

Dr Rais Ahmed Rajput

# Spring Tree Rest Home

## Inspection report

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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

We carried out an unannounced inspection of the service on 4 October 2017. On our previous inspection visit on 5 May 2015, the service was rated Good overall, with requires improvement in our question 'Is this service?' On this inspection we found the service was rated as Good in all areas.

Spring Tree Residential Care Home can provide accommodation and support for up to 30 people who may be living with dementia. There were 22 people living there at the time of our inspection. The home accommodated people over three floors and on the day of our inspection the lift was being repaired; small lounge areas had been established on each floor and staffing had been reorganised to ensure they were staff available over each of the three floors. Following our inspection we received confirmation that the lift was now operational.

The service had a registered manager. 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. At the time of the inspection a registered manager was in post.

We had received information that people may be at risk of harm. Our evidence demonstrated that staff understood their role in protecting people from the risk harm or abuse and the actions they needed to take if they had concerns. Where concerns had been identified the staff worked closely with other professionals to ensure these were investigated. People were confident that the staff supported them well. There were enough staff available to be able to support people. The staff were knowledgeable about people's needs and understood the risks to people's health and wellbeing. Recruitment checks were made before staff employment to confirm they were of good character and suitable to work in a care environment.

People could have food and drinks that they enjoyed throughout the day. People received support from health care professionals to help ensure their well-being was maintained and received their medicines as prescribed. Health concerns were monitored to ensure people received specialist health care intervention when this was needed.

Staff were kind and caring when supporting people and knew their likes and dislikes. People's privacy was respected and the staff made visitors feel welcome and were approachable. There were processes in place for people to raise concerns and express their views and opinions about the service provided.

People were supported to have control of their lives and were supported in the less restrictive option possible. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent to specific decisions they were supported in their best interest.

Staff were kind and caring when supporting people and knew their likes and dislikes. People participate in social activities according to their interests. The staff and management team made visitors feel welcome and were approachable.

There were processes in place for people to raise concerns and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

## 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.

Staff knew how to recognise abuse and took appropriate action when it was suspected. Staff were suitably recruited to ensure they were safe to provide people's care. People received their medicines as prescribed and medicines were recorded and stored safely. There were sufficient staff in the home to ensure they met people's support needs in an effective way.

### Is the service effective?

Good ●

The service was effective.

Where people did not have capacity, decisions were made in their best interests. Where people were subject to restrictions, these had been considered to ensure these were lawful. Staff received the training they needed to provide people's care. People were able to choose what they wanted to eat and drink and had access to health care professionals to help maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

Staff provided support to people in a kind and dignified way. Staff were patient when they interacted with people and their wishes and privacy were respected.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that interested them. Information was available to ensure people received personalised care and support; this was reviewed to reflect their current support needs. People knew how to raise concerns and complaints.

### Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to consistently assess and monitor the quality of the service. People were able to comment on the quality of service provision. The staff felt supported and valued by the manager.

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# Spring Tree Rest Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 4 October 2017 and was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using a service.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with six people who used the service, one relative, five members of care staff, the cook, the registered manager and provider and a social care professional. We did this to gain people's views about the care and to check that standards of care were being met. We observed how the staff interacted with people who used the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers.

## Is the service safe?

### Our findings

Staff had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. We had received safeguarding concerns that had been raised by people associated with the service. We found the provider had liaised with the local authority to ensure these were investigated and we found suitable actions had been taken to ensure people were not placed at harm. The staff had received safeguarding training that they found useful and one member of staff told us, "We have had safeguarding concerns raised here and we know that we should always make a report and don't try to cover things up." Another member of staff said, "We have the number to call if we are worried about anything. We always air on the side of caution and would rather report things to the safeguarding team." The staff felt confident that the registered manager would respond if concerns of a safeguarding nature were reported to them.

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce any risk of harm. Risks to people were assessed and planned for and reviewed where people's needs changed. For example, we found that risk management plans were in place where people were at risk of falls or developing sore skin and these detailed action staff should take. Where people had been assessed as requiring specific equipment to meet their individual needs and keep them safe, we saw these were in place. People were supported to move around the home and used mobility equipment to help them to keep safe. The staff gave people reassurance by explaining to them what they were doing.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk. This included personal evacuation plans to be used in the event of an emergency. On the day of our inspection the lift was out of action the registered manager had reviewed the staffing arrangements to ensure staff were available to support people on each floor. Family members had been informed of these events so they could continue to visit and food and drink was available on each floor. The provider confirmed that a new part had been ordered and would be fitted the following day.

