

Midshires Healthcare Limited

Treetops

Inspection report

10 Church Street
Riddings
Alfreton
Derbyshire
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Tel: 01773528080

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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

About the service: Treetops is a residential care home that provides personal care and support for up to 28 people. The service is located on the outskirts of the village of Ridings, near Alfreton.

Treetops was registered before the publication of Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, we found that the service met these values.

People's experience of using this service:

People were protected from harm as staff had a good understanding of what constituted abuse and knew what actions to take to keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for checking staff were suitable to work with people who used the service. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs. We saw that concerns were taken seriously and investigated thoroughly to ensure lessons were learnt.

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 support this practice. Staff respected people's decisions and gained people's consent before they provided any care. Where any restrictions were identified, applications had been made to ensure this was lawful. Staff had the skills, knowledge and experience to work with people.

People felt staff and registered manager were caring and treated them with respect and dignity. Staff understood the importance of treating people with kindness and compassion. People enjoyed spending time with others and staff, and participating in events and social activities.

People participated in activities that interested them. Care records were personalised and contained relevant information for staff to help them provide the care people required. Information about making a complaint was available for people and they knew how to complain if they needed to. People were provided with a choice of what to eat and drink. Where changes in people's health were identified, they were referred to healthcare professionals to support people's wellbeing. People were able to express their views about their future care.

Quality assurance monitoring systems were carried out; where improvements were identified, actions were recorded to ensure improvements could be made. The staff listened to the views of people using the service and their relatives to make improvements in areas such as the environment and activities.

Rating at last inspection: Good (last report published May 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Treetops

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and a specialist advisor carried out this inspection. The specialist advisor had experience of providing support for people with complex needs.

Service and service type:

Treetops is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information had been sent to us in 2017 and we gave the provider the opportunity to provide us with relevant updated information during our inspection.

We used a range of different methods to help us understand people's experiences. We spoke with eight people about the support they received. We had discussions with four staff members, two deputy managers and the operations manager. We reviewed care plans for three people to check they were accurate and up

to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, meetings minutes and quality audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People felt safe and we saw they were comfortable with staff.
- ☐ Staff knew the signs to look for that might mean a person was at risk of abuse or harm.
- ☐ Staff received training and were confident about how they would report any concerns both internally to the service management and externally to local safeguarding authorities.
- ☐ Where safeguarding concerns had been raised, the staff worked closely with the safeguarding team to ensure incidents were investigated and lessons were learnt.
- ☐ We received safeguarding notifications to inform us of any incident and outcomes for people.

Assessing risk, safety monitoring and management

- ☐ People had risk assessments which included information about how they were supported to stay safe, for example when going out.
- ☐ Care records included how people were supported with managing any complex behaviour and staff understood how to act to keep them and other people safe.
- ☐ Where incidents occurred, a record was maintained of what had happened and this was reviewed to ensure the plan remained suitable for people.
- ☐ People had an emergency care plan for when they went to hospital with important information about them.

Staffing and recruitment

- ☐ People felt there were enough staff who were available to meet their needs and we saw staff had developed relationships with people and felt comfortable with them.
- ☐ We saw there were staff available in the different areas of the home to keep people safe and to ensure they had opportunities to be involved in activities they were interested in.
- ☐ Some people had specific care needs and additional support was organised to enable them to have individual support. We saw people received this support from different staff throughout the day to ensure they had opportunities to participate in activities and interact with different people.
- ☐ Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. These included satisfactory references and police checks to ensure new staff were suitable to work with people.

Using medicines safely

- ☐ People knew what their medicines were for and when they needed these and told us they received on time.
- ☐ All the staff had received medicines training to understand why people needed their medicines and how

these needed to be administered. Some staff had chosen not to be responsible for medicine administration, although knew how to administer medicines safely to ensure they could provide support where needed.

- ☐ Competency assessments were completed to confirm staff had a good understanding and continued to administer medicines safely.
- ☐ Where people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.
- ☐ Care plans had information recorded about the level of support needed by people to take their medicines safely.
- ☐ There were safe systems in place for the administration and disposal of medicines and medicines were stored securely.

Preventing and controlling infection

- ☐ There were infection control procedures in place and regular cleaning in the home.
- ☐ An infection control audit was completed and identified where improvements were needed.
- ☐ Some areas of the home needed new flooring to ensure these areas could be cleaned effectively. The provider had recognised that improvements were needed, and new flooring had been ordered to be fitted.
- ☐ Staff used personal protective equipment (PPE) appropriately when delivering personal care to people.

