,

criminal record and identification checks were completed before staff were able to start working in the service and this was confirmed by the staff. Protocols were in place to demonstrate that agency staff working in the service had also been subject to the required checks. The provider's representative advised that in the months since the service had become operational, recruitment of staff of a suitable calibre had been a challenge. This had meant that the service continued to use more agency staff than they would wish, but endeavoured to ensure that the same agency staff were provided to ensure continuity and safe care for people living in the service.

Staffing levels were suitable to enable staff to meet people's needs safely. One person said, "You never have to look around trying to find someone, they are always available when you want them." Another person told us that they never waited long for staff to provide their care and support. Records showed that the manager completed regular assessments of people's needs and used this information informally, along with feedback from staff, to work out the required staffing levels. The manager confirmed they would be soon be introducing a more formal system to show how the dependency tools informed the staffing levels in place. Staff were available to people when they needed them. An allocation sheet informed staff each day of their individual tasks and responsibilities for that shift. This included maintaining a staff presence in the lounge to monitor people and keep them safe. We noted that staff put this into practice. Staff told us that staffing levels enabled them to meet people's needs and provide people with safe care.

People were satisfied with the way the service managed their medicines. One person said, "I get my tablets and they have never been missed." Another person said, "Medication is very regular." People were protected overall by safe systems for the storage, administration and recording of medicines. To ensure safe medicines management, the provider's representative ensured that a qualified agency nurse was part of the team to oversee medicines on any shift where a suitably trained senior member of their permanent staff was not available. We observed staff administering people's medicines and saw this was done safely and with respect.

Medicines were securely kept. Medication administration records overall were consistently completed and tallied with the medicines available. We noted some recent gaps in the topical cream administration charts. The provider's representative or the manager could not provide a reason for this but confirmed it would be addressed immediately. The service had procedures in place for receiving and returning medication safely when no longer required. Medication audits were carried out by an external pharmacy. The manager confirmed that actions identified by these and a recent local authority inspection, such as assessments of staff competence to administer medicines safely and protocols for all medicines prescribed on an 'as required' basis, were now to be implemented. The provider's representative told us that an electronic medicines system was being sourced to further improve the safe management of medicines.

Is the service effective?

Our findings

People were complimentary about the staff working at the service. One person said, "Staff are great. Terrific. Staff do not need any more training, they do what is needed and what worried you just gets sorted."

Staff told us they received a supportive induction. Records showed that all newly employed staff received an induction when they started working in the service. Staff told us their induction included an 'in-house' orientation to the service, the opportunity to 'shadow' and work alongside more experienced members of staff and to complete or update training in a range of core areas before commencing work. The provider's representative told us that further work was recognised as needed to the induction procedure. They planned to implement the 'Care Certificate' to show that the provider had assessed staff competency against the core standards as outlined within an industry recognised robust induction program.

Staff were provided with training to enable them to carry out their role. Records showed that staff had attended training in for example, moving and repositioning, food hygiene, infection control and care planning. A range of further training was planned and details of this were displayed in the service for staff information. The provider's representative advised that the staff team were relatively new and that the service was 'growing a good team'. To support this, a programme of staff training in 15 different relevant topics was booked with an external trainer or the local authority over the next six weeks.

Formal staff supervision had not been provided within the frequency stated in the provider's policy. The manager demonstrated however that they had commenced both group and one to one staff supervision meetings since their appointment. A programme of staff supervision was to be implemented once the proposed supervisors had attended suitable training to provide them with the knowledge and skills needed to carry out this role effectively. The provider's representative confirmed that a system of staff appraisal would be implemented once staff were in post for a suitable period and the supervision system properly established. Staff told us they felt well supported through their staff meetings and the availability of a lead nurse or team leader on each shift.

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 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.

Staff had attended or were booked to attend training on MCA and DoLS in the near future. Staff we spoke with showed a good understanding overall of MCA and DoLS and when these should be applied. Records showed that people's capacity to make everyday decisions was assessed and decisions made in their best

interests where needed. Where people were deprived of their liberty the provider's representative had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. Staff sought people's consent before providing their care and support. We heard staff check with people that they were happy with what was happening and that the pace suited the person.