There were systems in place to report and monitor accidents and incidents. The staff knew what incidents needed to be reported. The records detailed what had occurred and the action taken. The registered manager monitored and analysed accidents and incidents for themes and patterns to reduce the risk of further harm.

There was sufficient staff working in the service and people were confident that staff were available to meet their needs when they required support. There were staff working on each of the floors and we saw where people needed support this was provided. People did not experience delays when they needed assistance. One member of staff told us, "We work well together and get support from the seniors. If we need more support the manager will work with us and helps. We have a good team of staff here."

People received their medicines as prescribed and were given time to take them. We saw staff sit with people and explain why they needed to take their medicines. Staff received training about the safe handling

and management of medicines and one member of staff told us, "Only the staff who have been trained give out any medicine and we get checked to make sure we are doing it right." Medication systems and records monitored whether people had their medicines and an accurate record of all medicines stored in the home was maintained.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

## Is the service effective?

### Our findings

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 or 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 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 provider was working within the principles of the MCA. Before support was provided consent was gained from people. For example, we heard the staff offer to support one person to get dressed out of their night clothes; when they refused, this was respected. One member of staff told us, "We respect people's right to choose what they want to do. We have a care plan which records how they like to make decisions about what they want to do during the day. They may not have capacity to make some important decisions but they know what everyday decisions they want to make." Other people needed more time to make a decision and we saw people were not rushed.

Where concerns had been identified that people may lack capacity to make a decision, a capacity assessment had been completed and a best interest decision had been made with people who were important to them. One member of staff told us, "We are very clear about what to do if we think people don't have capacity. We make sure assessments are done for each decision and we work together to make a decision in their best interest." Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for.

People felt they were supported and cared for by staff who knew them well and knew how to provide their care. Staff were clear about their role and responsibilities and demonstrated they were knowledgeable and understood how to provide effective care and support. Staff received supervision and appraisals and had regular opportunities to meet with the registered manager. This was to discuss any areas of concern, what had worked well and areas of improvement. One member of staff told us, "The manager watches how we support people and we talk about it in supervision so we know what we have done right and if there are any concerns. It's the same after we have had any training, they make sure we understand." Another member of staff told us, "Supervision is really useful as we have an opportunity to talk about our work, what we are doing well and what we could do better." New staff received an induction into the service that included shadowing experienced staff and learning how to provide the support people needed.

People had a choice of what food and drink they wanted and staff showed a good understanding of people's nutritional needs and preferences. We saw one person chose to eat at a different time and this was respected. Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these. People's cultural backgrounds had been taken into account when planning their meals. We saw that people who had a different cultural background had meals prepared from their culture and staff knew what they liked to eat. We also found that advice from health professionals in relation

to people's eating and drinking had been acted on by staff and drinks and snacks were offered to people throughout the day. Where people needed the amount of drinks they had to be monitored, we saw each drink was recorded and this was reviewed to ensure people had sufficient fluids to keep well.

People were supported with their day to day healthcare and attended appointments to get their health checked. People had an agreed health plan which included any professional's advice so they could be supported to keep well. We saw where people had needed health care or needed to go to hospital, the care records reflected the support and care they received. Where required, referrals to external healthcare professionals were made.

## Is the service caring?

### Our findings

On our last inspection we found that improvements were needed as people had meals served on blue plastic plates and generally drank from plastic beakers and cups. People had not been consulted about what style of crockery that would prefer. On this inspection we found that people were able to choose if they preferred to drink from a cup or mug and there was a range of crockery available. We saw people had personal mugs that had been designed for them and were provided with a choice.

People's privacy and dignity was respected when they received care and support. For example, when asking people if they needed to use the bathroom, staff asked them quietly and discreetly to ensure other people could not overhear. After having a drink or meal, people were helped to change their clothes if needed. One member of staff told us, "It's important that people feel good about themselves and look nice. It's not dignified for people to wear dirty clothes." One relative told us, "I've never had a problem with how well they look. They care about people here." People's care records included information that emphasised the importance of providing care in an anti-discriminatory manner where the person's dignity was upheld at all times.