Learning lessons when things go wrong

- ☐ The registered manager took suitable actions following incidents and learning was shared with staff.
- ☐ Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed before they moved into the service to ensure they received the right care and support.
- ☐ The assessments took account of people's social and cultural needs and considered compatibility with other people using the service.
- ☐ People's needs and choices were met in line with national guidance and best practice.

Staff support: induction, training, skills and experience

- ☐ Staff received an induction when they were first employed which included working alongside a more experienced member of staff.
- ☐ Staff completed a recognised induction programme to provide them with the skills to start to support people.
- ☐ Staff had opportunities to attend training to enable them to develop further skills to support people with any complex needs. The training including management of complex behaviour and supporting people and staff to stay safe.
- ☐ Staff explained that competency assessments were carried out to ensure they continued to support people safely.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People had choices about what they wanted to eat and drink.
- ☐ Where people needed a specialist diet, the staff were knowledgeable about the food people needed to stay well and suitable food was prepared where an alternative was required.
- ☐ People told us they discussed what food they liked, and one person said, "I have made a list of food I like and don't like." Where people had cultural preferences, the cook discussed these with them and they told us, "We can cook different cultural foods, but I ask everyone if they would like to try this. If people enjoy it, I can add it to the menu for everyone."
- ☐ People had access to a small kitchen area where they could prepare meals, snacks and drinks independently.
- ☐ Menu choices were recorded for people and displayed in the home.
- ☐ Where needed, people's weights were monitored, and staff explained that advice would be sought where there were any concerns.

Adapting service, design, decoration to meet people's needs

- ☐ People chose how their bedroom was designed and decorated.

- People had decorated their room according to their individual tastes and preferences.
- People were happy with how their home was designed and felt they had enough space to spend time alone and in communal activities.
- There was an 'open door' policy and people felt they were able to leave the home and were happy with their lifestyle.

Supporting people to live healthier lives, access healthcare services and support
Staff working with other agencies to provide consistent, effective, timely care

- People attended health appointments and when referrals were needed to health professionals these were made in a timely manner. One person told us, "You can tell someone, and they will sort it out if you aren't well."
- Where people received any medical intervention, they could choose to be supported by staff during any appointments or treatment. The care plans recorded when needed people had been seen by the GP, social workers, community psychiatric nurses and the chiropodist.
- Staff understood people's individual health needs and the support they needed to keep well. Staff and the management team worked in partnership with health and social care organisations and shared information about people, to ensure that the care and support provided was effective and in people's best interest.
- Guidance was available regarding specific health conditions and the impact this may have on people's lives, for example where people had specific mental health diagnoses or needed medical support.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were encouraged to make decisions about their care and support, we saw they chose how to spend their time and staff respected their decisions.
- Capacity assessments demonstrated how decisions about capacity had been reached and information clearly recorded how best interest decisions had been made.
- Where restrictions had been identified, we saw applications had been made for people to deprive them of their liberty to ensure any restriction was lawful.
- We saw staff gained people's consent before providing any care and were also asked where they would like to sit or how they wanted to spend their time.
- Communal areas of the home had CCTV installed and there were large signs advising people of the cameras; consent to its use was recorded in people care plans.
- People were supported to make decisions about their care and support and were offered choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ The staff had developed good relationships with people and understood their needs and any preferences. We heard staff spending time talking with people about topics of interest to them and about forthcoming events.
- ☐ People felt the staff were responsive and had developed good relationships with them and one person told us, "The staff are easy going."
- ☐ Staff understood and responded to people's diverse needs and encouraged them to express themselves.
- ☐ The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality, including what style of clothes to wear.
- ☐ People had opportunities to continue to practice their faith and could attend their preferred place of worship and social groups when they wanted.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were encouraged to make choices about their day and they felt the staff listened to them.
- ☐ Staff encouraged people to make daily choices, including what clothes to wear and if they would like a bath or a shower. The care plans considered people choices and preferences throughout and staff provided support accordingly.
- ☐ People knew about their care plans and they could decide what care and support they needed.
- ☐ People had information about advocacy service should they need this to help make choices and decisions about their life. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- ☐ People could have a key to their bedroom and private lockable facilities. Staff respected people's property and we saw where one person had complained that personal food was missing, a fridge was purchased for their bedroom to ensure they could keep their food safe.
- ☐ People were encouraged to be as independent as possible and to take responsibility for their life and daily decisions.
- ☐ People maintained relationships important to them. They could have friends and relatives visit or could chose to go out on their own or with them. Staff fully respected this.
- ☐ Staff respected people's privacy and dignity and we saw staff speaking with people discreetly about matters of a personal nature. When people were visited by friends or professionals, they told us they could go to their bedroom or the small lounge to ensure they could speak in private.
- ☐ Staff recognised how important it was for people to feel positive about their image and to dress in a style

of their choosing.

