Treelands Home Limited

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Inspection report

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Date of inspection visit: 17and18 November 2015
Date of publication: 21/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced inspection on 17 and 18 November 2015.

We last did a full inspection of the home in September 2013 and found a lack of leadership or clear responsibilities on some shifts. We inspected the home again in March 2014 to see if the provider had taken the necessary action and found effective improvement.

Treelands provides care and support for up to 40 older people, some of whom are physically frail or have been diagnosed with dementia. The home does not provide nursing care. People who live at the home access nursing care via the local community health services. There were 39 people using the service at the time of the inspection.

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

Summary of findings

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.

Staff did not comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. This was not being done and had led to staff making unlawful decisions on other people's behalf.

DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The required steps to gain the legal authority to subject people to continuous supervision and control, including preventing them from leaving, were not always being taken.

People were supported by staff who were safely recruited to work with vulnerable adults. They were employed in sufficient numbers, trained, supervised and closely supported in their work.

People were protected from abuse and harm and risks to their health and welfare were assessed and managed.

People's medicines were provided when and how they were needed.

People liked the food and they received a varied and nutritious diet. Dietary concerns were followed up.

Health care needs were met because staff contacted health care professionals in a timely manner and followed their expert advice.

Staff were considered kind and friendly. People and their family members said, "I'm happy here. The staff are all angels as far as I am concerned" and "The carers are perfect." People were treated with respect, kindness and compassion.

Each person's needs were assessed and planned. Care was delivered in a person centred way. This included the varied activities they were engaged in.. People's physical, emotional, faith and social needs were met.

Complaints were investigated and used as a way to improve the service. One person said, "I am quite happy here, no complaints so far. The staff are very good."

There was clear leadership from the registered manager and provider who were well known to people and their families. Staff said they were very well supported and the home was well-led. One said, "We know exactly what we are doing. It's very well organised." Regular monitoring checks, and listening to people's views, ensured that standards at the home were under regular review.

Where improvement could be made it was and the home was well resourced to support any changes.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

Summary of findings

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 safe.

People were protected from harm through recruitment, safeguarding, staffing and medicines management.

The premises was well maintained and risks to individuals were assessed and managed.

Good

Is the service effective?
People's legal rights were not upheld because the principles of the Mental Capacity Act were not followed.

People benefitted from staff that were very well trained and supported.

People's dietary needs were met and they enjoyed the food.

Health care was promoted through contact with external health care professionals who were contacted appropriately.

Requires improvement

Is the service caring?
The service was caring.

People's physical, emotional and social needs were met. Staff were kind, caring, compassionate and did their best to give people a good standard of life.

Staff ensured people's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People's care needs were assessed, their care planned and delivered in the way they needed.

Staff were attentive and recognised when people needed their help and support.

People benefitted from a variety of activities. They chose how they spent their time.

Complaints were managed effectively and seen as a way to improve the service.

Good

Is the service well-led?
The service was well-led.

Strong and effective management ensured people were protected from risk and the service met their needs.

Good

Summary of findings

Staff liked working at the home and benefitted from the leadership and support.	

Treelands Home Limited

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 17 and 18 November 2015 and was unannounced. The inspection team consisted of one adult social care 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR 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. We also reviewed information we received since the service was registered with CQC. This included notifications that the provider had sent us which showed they had been managed appropriately.

A number of people living at the service were unable to communicate their experience of living at the home in detail. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

During our inspection we received information from 11 people who used the service and five people's family members. We spoke with the registered manager, provider representative, five care workers, chef, administrator and activities worker. We reviewed the records of five people using the service, three staff members and records relating to the management of the service. These included quality monitoring audits, servicing records and survey results. We received information from one health care professional with knowledge of the care provided to people who use the service. We checked whether the service was working within the principles of the Mental Capacity Act.

Good

Is the service safe?

Our findings

People were safe and protected from harm. People and their family members felt it was a safe place to live. They added that they had no fears for their possessions and some said that they had use of a private safe within their bedroom or bathroom for their money and valuable possessions.

Safe recruitment and selection processes were in place. This included completed application forms and interviews. Pre-employment checks were completed, although in one case a call to a previous employer had not been recorded. The checks included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A recently employed staff member confirmed that all the checks had been completed before they were allowed to start working with people.

