

Dr Rais Ahmed Rajput

# Spring Tree Rest Home

## Inspection report

433 Watling Street  
Two Gates  
Tamworth  
Staffordshire  
B77 1EL

Tel: 01827251634

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Spring Tree is a residential care home providing personal care to 17 people aged 65 and over at the time of the inspection.

The service can support up to 30 people in one adapted building across three separate floors.

### People's experience of using this service and what we found

The provider's quality assurance and safety checks were not fully effective in identifying potential risks to people living at the home. Fire safety checks were not routinely carried out.

The provider did not have effective systems to learn lessons from accidents and incidents and when things went wrong. Actions taken to promote people's safety were not always effective. There was no registered manager in place.

People were not always supported by skilled staff. Staff had not received relevant training in relation to their role and responsibilities. Staff were not supported through regular supervisions and appraisals.

Medicines were not always managed in a safe way and people's risks were not always assessed and mitigated. Care plans did not consistently record the wishes and preferences of people.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff understood how to protect people from the risk of abuse and harm and staff understood and followed infection control processes. People and relatives told us they were happy with the care they received and felt the acting manager was approachable and would make the necessary improvements required.

### Rating at last inspection

The last rating for this service was Good (published 28 November 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about the number of accidents and incidents that were occurring at the service, the provider's lack of monitoring and oversight of people's needs, medication errors and the provider's lack of understanding and application of the Mental Capacity Act. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report. You can see what action we have asked the provider to take at the end of this full report. The overall

rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

#### Enforcement

We have identified breaches in relation to good governance, safe care and treatment and staffing at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Spring Tree Rest Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out on 16 and 17 September 2019 by one inspector, one assistant inspector 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.

#### Service and service type

Spring Tree Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was not yet registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, the manager, senior care workers, care workers and the kitchen assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service, including audits and policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were no systems in place to assess, monitor and mitigate risks in relation to the safety and wellbeing of the people living at Spring Tree Rest Home. Fire safety procedures were insufficient, and we found significant shortfalls during our inspection.
- Fire alarm testing did not take place on a regular basis and there were no supporting records to evidence this practice.
- The provider audit process was ineffective and did not include a system to ensure such checks were completed therefore safety issues we had raised were not identified.
- Not all staff received fire safety training and some staff we spoke with were unaware of what actions to take in the event of a fire.
- People did not always have risk assessments in their care file despite their care records highlighting individual risks. For example, one person's care plan stated that they were prone to urinary tract infections and required a set amount of fluids each day. There was no risk assessment to guide staff to take the necessary actions to safely support the person.
- The provider was unable to learn lessons when things went wrong. There were no mechanisms in place to identify themes and patterns when accidents and incidents had occurred and therefore, actions were not put in place to prevent the risk of reoccurrence.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during the inspection. Fire safety checks were carried out and suitable checks of the environment and equipment were in place by the end of the inspection.

Using medicines safely

- Medicines were not always stored, administered or recorded in a safe way.
- Medication Administration Records (MAR) did not consistently evidence that medication had been administered. However, medication stock checks indicated that people had been given their medication. We could not be assured that people had received their medication as prescribed.
- Temperature charts did not always record the temperature of the medication room and trolley. This meant that people were at risk of receiving medication that was ineffective because of medications being

stored incorrectly and against best practice guidelines.

- Some staff did not receive suitable training to ensure they were competent to administer medication. Training that was provided proved to be ineffective as we observed errors had occurred after the date of recent training.

We found no evidence that people had been harmed however, medication practices were not managed effectively or safely and this placed people at risk of harm. The provider failed to follow safe medicine practices. In addition to this, systems were either not in place or robust enough to demonstrate safety was effectively managed in the home to mitigate risks to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe here."
- Some staff had not received safeguarding training. However, staff could describe what may constitute abuse and knew how and when to report safeguarding concerns.
- The provider had liaised with the local authority to refer safeguarding concerns and had notified the Care Quality Commission, as required by law.

Staffing and recruitment

- We received a mixed response about the staffing levels. One person told us, "I do have to wait up to 20 minutes or more; staff are kind, but they do struggle, especially in a morning." However, another person said, "There are enough staff and I do not have to wait too long."
- Staff we spoke with told us they felt staffing was adequate but busier times of day such as mealtimes, could often be more difficult due to some people's increased need for support.
- The provider used a staffing dependency tool to determine staff ratios. This was not available for us to see during our inspection.
- The provider carried out appropriate recruitment checks before employing staff to work at the service. However, we identified some omissions of important documentation when we viewed staff files. We brought this to the manager's attention to be rectified with immediate effect.

