Livability

Treetops

Inspection report

94 Victoria Gardens
Highwoods
Colchester
Essex
CO4 9YE

Tel: 01206844121
Website: www.livability.org.uk

Date of inspection visit:
24 May 2016

Date of publication:
28 June 2016

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

This inspection to Treetops took place on the 24 May 2016 and was unannounced.

Treetops is registered for accommodation for persons who require nursing or personal care, diagnostics and screening and treatment of disease disorder or injury. Treetops provides a high dependency service and nursing care for up to 21 people who have a physical disability and may have a learning disability or an acquired brain injury. There were 20 people living in Treetops on the day of our inspection. Treetops is also registered to provide personal care to people in their own homes. At the time of this inspection Treetops was not providing this service, nor had it done so since its registration. We spoke to the manager about making an application to have the location removed from the registration of the service.

There was a registered manager in post on the day of our 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.

People and their relatives spoke positively about the care provided. Relatives told us that they had good relationships with staff and they were kept up to date with any changes in their relative's needs.

Risks were identified and there were clear plans in place as to how they should be managed. There were arrangements in place for emergencies and on call arrangements outside office hours.

There were sufficient numbers of experienced staff to meet the needs of people who lived in the service. While there was some agency use efforts were made to reduce the impact on individuals by using consistent staff. There were robust systems in place to recruit staff to ensure that they were suitable for the role. New staff received induction and training to provide them with the skills and knowledge they needed to support the people living in the service.

People's health was promoted and they were supported to access healthcare. People had complex needs and staff were alert to changes and signs of deterioration. The management of the service maintained good relationships with health care professionals and sought their advice appropriately.

Staff were kind and caring and committed to provide good care. Care plans were detailed and informative and were updated to reflect changes in people's needs. Opportunities were provided to support people to have a say in how they were supported and access the local community.

There was clear visible leadership and staff were clear about their responsibilities. Staff were motivated and supported. The provider had systems in place to audit the quality of the care and 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.

Risks were identified and steps put into place to reduce the impact on individuals.

There were sufficient numbers of qualified, skilled and experienced staff to meet people's needs.

The provider undertook checks to ensure that the staff they employed were skilled and of good character.

People medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received training that was relevant to people's care and support needs. Staff were inducted into the role and supported to undertake additional qualifications.

People were supported to access health care.

Peoples nutritional needs were identified and monitored. People received a choice of snacks and meals.

Is the service caring?

Good

The service was caring.

Staff knew the people they supported and were attentive and thoughtful in their interactions.

Staff enabled people to communicate and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised and

responsive to their needs.

Care plans were informative and provided staff with clear guidance how to support individuals.

People were supported to access leisure activities in the local community.

Is the service well-led?

Good

The service was well led.

People and their relatives were positive about the care and management oversight.

Staff morale was good and staff told us that they were supported and clear about what was expected to them.

There was a quality assurance system in place to identify shortfalls and drive improvement.

Treetops

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.

The inspection took place on 24 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to our inspection we reviewed information we held about the service. This included any statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we talked to four people using the service and two relatives who were visiting. We spoke with the registered manager, the deputy manager the cook, six care staff and two nursing staff. We observed lunch and the evening meal and other interactions throughout the day. We reviewed three care and support plans, medication administration records, recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service. Following the inspection we spoke with a further two relatives and three visiting professionals about the service provided.

Good

Is the service safe?

Our findings

People told us that they were safe and well cared for. One person said that they were, "Absolutely fine and felt safe." Another person said, "I have been here a long time and I like it."

As part of their induction staff told us they received training in awareness of what constituted abuse and what steps they should take to respond to any allegations of abuse. Staff expressed confidence that matters of concern would be taken seriously and told us that they were encouraged to report any concerns, "Straight away." One member of staff said, "Everything is done by the book here." The manager outlined the steps that they had taken when concerns had been identified and was clear about their responsibilities to report to the local safeguarding authority for investigation if required. There were clear arrangements in place to protect people from financial mismanagement and where staff had accompanied people on trips into the community we saw that receipts were obtained and all purchases were recorded on a log which was subject to regular auditing.

Risks were identified and there were management plans in place to reduce the likelihood of harm. Risk assessment tools such as 'waterlow' and 'must' were in place to identify risks of skin damage and malnourishment. We saw that risk assessments had been produced for areas such as falls, moving and handling and the use of bedrails. Where risks were identified efforts were made to reduce the impact on individuals so for example people had specialist mattresses on their bed and specialist chairs which supported their neck and head. Bedrooms had overhead hoists but there were also mobile hoists available should these be needed. People had individual slings for which they had been assessed and were clearly labelled for individual use.