Staff had received training and understood their responsibilities to protect people from abuse and harm. One person told us, "I am happy and content here. You can put trust in the carers. From time to time one of them takes my bank card, withdraws the cash I need and brings me back the cash and slips and tells me to put the money in my safe." We confirmed that this arrangement was part of the person's planned care, with their consent and checks in place for their protection.

Staff were able to describe the types of abuse and how to respond if they had any concerns. That response included telling the registered manager, the registered provider, or if necessary, contacting the local authority safeguarding team, police or Care Quality Commission. Staff referred to the information which was displayed in the staff office when we asked if they had contact details to refer to. The registered manager was also knowledgeable in how to respond to any concerns which might indicate abuse.

There were enough staff to keep people safe and meet their needs and the staffing arrangements were adjusted when necessary. For example, an audit of accidents at the home had identified a need for additional afternoon and night staff. The increased staffing which followed had reduced the number of accidents and so people were protected. One visitor said, "There always seems to be at least one or two staff in the lounge to take care of the residents". We saw this was the case. One person told us, "The staff do not rush and are all very nice."

People said the response time when they used their call bell varied from instantly to ten minutes depending on how busy the staff were. During the inspection bells were heard but not for prolonged periods.

Staff were happy with the staffing arrangements, which included a plan of which staff were responsible for which people. Care staff were well supported by office, kitchen, activity, maintenance, domestic staff and the registered manager who was not part of the care staff numbers. When unforeseen staffing shortfalls occurred staff said they would usually make themselves available. If not possible agency staff would be used.

People said they received their medicines as prescribed and on time. Staff were trained to deliver medicines in a safe way and this was observed. Individual people's medicines were stored in locked cabinets in their bedrooms and there was a communal medicines fridge. Two people had chosen to administer their own medicines and the registered manager had ensured they were doing so in a safe way, which they were happy about.

There was frequent monitoring of medicines used to check if it was safe and effective for people. One person requested some medicine for which they were not prescribed during our visit. Staff immediately rang and asked the person's GP about this. Another person, whose health was failing, had medicines in place so they were available for district nurses to use if required for pain or anxiety.

Each person had individual risk assessments in place. These included the risk of falls, pressure damage and poor nutrition. These were reviewed regularly and steps were taken to manage identified risk, such as specialist pressure sore prevention mattresses.

The premises were clean, fresh and safe. Records showed that servicing and maintenance was well organised. Where a problem occurred it was dealt with promptly. For example, a medicine cabinet was moved within hours of the registered manager identifying it was not in a safe place.

Good

Is the service safe?

Safety within the home was closely monitored. This included audit checks, for example of pressure relieving mattresses, and individual risk assessments, such as falls, moving safely and diet. Where a risk was identified steps were taken to reduce or remove the risk.

Arrangements in the event of an emergency were in place. This included all staff being trained in first aid and first aid boxes being checked and maintained, contacts for utilities and the registered provider's availability to coordinate any action. A contingency plan was in place to use a local village hall in the unlikely event of the need for evacuation.

Requires improvement

Is the service effective?

Our findings

Staff understood they should only provide care and support when the person gave their consent. They asked people their opinion and did not do anything against their will. Where people had capacity to consent this was recorded and one person had consented to a monitoring mat in their room because they knew they were liable to fall without help.

Some people did not have capacity to give informed consent. 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.

Where people using the service did not have capacity this was not being assessed prior to their family being consulted on their behalf. For someone, such as next of kin, to make a decision about care and treatment they need to be authorised to consent on the person's behalf. The registered manager said this was not being done and agreed they lacked sufficient understanding to work within the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Treelands was not a locked environment and people's movements were not restricted within the home and garden areas. However, the registered manager and staff said people were restricted from leaving the grounds as and when they wanted due to their vulnerability. However, there was no evidence people did want to leave.

The registered manager had not assessed people who may be at risk of being deprived of their liberty. The Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. The Supreme Court judgement of 19 March 2014 confirmed that if a person lacking capacity to consent to the arrangements required to give necessary care or treatment is subject to continuous or complete supervision and control and not free to leave, they are deprived of their liberty. People were subject to continuous supervision and were not free to leave the home.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not clear how to comply with MCA and DoLS so as to protect people's legal rights. They said they would seek immediate training for themselves and staff.