People told us they enjoyed the food and drinks served and that they had plenty of choice. Comments included "The food is marvellous, first class, with plenty of choice and plenty of drinks", and "The meals are lovely, they are what you would cook yourself in your own home." Where staff supported people to eat and drink, they did this in a respectful way, sitting with the individual person, going at the person's pace and talking to them during the meal. Staff consistently offered people choices of food and drinks and took time to allow people to make a positive choice by showing them the options available. People had the opportunity to have a glass of wine with lunch and a hot drink at the end of their meal. One person said, "Cappuccino is magic for me, it is so nice."

People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referral made to the GP and dietician as needed. One person said, "I am encouraged to eat and drink." Staff recorded in the care records what had been consumed by individual people identified as at risk so this could be monitored. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. A weekly GP surgery was held in the service. People told us that staff helped them to gain access to the GP if they were unwell. A health professional told us that staff clearly understood the importance of monitoring people's health, promptly calling in professionals and following the advice and instructions provided to ensure people's well-being.

Is the service caring?

Our findings

People lived in a caring environment. One person said, "Staff are kind, caring, tolerant and responsive." Another person said, "I don't like it here because I do not want to be here but the care is very good. (Staff member's name) is always relaxed and happy and just makes you feel good."

People were not sure that they could remember if they were involved in the assessment, planning and review of their care. One person did tell us that their relative had visited the service before the person came to live there. People's care documents indicated that this had occurred. Care records noted people's preferences such as in relation to food, drinks, social activities and routines of daily living such as their preferences for getting up and going to bed. The provider's representative confirmed that evidence of people's involvement could be more clearly demonstrated in these processes.

People were encouraged and supported to make choices and decisions in their daily life. People told us they could choose how they spent their day and whether or not to join in with the activities available. One person said, "I choose whether I join in with things or not." Another person told us, "We are not forced to do anything; I feel I have plenty of choice." One person told us they liked to sit in a particular place where they could watch the world go by and that staff knew this and always supported it. Information was displayed telling people how to gain access to support from other agencies should they need to.

People's individuality was valued. One person said, "I am really very content here. I really am enjoying it so much." Staff had given time and attention to detail and people were suitably dressed, wore jewellery, accessories and well-fitting footwear. Staff told us that one person liked bright colours so they always offered the person a selection of brightly coloured tops to choose from each day. One person's records showed they had a preference for round necked tops. We saw that staff had respected the person's individual style when helping the person to dress. Another person liked to wear a particular type of hat and the person was seen to be wearing this on both days of the inspection.

We saw that staff took time to listen to what people said and to really engage with them in a caring way. Staff used touch in an appropriately friendly and gentle way when supporting and chatting with people. People and staff knew each other by name and also knew details about each other's lives. We heard a staff member involved in a positive conversation and shared laughter with a person about a family wedding. One person said, "The cleaners are lovely, they know your name and nothing is too much trouble."

People were treated with dignity and their privacy respected. One person told us, "Staff treat me well, I never felt slighted at all." People told us that staff always knocked before entering bedrooms and ensured doors were closed when personal care was being provided. One person said, "Staff always close the door." We saw that staff assisted people discreetly and checked if bathrooms were free before escorting people there. People were seen by the GP in private. We noted that while another healthcare professional suggested attending to a person in the communal lounge, staff supported the person to a vacant room nearby to ensure the person's right to privacy.

Independence was encouraged and supported. We saw a staff member check with a person recently admitted to the service and the person's records, as to the person's ability to walk to the dining table. The staff member supported and encouraged the person to walk rather than just moving the person in the wheelchair in which they had arrived.

There was a welcoming approach in the service. People told us their visitors were always welcomed and this was confirmed by the visiting relatives we spoke with. We saw that staff spoke to the newly arrived person by name, ensured they stayed near the person to extend a welcome and encourage conversation. The staff member also introduced the newly admitted person by name to each of the other people sitting at the dining table and we noted that they were soon actively involved in conversation.

Is the service responsive?

Our findings

At our inspection of April 2015 we found that people's personal and social care needs had not been assessed and planned for and people were not receiving care that met their needs. The provider sent us an action plan and additional updates detailing their progress to meet regulatory requirements. We found at this inspection that the improvements they told us they would make had been achieved.

People received care and support that was individually planned and appropriate to their needs. A plan of care was in place for each person based on their individual assessment and included information on how they wished to be supported and cared for. Care plans included important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. Staff were able to support people well as the care plans gave staff clear guidance on how best to meet the person's needs at that time. Staff knew people's needs and responded to these in everyday practice. We saw for example, that staff supported one person to sit near the window as this was their preference.