The provider had systems in place to identify environmental risks and reduce the level of risk that people were exposed to. There was a business continuity plan in place which provided staff with guidance as to the steps that they should take in the event of an emergency. A member of the management team provided on call cover in the evening and weekend. Personal emergency evacuation plans (PEEPS) were in place the event of a fire. PEEPS provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out a building during an emergency. We saw that a range of checks where undertaken on fire safety and moving and handling equipment to check that it was safe to use and working effectively. Water temperatures were regularly tested to ensure that they were safe and meeting the recommended guidelines.

There sufficient numbers of staff to meet people's needs. We observed that staff were visible and responded promptly to call bells and peoples request for support throughout the day of the inspection. Early evening was busy because of the amount of people who required support with eating but the manager told us that they had recognised this and were currently recruiting additional staff for a twilight shift.

We looked at the staffing rota and spoke with staff who told us that a registered nurse was on duty throughout the twenty four hour period. On the day of our visit there were twelve care staff which was made up of staff on the rota and staff supporting some individuals on a one to one basis. Staff spoken with told us

that the levels of staff were good and were clear about who was in receipt of one to one hours and the level of support needed. On the day of our visit four carers were from an agency along with one of the nurses, the manager told us that they were vacancies and they were having difficulties recruiting to the team but tried where possible to use consistent staff from an agency who knew the individuals they supported. We spoke with some of the agency staff and they confirmed that they had previously worked at the service. Some of the existing staff were very experienced having worked at the service for a number of years and they were generally very positive about the staffing. They told us that while using agency was not ideal it worked relatively well as they generally worked in pairs and therefore an agency staff member always worked alongside a permanent carer.

The provider's recruitment procedures demonstrated that they operated a safe and effective system for the recruitment of staff. We looked at the recruitment records for the staff members who had most recently been appointed. This included completion of an application form, a formal interview, previous employer references, identification checks and Disclosure and Barring Checks (DBS) checks. We saw that the service checked nurses personal identification numbers (PIN). PINs show that the nurses are fit to practice and registered with the Nursing and Midwifery Council (NMC.)

People's medicines were managed safely and were securely stored. We saw that each person had a photograph for identification and they had a detailed protocol which outlined how their medication should be given. We looked at a sample of medicines and saw that staff maintained appropriate records of administration and that in all but one example that we checked the amounts tallied with the records. Some individuals were administered their medication via their percutaneous endoscopic gastrostomy (PEG) which is a tube which goes directly into the stomach and used to deliver food and fluids. An issue was identified with the preparation of medication for these individuals in that the practice did not fully follow their protocol but the manager agreed to address this immediately with the member of staff. Where individuals were prescribed "as required" (PRN) medicines there was a protocol as to when the medicine should be administered. Records were maintained of where patches were applied, and removed. Staff who handled medicines told us that they had been provided with training and their practice had been observed before they administered medication. Records were in place to evidence these competency checks.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about the staff and told us that they were trained and knowledgeable. The service had an in house trainer who provided some of the in house training and care staff told us that the majority of training was face to face. One member of staff said that because the trainer works in the service they were able to apply the training to their service and it was, "so interesting" Staff confirmed that the training covered areas which had been identified as mandatory such as fire, moving and handling and food hygiene but also key areas such as recognising when an individual was unwell. One member of staff told us, "The carers here work at a high standard, there is lots of experience here, I learn something every day, I used to ask 1000 questions a day but now I ask 100." Staff told us that they were encouraged develop their skills and undertake additional training such as NVQ or QCF training.

Nursing staff were provided with training to update their skills and knowledge and ensure that they were able to meet the needs of the individuals they supported. We saw that they had been provided with training on areas such the use of catheters and administering food and fluids using a PEG. One relative spoke positively about the training and told us that it was really positive that they had been invited to some of the training as it meant that they also could help their relative.

Newly employed staff told us about their induction which included a period of shadowing more experienced member of staff. They told us that they had been supported to attain the 'care certificate' which is nationally recognised qualification for staff working in the care sector.

Oversight of the training was provided by the deputy manager who maintained a spreadsheet identifying which training staff had been undertaken and when updates and refreshers were due. The manager was aware of the requirements for the revalidation of nursing staff and outlined the steps that they were taking to support staff with their continuing professional development.

Staff told us that they were supported and provided with opportunities to reflect on their practice. We saw that staff meetings were held regularly and staff met with their manager for supervision and to reflect on practice. Annual appraisals also provided an opportunity to look at performance and any development needs.

