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TreeTops Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

At our last comprehensive inspection on the 30 September 2016 we found that the provider was failing to comply with Regulation 17 Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were concerned that people's care records and individual risk assessments had not been kept up to date, and the systems to monitor this were not effective. The systems to record when people had been supported to receive prescribed creams were not being consistently used, the systems to monitor medicines administration were not effective and that accident and incident records had not been completed with all relevant information.

As a result we issued a warning notice telling the provider that they must improve the governance at the home by date. The provider wrote to us and told us what they were doing to address this warning notice. At this focused inspection we looked at the actions taken and checked that the provider was now meeting this regulation.

We undertook this focussed inspection to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Tree tops on our website at www.cqc.org.uk.

The inspection visit took place on 10 March 2017. Tree Tops is home to up to 18 people in a residential area of Lyme Regis. At the time of our inspection there were 13 people living in the home.

The service had a registered manager at the time 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.

At this inspection we found that there had been improvements with regard to the reviewing of people's individual care records. Five of the six records we looked at had been fully reviewed and risk assessments had been assessed. One person's records evidenced that staff and the provider were working to develop the plan of support for the person and were requesting outside professional help. As such the risk assessment and care plan had yet to be updated meaning there was still work to do to fully comply with the regulation.

Medicine administration records had improved and concerns over the recording of support given by staff with regards to the administration of creams had largely been addressed. However we found that one of the five records we looked at for the preceding two weeks prior to inspection had four entries missing. We noted that there was a system of audit but as this had not been carried out during the last two weeks this had not yet been picked up, the provider agreed to address this without delay. We further noted that the storage of

medicines did not comply to appropriate guidelines and further work was needed to ensure the safe storage of medicines. We have made a recommendation about this..

We looked at the recording of accidents and incidents at the home which had caused concern at the previous inspection. We found that when people had a recorded accident in their care records there was also a corresponding report in the accident / incident book.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

There had been improvements in the leadership at the home but further improvements were required. The auditing systems had improved but further work was required. Peoples needs were being kept under review but not all of the knowledge know by staff had been duly recorded.

The systems in place to monitor the administration of medicines had improved but the provider needed to consider NICE guidance with regards to the storage of medicines.

Where people had been involved in an incident or accident this had been adequately recorded enabling the management to look for trends and developing situations.

Requires Improvement ●

TreeTops Residential Care 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

We undertook an announced inspection of Tree Tops on 10 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our September 2016 inspection had been made. We inspected the service against one of the five key questions we ask about services: is the Well led? This is because the service was not meeting a legal requirement.

The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We asked to look at management information in relation to the running of the home. These were in the form of records relating to people's individual care plans and the auditing of the quality of care provided. We also looked at medicines administration records and quality audits together with infection control audits at the home.

During our inspection we spoke with two people living in the home, three members of staff and the provider and registered manager. We also looked at records relating to six people's care, and reviewed records relating to the running of the service such as staff records and incident and accident records.

Is the service well-led?

Our findings

At the previous inspection we noted that people's care records and individual risk assessments had not been kept up to date, the systems to monitor this were not effective. At this inspection we found that improvements had been made but there was still room for improvement.

The provider and registered manager who also reside at TreeTops told us about the new management arrangements in place. In the past there had been two registered managers registered at the home. One of these registered managers had left the service in December 2016. The provider had appointed a new manager to be registered who had joined the service in February 2017. We spoke with the new manager who told us they had been systematically going through the existing care record system, reviewing people's care records and recording updated care plans in the provider's new care format.

We looked at six people's care records and risk assessments. We noted that five of the six records were in the new format. These five records had been reviewed during February 2017. These individual reviews looked at areas such as risks relating to skin damage, nutrition and hydration and risk of falling. The staff we spoke with told us the new format was easier to use.

The sixth care record we looked at detailed concerns over the person's unpredictable behaviour. Parts of this person's care plan had been reviewed in February 2017. The person's risk assessment in relation to this behaviour had yet to be reviewed. The staff we spoke with told us about how they support this person and the actions they take to ensure they are supported safely. These responses demonstrated that staff knew the person's routines well and the times when their behaviour may be difficult to manage. This provided the basis for safe care of the person. The person's care file evidenced that outside professional help had been requested to ensure the person's needs could be met and understood by staff. The provider told us they were waiting for this help to be arranged.

Whilst it was clear that staff knew how to manage this behaviour and action was being taken to access further help, the person's risk assessments and care records did not consistently reflect what we had been told. We looked at the system and records used by management to have oversight of all care records to ensure people's individual needs were being met. We looked at the care plan review for February 2017 which did not identify any concerns with the care records. Therefore whilst there were improvements in the auditing of care records there was still work to be done.

We recommend that all recording in relation to risk assessment is in line with published guidance.

At the previous inspection we noted that the systems to record when people had been supported to receive prescribed creams were not being consistently used, the systems to monitor medicines administration were not effective. At this inspection we found that improvements had been made.

We looked at the recording for the administration of prescribed cream for five people during the two weeks prior to the inspection. We found that improvements had been made with regards to the recording of creams administered but one person's records had four entries missing. The provider agreed to look into

this and address this without delay. We noted that there was a system of audit but as this had not been carried out during the last two weeks this had not yet been picked up.

We looked at the latest medication audit that had been carried out on 6 February 2017 which at the time did not identify any issues. However we noted that the audit did not consider the storage of medicines and that the arrangements for the storage of medicines could be improved. This related to the security of the storage arrangements. The audit was not effective because it did not consider this aspect of medicines administration and had so failed to identify an area where improvement was necessary.

We recommend that provider has due regard to appropriate guidance on the safe storage of medicines in care homes.

We looked at the accident and incident records which at the previous inspection had not been completed with all relevant information. We noted that where an incident had been recorded in a person's care file there was also a corresponding entry into the accident / incident records. We spoke with the acting manager who told us they planned to review these on a monthly basis to consider trends, but as they had only been employed for three weeks they had yet to look at this. We did not have sight of previous audits of these records for the preceding months prior to this inspection

We noted that a system was in place to monitor infection control practices within the home. This system covered areas such as the staff use of personal protective clothing and hand washing procedures. We noted that when staff assisted people with their personal care needs they used gloves and aprons. This showed the auditing of this area of practice was accurate and effective.

We spoke with three staff about the support they received to delivery good quality care. They told us that they were able to raise concerns through staff meetings. They also told us about having one to one supervision where they could discuss their work and support and training needs on an individual basis. One staff member told us that "I worked here for many years; it's a good place to work".