People were spoken with in a compassionate and caring manner and were relaxed and confident in the company of staff. We saw staff greeted people warmly and sat and chatted to people asking how they were. Staff were unhurried and their approach showed people that they mattered. The staff were attentive to people's comfort needs. One relative told us, "I'm very happy with everything here. [Person who used the service] wouldn't be here if I wasn't. It's ten out ten for me." The staff understood people's different forms of communication style. One member of staff told us, "Some people aren't able to speak with us but we look at their facial expressions and their eyes. When we learn something new, we share it with the rest of the team. It's also good when we know about each person and what they used to look or do. We can use this information to help us to talk to people."

The staff knew what people liked to talk about and included people in conversation. When people needed support, the staff talked with people about what was happening and one member of staff told us, "We always do this; it's important that people know what's going on. It's the same when helping people have a wash or bath; I always tell people where I'm washing next. I don't just put the flannel on them."

People were supported to be independent and staff demonstrated a good understanding of people's abilities and limitations. We saw staff actively encouraging independence whilst being conscious of people's safety. For example, where people moved around the home independently with walking aids, we saw staff enabled them to walk about and understood who needed support or a mobility aid to be independent. One member of staff told us, "We have people who use frames so we make sure the corridors are clear and there's room to walk around the furniture" Other people required some support from staff to walk about and this was given in a calm, patient and respectful manner, allowing people the choice of where they moved to and from.

People were supported to stay in touch with their family and people important to them. Relatives told us

that they were made to feel welcome when they visited and there were no restrictions. One relative told us, "I can visit whenever I want and we go out too. I'm always around and feel comfortable to be involved with everything." They told us they were kept informed about their family member and any changes in their well-being.

The importance of confidentiality was understood and respected by staff. Confidential information was stored safely in the office. One member of staff told us, "We try and sit with people and talk about their care and if they agree we will speak with relatives too but it's up to them who we share information with; other people don't just have the right to see their records."

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and understood their preferences. Some people could become distressed; staff understood when to let them have personal space and when to encourage them to be involved with their personal care or with activities. The care records included information about how they wanted to be supported and how staff needed to respect their decisions. One member of staff told us, "It's really important that we respect their decisions and when they don't want to be involved we don't pressure them and just go back a short time later. It was like this at lunch time. They didn't want their dinner when it was being served so we just put it away and when they were ready they sat down at the table. Its fine, we understand that they need to make decisions about what they do in their own time."

When people moved into the home, pre-assessments had been completed prior to people moving into the service. Pre-assessments are important to ensure the service is able to meet people's individual needs. People had plans developed with them, which detailed how they liked to be supported. People's diversity and sexuality was considered in the care records and identified people's personal preferences and how they wanted to be supported. The plans were regularly reviewed to make sure they reflected the person's needs. We saw that the support we observed matched what was recorded in people's care records, for example how they were supported to move.

People received opportunities to pursue their hobbies and interests. One member of staff told us, "It's really important to us that we find out as much about each person so we can plan things they want to do. One activity that helps with this is 'word ball'. The ball is thrown between people and each side of the ball has a different question like 'What was your favourite pet?' This sparks a conversation and anything we learn we write down in the care records." During the summer people were encouraged to spend time outside. The staff spoke enthusiastically about the beach day that was organised. One relative told us, "The day was wonderful, there was a beach, Punch and Judy show and everyone had a really good time." One member of staff told us, "We tried to make the day as authentic as possible and had sand and an old fashioned ice cream bike for people to choose what they wanted. We definitely want to arrange more days like that; it was lovely to spend time with people." People told us that they had choices of how they liked to live their life and that staff respected this. One person told us how they preferred to remain in their room; however they said that staff always offered them the choice of using the communal rooms.

Information to support people living with dementia such as what the day and date was and the food choices were also on display. People were able to personalise their rooms and had their own belongings and items of interest or hobbies such as craft items they had made on display. To support people living with dementia, the doors were painted different colours to help the person be familiar with their home and orientate them. For example the toilet doors were a different colour and there were large pictorial signs to help people to find different rooms. One member of staff told us, "These really help people to get around. We've had training for people living with dementia. This affects everyone differently but we found that found that the doors and signs help people to know where they want to go."

People were able to raise any issues or concerns if they had any. We saw that when concerns had been

raised these had been recorded and investigated. There was one outstanding complaint which was being investigated with the local authority. The manager confirmed upon completion of the investigation the person would be informed of the outcome.

## Is the service well-led?

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