Staff confirmed that they had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that this had been discussed at a recent staff meeting and staff completed on quiz to check their understanding of what they had learnt. We found that staff were clear that individuals could make unwise decisions and their capacity to consent could fluctuate. We observed throughout the day that people's consent was sought before any care and treatment was provided and we saw that mental capacity assessments were in place on individual's records. Care plans encouraged decision making for example one person's care plan stated, "I have full capacity and I can make decisions for myself however I have difficulties with members of staff understanding me. ...so encourage me to speak slowly." Applications had been made under the DOLS as required by the legislation and the manager told us that they would be making further applications.

People were supported to have enough to eat and maintain a balanced diet. People were complimentary about the meals and we observed that people enjoyed the food and ate well. People were offered a choice and the food was attractively presented. Pureed and a soft diet were available and staff sat alongside side the person they were assisting and made sure that they were ready before starting to help them. As they assisted them they chatted to them about what they were eating. The kitchen was well stocked and the cook told us that staff had access to the kitchen throughout the 24 hour period should individuals require a snack or a meal outside meal times. Staff supported people to access fluids and were clear about who had thickener prescribed.

People were supported to maintain their health. Relatives told us that staff were vigilant and picked up on changes in their relative for example if they were developing an infection. Visiting professionals described the staff as proactive and told us that they used their own initiative and did a, "good job."

Each individual had a named nurse who oversaw their care and ensured that their care plan was up to date. People's weights were regularly monitored and the manager told us that baseline observation such as blood pressure, urine and body temperature were undertaken on a monthly basis. We saw that referrals had been made to obtain specialist advice from dieticians and speech and language specialists for people experiencing swallowing difficulties. Any guidance which was provided for staff was clearly outlined in the care plan.

A relative we spoke with told us that following their relative's admission the staff had been "very proactive" and picked upon a number of areas making referral for specialist input as well as routine check-ups such as with the dentist. Individuals with specific health conditions such as epilepsy had a plan in place which had been agreed with the specialist nurse and provided clear guidance as to how staff should respond in the event of a seizure.

The manager told us that the service had a good relationship with the local GP service who visited on a regular basis. The service employs its own physiotherapist and has two physiotherapist assistants to implement exercise plans. Staff were positive about this input and the progress that some individuals had made since their admission.

Good

Is the service caring?

Our findings

People told us that they were happy with support they received. One person told us, "I love it here." Another person said, "It's a nice place."

Staff spoke positively about their role. One member of staff said," I know it sounds cliché but staff really do care, they work all hours." Another said, "A lot of staff work extra…it is like a second home." We saw that staff interacted with people in a kind and caring way. We observed that people were relaxed in the company of staff and were able to laugh and share a joke. Staff knew the people they supported well, they knew their likes and dislikes and were able to tell us about them. Staff were proud of people's achievements and the progress that they had made. One member of staff told us that one individual had only been able to stand for a few minutes but now they could stand for significantly longer period. One visiting professional told us, "Staff have a lovely relationship with all the residents. They are really well cared for, they know the residents well."

People told us that they were given a choice about how their care was provided. They told us that they were able to choose what time they got up and went to bed. Support plans encouraged choice, so for example one plan spoke about toiletries and stated, "I can make a choice according to smell."

Staff knew how to support people to express their views. People used a number of communication aids and staff were familiar with these and we observed that they took their time to enable people to say what they wanted to. We noted that a visiting professional had written in the compliments section, "The relationships between the carer and the individual was amazing….it was fascinating watching them communicating."

We saw evidence in people's care records that they and their relatives had been involved in the care planning process wherever possible. Relatives told us they had been consulted and involved in the planning and review of their relative's care. A relative told us, "It is fantastic ….the staff are amazing …they ask what we what and what we think our relative wants…..we feel involved in their care."

People rights to privacy and dignity were upheld. We observed that staff knocked on people's doors and where people indicated that they wished to be alone this was respected. In one individuals support plan stated "when I do not wish staff to enter put a do not disturb on my door."
Peoples independence was promoted for example in the dining room we observed that one individual had a plate guard to enable them to eat independently, another individuals food was placed on a spoon and they were able to lift the spoon to their mouth.

We saw that residents meetings had been held and looked at the minutes of the last two meetings. We saw that discussions had been held about changes in staff and activities. People were asked for their views on menus and on holidays. We saw that staff were about to send out a survey to people to ask their views on the quality of the care provided. This was in different formats and took account of people needs. We looked at the results of the last survey which had been undertaken in 2015. The results were positive.

We saw that they were in the process of developing a garden of remembrance as they had recently lost two people who had lived in the service and wanted to provide a place for quiet reflection.