Preventing and controlling infection

- Staff told us they wore personal protective equipment (PPE) to help prevent the risk of cross infection. We observed this in practice during our inspection.
- The home was clean and free from any malodours.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not ensure all new staff received the training and support they required before working with people at Spring Tree Rest Home.
- We reviewed training records which showed new staff did not receive an induction which included relevant training such as safeguarding, fire safety, moving and handling and specific training relevant to people they were supporting such as dementia awareness and nutrition.
- Some staff confirmed they had not received any induction or any form of training. One staff member said, "I shadowed a member of staff for two shifts; the training really does need improving."
- The provider did not ensure staff received regular support through supervision. Records we viewed evidenced not all staff were not receiving supervision sessions with a manager or someone else in a senior position.

The provider did not ensure staff were provided with appropriate training and supervision to provide effective care and support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager informed us they had begun to supervise some staff and they would ensure staff had regular and meaningful supervision sessions on a monthly basis going forward. The manager stated they would be purchasing new training materials to ensure staff were fully trained and skilled to deliver effective care and 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 make 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were not consistently completed and were not readily available for access in people's care files. This meant we could not be assured people had been consulted about their decision-making ability. We brought this to the attention of the manager who told us they would ensure this would be actioned.
- People had mixed views about staff seeking consent. One person said, "They [staff] do explain, they ask me before helping me. They don't do anything without my permission." However, another person said, "They [staff] don't ask me a thing."
- Some staff were able to tell us about the principle of consent. However, the staff who had not received MCA training, did not know about the MCA and what this meant for people who they were supporting.
- DoLS applications had been submitted to the local authority. The registered manager had systems in place to determine who had an authorised DoLS in place and when these would expire. This meant where people were being deprived of their liberty, it was done so lawfully.

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

- People's needs were assessed before they came to live at the home. This meant the provider could determine whether the service was appropriate for people.
- Records we viewed covered people's basic needs, but these were not always effective in providing positive outcomes for people. For example, one person had been identified as requiring support to monitor their bowel movements, but the care plan did not reflect this support had been given. One staff member we spoke with said, "We do give people support but staff do not routinely document on the charts and they are not always checked by the senior care staff." This meant that staff would not always be able to deliver consistent support as care plans were not always current or relevant.
- Other records we viewed did contain clear guidance for staff to support people.

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

- Mealtimes were not always a positive experience for people and we observed people were left waiting for a long time without any interaction or support. We discussed this with the manager on the first day of our inspection and we noted an improvement on day two.
- People received enough food and drink to maintain their nutritional requirements.
- One person said, "Sometimes I go to the dining room to eat or sometimes I stay in my room. The food is excellent. They always bring too much but I do get a choice of meals."
- Where people had specific dietary needs, advice was sought from relevant healthcare professionals such as Speech and Language Therapists. We spoke with the kitchen assistant who confirmed some people were on tailored diets due to their health needs and we observed food was prepared and served in line with people's needs.

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

- The provider liaised with agencies to improve the quality of care and support people received.
- Healthcare professionals were consulted as necessary to enhance and improve people's health and well-being.
- Care plans confirmed professionals had been consulted as required.
- Staff told us they worked well together and followed the advice and guidance given to them to improve the quality of care people received.

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

- People's bedrooms were decorated with their own belongings and people told us they were encouraged to bring items of their own to create a familiar and homely environment.

- We observed signage around home to help orientate people and to create a 'dementia friendly' environment.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People gave us varying responses about the care and support they received from staff. Comments we received included, "Staff are excellent", "I have a good relationship with some staff but not all of them," "Staff are warm; staff know us as a family" and "Some of the staff are caring but not all of them."
- The provider did not always provide sufficient training for staff to ensure they had the knowledge and skills to support people in a compassionate way.
- Records were not consistently updated and therefore, staff were not able to consistently care for people in line with their abilities, wishes and preferences.
- People were not routinely asked about specific protected characteristics of the Equality act 2010 such as sexual orientation. This meant staff could not always support people in a person-centred way. We spoke with the provider and the manager about this and they assured us assessments and care plans would be redesigned to include people's protected characteristics as necessary.

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

- People we spoke with told us they were supported to express their views and were given choices in relation to their care needs. One person said, "Mostly, yes I am asked and involved. I have a choice of food, I can go in the lounge if I want to. I'm an early riser but can lie in if I wish; if I want to sleep late then I do. I can choose what clothes I want to wear." Another person told us, "I cannot walk independently to see the lists of events that are displayed on the walls in the communal areas, but staff always tell me what is happening."
- Resident and relative meetings had occasionally been held by the previous manager. The manager told us they were reintroducing the meetings and saw this a good opportunity for people and their relatives to get to know them. The manager told us, "I will use the feedback we get to analyse the progression we have made from when I started as manager."