- ☐ We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Staff were knowledgeable about people and their support needs.
- ☐ Care plans contained detailed information about how to support people and what was important to them.
- ☐ The care plans were reviewed with people to ensure they continued to reflect that was important to them and how they wanted to be supported.
- ☐ People were involved in activities that interested them and spoke enthusiastically about the places they visited and how they spent their time.
- ☐ When people went out, they told us they were responsible for their personal money. One person told us, "We keep our money locked up but when we go out, its up to us what we spend it on and I have my own purse to carry it in."
- ☐ People chose how to spend their time in their home and we saw people talking together, playing board games or having a manicure. People told us they could chose whether to be involved with events.
- ☐ Some people were independent and went out alone to places that interested them or to visit friends. One person told us they enjoyed places bets at a local bookmaker, other people spoke about visiting local pubs. People spoke positively about watching football matches and having this as a social occasion or sharing food with other people.
- ☐ There was a walking group event during the afternoon and people explained that they enjoyed walking and were planning to visit a local park area. One person said, "I enjoy this, and we walk quite a few miles together."
- ☐ Where people needed documents in a different format, we saw this was provided. For example, we saw the complaints procedure was written and displayed in an easy read style.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints procedure and people knew how to raise any concern.
- ☐ Meetings were held in the home for people to talk about their experiences and ideas for activities or where improvements may need to be made. People felt they could discuss what they felt was important and staff listened and acted upon what they had said.
- ☐ Any verbal concern or written complaint was investigated, and a copy of the outcome and action was recorded and demonstrated the provider had responded to concerns.

End of life care and support

- ☐ People were encouraged to discuss any future care arrangements and treatments they may wish to receive. Where people had shared information about their care, this was recorded in people's care plans.
- ☐ Where people had life limited conditions, the staff spoke with them to plan and make their wishes

achievable. For example, specific requests about activities or events they wanted to participate in, or a favourite holiday abroad.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

Continuous learning and improving care

- ☐ There was a registered manager in post and they understood their role and responsibilities and people knew who they were. For example, they had submitted statutory notifications to us so that we were able to monitor the service people received.
- ☐ People felt they could approach the registered manager if they wanted to talk to them about anything and they would listen and make changes because of this.
- ☐ There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities to effectively manage all aspects of the service. Staff received a hand over before starting their shift to help ensure they were aware of any important changes to people's support needs. Staff told us there was good team work and communication.
- ☐ Staff felt listened to by the registered manager and had one to one support to speak about what was important to them and for support with personal development in their job roles. One member of staff told us, "The leadership is very good. Everything is explained to you and they are always there to support you."
- ☐ Accidents and incidents were used as an opportunity for learning and improving. Any risks or learning points identified because of these were cascaded to the staff team and referrals were made to external professionals as required.
- ☐ People felt the service was well managed and knew who the registered manager was and who they could talk to if they wanted.
- ☐ The staff felt the registered manager and senior care staff were a positive example for them and they felt valued and listened to.
- ☐ The registered manager and the operations manager completed checks on the quality of the service and how it was managed to ensure where improvements were needed, these were identified and acted upon. Quality audits were completed for reviewing the service including infection control, catering audit, health and safety, care plan reviews, and reviewing of risk assessments.
- ☐ External auditors supported the provider in identifying areas where they needed to improve and where people received positive outcomes.
- ☐ It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We saw the rating from the previous inspection was displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ There were meetings held for people who used the service, so the provider could capture their views and get their suggestions and choices.
- ☐ People were given the opportunity to comment about the quality of the service in a satisfaction survey; the results were analysed and used to make improvements within the service and the results were shared at these meetings.
- ☐ Staff attended staff meetings to talk about the service, future improvements and developments and any concerns.
- ☐ This showed the provider listened to what people and staff had to say to make improvements within the service.

Working in partnership with others

- ☐ Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, health professionals such as GPs.
- ☐ Information was shared so that people got the support they required from other agencies and staff followed any professional guidance provided.