People received care that was responsive and person centred rather than task led. Staff were able to tell us about people's care and support needs, such as who needed support with eating so as to help maintain good nutritional and wellbeing. This was confirmed in people's care records and the records of support provided to people. Records showed that one person had had falls in their own bedroom, despite a system of frequent checks being in place. A sensor mat had been introduced to alert staff to the person's movement so they could immediately support the person and limit falls. Staff had also noted that the person's footwear needed attention. They had informed the family, better fitting footwear was provided for the person which also reduced their risk of falls. Another person had complained of pain. Records showed that staff had obtained medical advice; pain relief was administered with good effect for the person.

People had opportunities for social and leisure pursuits that interested them and met their needs. One person said, "The time here has been so quick. I have people here to talk to and everybody makes you feel comfortable. I like the activities, especially the quizzes. I feel happy and pleased to have come here." A programme of planned activities was available, however the print was small and it was displayed above head height making it less accessible to people. An activities co-ordinator was employed two days per week and care staff were responsible for implementing social activities as an integral part of everyday care provision. A written compliment sent to the service by a relative said, "(Activity co-ordinator's name) goes way beyond their obligations to make certain that residents are involved in activities." We saw that staff did suggest and provide a variety of activities including taking some people out to the local shops. One person told us, "They are doing quite well lately with the activities; guessing games and entertainers from outside, they are very good."

People told us they felt able to express their views about the service and felt they would be listened to. One person told us, "If I had any concerns I would feel happy to report them to any member of staff, you would just have to say." The provider had a clear system in place to manage complaints. Information on how to access the complaints procedure was displayed. Records showed that people's concerns had been responded to promptly in an open way. Apologies had been offered if the service did not get something right

and information provided on the action taken in response to improve the service provided. This included a copy of an updated policy on staff escort to hospital appointment visits, which provided clear guidance on what each party could expect.

Is the service well-led?

Our findings

While significant improvement was noted throughout the service, the provider's systems to check on the quality and safety of the service provided were weak in some areas. Improvements were needed to the provider's quality assurance framework to provide guidance and structure to ensure robust monitoring of the service and support effective planning. The systems in place had not promptly identified issues we had, such as the recording gaps in cream application charts and in fire and water checks. Records and documents relating to the running of the service were not always well organised. We found that staff left records unattended in areas accessible by others. This had not been noted and action taken within the service. However, these matters related mainly to records and there was no evidence of adverse impact on people using the service.

The provider's representative told us that focus had been placed on making improvements and that the full quality assurance system to monitor and assess the service would now be developed. A range of audit tool templates, including infection control, health and safety and food safety were available in the service. The provider's representative confirmed that these were now ready to be implemented by the manager. The manager was in the process of completing their probationary period. They and the provider's representative confirmed that the necessary steps to apply for registration with the commission would be taken at the appropriate time.

The atmosphere at the service was open and inclusive. The provider's representative told us they had openly shared the service's history and difficulties with people when people were considering using the service so they could make an informed decision. This was confirmed by relatives. Copies of inspection reports, the conditions we had placed on the provider's registration and the service's current rating were displayed in the service to provide people with information in an open and transparent way. Newsletters had also recently been introduced as a way of sharing information with people.

Staff told us they received good support from the management team who were always available should they need guidance. Staff were able to express their views to the management team and told us that they felt valued. Staff also told us that the manager worked hard, was visible in the service and that they found the manager approachable. This was confirmed by people living in the service who knew the manager by name.

People had opportunities to share their views and influence the service. Residents and relatives meetings were held which reviewed issues such as food and social activities. We saw that a staff member had followed up and taken note of people's personal favourite meals. This had recently been sent to the catering staff to ensure that those meals were included in the menu plan. A monthly keyworker listening meeting had been introduced and recorded. This was to provide people time and opportunity on an individual basis to discuss all aspects of the service. The provider's representative confirmed these would be analysed routinely to ensure any necessary improvements were made.

The provider's representative told us that an annual satisfaction survey would be undertaken to ascertain

people's views and satisfaction levels of the service. The service had received a number of recent written compliments. These included comments such as, 'Our (relative) has blossomed since being at Treetops, and we put this down to good care.'