Respecting and promoting people's privacy, dignity and independence

- We observed occasions whereby dignity was not always respected or promoted. We spoke to the manager about what we had seen. There were notable improvements on day two of the inspection and we saw some kind and caring interactions between staff and the people they were supporting.
- On the whole, people told us their privacy was respected, and independence was promoted. One person said, "If I want to talk quietly then staff will respect that." Another person told us, "Most of the time staff speak to me politely. They knock on my door before entering."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they were unaware they had care plans in place but felt their needs were still being met. One relative told us, "No, I don't recall seeing a care plan, but I think they [relative] is getting all the care they need."
- Care records did not contain enough personalised information to enable staff to provide consistent individualised care. Care plans did contain people's basic information such as mobility and healthcare needs and personal care requirements.
- The provider informed us they would replicate documentation used at their other good rated services to include people's preferences, likes and dislikes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibilities in meeting the AIS but reinforced this needed improving. They told us, "We do have some displays such as the activity board that are in pictorial format, but I will be ordering more resources to support people, such as menu pictorial cards."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to engage in a programme of activities. However, on the first day of inspection, we observed minimal activity and a lack of social stimulus for people. We discussed this with the manager who told us activity planning was improving and we observed a greater programme and participation in activities on the second day.
- People confirmed they took part in activities such as bingo, quizzes and there was a regular singer who visited the service to entertain people. One person said, "I tell them [staff] what I like. I enjoy quiz words and word searches. I like to be involved with the things that go on. There is enough to keep me active."
- Cultural and religious needs were respected. One person told us, "There is a vicar that comes into see us occasionally."
- Relatives were encouraged to visit the service to sustain and enhance meaningful relationships with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place however at the time of our inspection we were unable to access any complaints that had been made since the last inspection due to the manager being unable to access previous records.
- People and their relatives confirmed they knew how to make a complaint and would feel comfortable in doing so. A relative told us, "I'm here as much as I can be, and I have not got anything to complain about."

#### End of life care and support

- There was no one at the home receiving end of life care.
- Some people told us they had spoken with staff about their end of life care wishes and preferences. However, records we viewed did not contain any information to guide staff to care and support people at the end of their lives.
- Staff had not received end of life training to ensure they had the necessary skills to support people at the of their life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post. This a requirement in accordance with the conditions of the provider's registration.
- The provider failed to deploy an effective governance framework to monitor and evaluate the quality and safety of the service. There were no responsible persons accountable for completing audits of the practices within the service.
- Where systems were in place, these were ineffective as they did not identify areas for improvement or address the identified shortfalls in an effective way as outlined throughout this report such as the lack of action to identify and reduce risks to people.
- Records were not kept and stored in line with current legislation and best practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider failed to seek and act on feedback from staff for the purposes of continually evaluating and improving services. Staff had not received on-going supervisions and there had been a lack of staff meetings. This meant staff were unable to share their views individually or in a meeting style forum.
- People and their relatives told us there had been no recent meetings for them to contribute their views about the running of the home.
- The systems in place were unsuitable for assessing, analysing and improving the quality of care people received.

There were lack of effective audit systems to assess, monitor and improve the quality and safety of the service provided. Records were not maintained securely. The provider failed to seek and act on feedback. The systems in place were ineffective in assessing, monitoring and improving the safety and quality of services provided. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they would be reintroducing the meetings in the near future and surveys had been placed in the reception foyer for relatives and visiting professionals to access and complete. Feedback collated would be used as a driver to begin improving the service.
- The manager told us they had begun researching and using various best practice initiatives to develop

their own practice and the practices of others.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had been in post for four weeks at the time of our inspection. The manager understood and recognised the requirement for improvement and told us, "Fundamental standards and training need to be in place along with one-to-one sessions with staff, so I can identify strengths and weakness to improve practice and quality. I can improve the service; I just need the tools to be able to do the job. I want people to have an enriched, good quality of life."
- The provider acknowledged the manager's commitment to improving the service and said, "I want things to get better; this home needs a good manager and I know [manager's name] can do it. I will support them and let them have anything they want to do the job."
- Staff told us they felt supported by the new manager and felt positive they would bring about change for the better. Comments we received included, "They [manager] are lovely; they are fair and is not afraid to discuss our practice with us" and "I feel supported in my role now as even though I have not yet received my formal training, any questions I have are answered by the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities in relation to the duty of candour. They told us, "It's about being open, honest and transparent. We need to let people know we are accountable when things go wrong and it is about how we learn to put it right."

Working in partnership with others

- The manager had begun to develop and establish links with agencies and organisations to improve the safety, health and wellbeing of people living at Spring Tree Rest Home.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure staff were provided with appropriate training and supervision to provide effective care and support.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were no systems in place to assess, monitor and mitigate risks in relation to the safety and well-being of people living at the home. The provider failed to follow safe medicine practices.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The was a lack of effective audit systems to assess, monitor and improve the quality and safety of the service.</p>

### **The enforcement action we took:**

We issued a warning notice telling the provider they must become compliant with the regulation within a set timescale. We requested the provider complete a detailed action plan informing us of the actions they were taking to ensure effective quality assurance systems were in place.