Staff had the skills to provide an effective service. For example, people who required a hoist to enter the bath said they had confidence with the way the care workers operated it. We saw people were moved in a confident and safe way by staff.

People and their family members said they were satisfied with the staff skills. Staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Staff said it was a good induction and that they worked alongside experienced care workers as long as this was necessary. Records show the home's induction process was detailed and recorded.

Staff said they were very satisfied with the level of training they received. Comments about their training included, "It's good. For example, health and safety training was very detailed" and "Very good and constant. It refreshes you." Training was well organised and some training took place during our inspection. Staff also confirmed they were encouraged and supported to undertake qualifications in care.

Staff received support and close supervision of their work through observation, which included during the night time period. The provider recorded prior to the inspection, 'We keep our staff aware by asking spot questions on different skills relevant to the residents care'. Supervision was also face to face and provided an opportunity for staff to discuss work and training issues with their manager. It also provided the manager with an opportunity to feedback to staff any issues around their performance. We saw an example of where one staff's performance was under review.

Requires improvement

Is the service effective?

People spoke positively about the food. Their comments included, “The food is very good, I have no complaints, it is nicely served”; “Lovely food, I enjoy it” and “I’m a fussy eater and asked for plain food and I get it.” Where people had specific dietary preferences these were met. Where people needed specialist diets, such as soft to prevent choking, expert health care advice had been sought and those needs were met. Each person had a nutritional risk assessment in place and their weight was regularly monitored for their protection.

People could choose to eat their meals in the dining room or their bedroom. Those choosing the latter said that their meals were always hot when they arrived from the kitchen.

A choice and variety of food was available. Assistance with eating was given in a discreet manner by care workers sitting alongside and informing people about the meal. People were asked if they wanted ‘seconds’.

Drinks were served during the morning, at lunchtime and in the afternoon. People visited in bedrooms all had drinks to hand and where diet or fluid intake was a concern this was being monitored. One person’s family said, “I am aware that mum’s weight loss is being addressed by the home and her GP.”

People received the health care support they needed to maintain their health and well-being. For example an NHS chiropodist provided foot care and dental, eye and hearing tests were arranged on a regular basis. Where choking was a risk specialist advice was sought. A physiotherapist visited during the inspection to assess a person’s walking. People had GP and district nurse involvement where necessary.

Good

Is the service caring?

Our findings

People said staff were always kind and caring. Their comments included, “Yes very kind and so patient”; “I’m happy here. The staff are all angels as far as I am concerned” and “The carers are perfect.” One person’s family said, “The staff are brilliant and so friendly, everyone speaks to me and I have noticed that they always speak to people when they pass by.”

People were treated with respect and dignity. The manager told us all the male care staff had to obtain agreement before providing personal care to female residents. People’s views were sought and they were involved in decisions about their care. People said that staff took time to talk with them. For example, people said they were always asked if they wanted to get up or go to bed. One person said, “Sometime I have a lie in, for instance, yesterday I did not get up until 10 o’clock.”

Staff were kind and compassionate. One person’s family said, “When we returned mum to the home from a hospital visit she refused to get out of the car for us. The staff became involved and patiently persisted. They were very good”.

People said their privacy was upheld and doors and curtains were closed before care was provided. Staff were seen and heard to knock on bedroom doors before entering.

Visitors were welcomed at any time, offered refreshments and could join people for meals.

Staff demonstrated their understanding of people’s needs. Their approach helped people to feel valued and included. For example, one care worker helped a person with their bingo card. They knelt next to them to share the task. Another care worker shared a joke with a person whilst walking with them. They asked them where they wanted to sit and gave them time to make the choice. The activities worker called the bingo numbers whilst holding the hand of a person who wished to be involved.

The home provided end of life care. A district nurse said their impression was that the care was quite good and care workers followed advice. Care workers had detailed knowledge of people’s needs, such as what mouth care and what repositioning to prevent pressure damage was required. The registered manager showed us information they were researching on how to discuss end of life decisions with people. There was accessible information on record with regard to what action staff should, and should not, take in the event of acute illness or collapse of an individual. This included whether the person wanted to remain at the home or be admitted to hospital.

Good

Is the service responsive?

Our findings

People's needs were assessed, planned and delivered to promote their health and welfare.