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. Relatives told us that staff knew their relative well and how they communicated. They were "very satisfied with the care." Another relative described the care as, "Excellent." They told us that they were provided with regular updates and staff understood they wanted to know what was going on in their relative's life.

An assessment of people needs was carried out before they came to stay at the service. For one person recently admitted to the service from another service, the manager had visited them at their placement a number of times to introduce themselves and assess this person's needs. A relative spoke positively about the assessment and admission process and said, "I met the named nurse before [my relative] moved in and there were a number of family visits."

Care and support plans documented the support people needed and how they wished it to be provided. The plans were detailed and informative and included details of people's preferences, their interests and what was important to them. For example we saw that some people had specific sleep systems in place which ensured that they were comfortable on their bed. Pictures were provided to guide staff. Relatives spoke positively about their relatives care, One told us that their relative was," Looked after well." Another told us that their relative had daily showers and looked cared for."

Staff told us that they had recently started to provide, "Active support" where tasks were broken down into small steps to empower individuals. Staff had undertaken additional training and a champion had been appointed to support staff with implementation. We saw that one person was being supported to make toast and the process had been broken down into 42 small but achievable steps.

One member of staff told us, "It is a person centred approach here…..the care each person needs it is very different." They told us that when individuals went to hospital they always went with them even at night to ensure that there was good handover. Another member of staff spoke about the keyworker system and that they were encouraged to keep up to date and read the care plans.

There were effective systems in place to ensure that staff were kept up to date with changes in people's needs. Staff told us that the communication was good and there were regular handovers.
We saw that multiagency reviews of people's needs were undertaken and relatives told us that they were involved and "listened to. "

We observed people were supported to be involved in activities of their choosing which promoted their sense of well-being. We saw that people were supported to access activities such as swimming, crafts, massage and trampolining. One person told us about attending the local gateway club another person said, " I like my own company so I find there is plenty to do." One of the staff spoke of the benefits for one individual of having a regular massage and how "They could see (the person) physically relax" At the resident meetings there was a discussion on holidays and we saw that people were supported to have short breaks away.

One professional told us "People are not left in bed or in their room, they do a good job."

People and their relatives told us that they could raise concerns. One person said that they saw the manager regularly and was able to talk with them about issues they may have. One relative told us that they raised a small issue with the manager and this was taken seriously and addressed straight away. We looked at the provider's concerns and compliments log and noted that all concerns had been investigated and responded to in a timely manner.

Good

Is the service well-led?

Our findings

People who lived in the service and their relatives were positive about the care provided and told us that that management team were approachable and open.

The service had a registered manager who had worked at the service for a number of years and knew the people and the relatives of those they supported. The manager was visible and there was a clear leadership structure, with a deputy manager who had dual responsibilities for leading some nursing shifts undertaking management responsibilities on a supernumerary basis. All of the staff and people we spoke with were complimentary about the management team and the levels of support. Staff were motivated and enthusiastic about their role. One member of staff said "It's a pretty good place to work. "Another said, "I love it so much……it's a very professional caring place."

Staff had clearly defined roles and they understood their responsibilities to promote peoples wellbeing. Regular opportunities were provided to reflect on practice and their role, for example through staff meetings and individual supervisions. One member of staff said "If you have a problem [the manager] is always there for you." Another member of staff said "The manager is approachable and fair, gently pushing us to do our best."

Staff told us that they were given constructive feedback on their performance and poor practice was not tolerated. One member of staff said the management, "Pick up on things…they do spot checks on us and point things out. Staff know that they can't slack here."

The registered manager met regularly with groups of staff including nursing, housekeeping and maintenance to identify any ongoing issues. They understood the responsibilities of their registration with the Care Quality Commission (CQC). They reported significant events, such as safety incidents, in accordance with the requirements of their registration.

Staff and relatives told us that the home was well equipped and able to meet people's needs. They told us that the service was well maintained and they had a league of friends who fundraised for specific items if needed. We saw that the service was in a good state of repair and there was a range of equipment including for example both ceiling and mobile hoists to assist people with moving and handling. The service had recently had a new bath fitted which had a Jacuzzi and lights to ensure a sensory experience for individuals. Staff spoke about the manager being, "Open to ideas and willing to try new things," if it would benefit the individuals living in the service.

The provider has its own quality assurance framework which included audits of key areas. These audits included a review of care planning, medicines management monitoring and health and safety checks. The provider's representatives undertook visits to the service to check that the service was working effectively. These visits were undertaken on a number of occasions throughout the year and were both announced and

unannounced. Following the visit a report was produced and an action plan developed with clear timescales to address any shortfalls identified.