Care plans are a tool used to inform and direct staff about people's health and social care needs.

Each person had received an assessment of their needs prior to being admitted to the home. That assessment had led to a plan of how their care would be delivered. Care plans included a personal profile, such as interests and hobbies, likes and dislikes and 'This is me' information. This helped staff understand the person, in particular if they are living with dementia and unable to tell staff what mattered to them. People's care plans were regularly reviewed.

Care plans included some information about people's involvement in decisions about their care, but only one person said they had knowledge of their care plan. They said it had been discussed with them and agreed. Some relatives said that they were familiar with their relative's care plans. The registered manager said people were always involved in discussions about their care but might not realise those discussions led to a written care plan.

People said staff asked what they wanted and then tried hard to provide it. Staff were seen always involving people in discussions about their care and support.

People told us staff reacted quickly and contacted their GP if they were unwell. A health care professional said they had no concerns about the standard of care provided and staff contacted them appropriately.

There were two activity organisers covering a total of five days and working 6 1/2 hours per day. The activities included arts and crafts such as knitting, crochet, flower arranging, sewing and making seasonal paper decorations.

There was a weekly cookery session making biscuits and buns. People were making a Christmas cake during our visit. Exercises took place and games, including bingo, dominoes and skittles. People told us that during the summer garden walks and cream teas were served in the garden. People said, "I appreciated it when the owner put a garden seat outside my patio door so I can sit outside when the weather is suitable" and "When the weather is fine I can walk around the garden using my two sticks and I enjoy that."

Some people chose to occupy themselves with a newspaper or watching television in their room. People's rooms were comfortably furnished with their furniture and objects personal to them and there were alcoves where some people chose to sit away from the main lounge area.

People's faith needs were supported. For example, three people attended nearby churches and the local vicar visited each week.

Complaints were investigated in line with the service complaints procedure and used to improve the service. The registered manager informed us prior to the inspection there were three complaints in the previous 12 months investigated under the formal complaints process. Each was investigated and an explanation or changes put in place. For example, one person was concerned their mother had not been checked following a meal. To ensure no person could be missed a meal check list was instigated. Staff used this checking tool regularly during our inspection.

Each person named the registered manager when asked who they would speak with if unhappy. However, no one said they had needed to make a complaint or raise a concern. One person said, "I am quite happy here, no complaints so far. The staff are very good.

Good

Is the service well-led?

Our findings

The registered manager closely monitored the effectiveness of the service so that people were safe and well cared for. Examples included unannounced observation of staff practice, well organised face to face supervision of staff, weekly and monthly audits. The audits included the premises, individual risk assessment, record keeping, the safe use of specialist mattresses and the standard of food provided. Each audit was on a regular timescale, recorded – in one case with a bar chart to highlight where change was needed – and actions taken to make improvements.

People's views were sought and responded to. There were resident meetings, surveys and the registered manager was very visible and involved in the home. Each person was asked to complete a survey within the first month of coming to the home. There was also a yearly survey. People were asked about their room, facilities, the standard of care provided, meals, social activities and for any other comments. People's comments had included a concern that people were being prepared for bed quite early and so the registered manager reviewed the staffing arrangements, instructed staff and monitored the outcome.

Everyone identified the manager and the owner as being "in charge" and said they saw them frequently and found them to be approachable. One said, "If the manager says something is to be done then it happens."

A relative said, "All the staff seem to enjoy their work here." Staff said they felt the home was well led and each talked of enjoying working at the home. There was praise for the standard of communication, one saying, "We know exactly what we are doing. It's very well organised." There was agreement that the staff worked very well together; "Good team work and friendly." They felt able to let the registered manager know if any staff member needed additional training or help. One staff said, "The manager and owner are always there for you. Morale is lovely. We all get on well together."

The home was well resourced. The registered manager said that they could order what was needed. They then sourced and ordered some new equipment which they had identified as of benefit. Plans were in place for regular upgrading of the building. There was a new section of kitchen, new laundry and plans for updating and extending the dining room.

Regulatory responsibilities, such as notifying the CQC of incidents and accidents, were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People did not always give consent for care and treatment and the provider did not act in accordance with the Mental Capacity Act 2005.** Regulation 11, (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People must not be deprived of their liberty without lawful authority.** Regulation 13 (5)