

Mrs June Ann Gliddon and Mrs Paula Marie Pillage

Two Trees Caring Home

Inspection report

33 Milehouse Road
Milehouse
Plymouth
Devon
PL3 4AF

Tel: 01752561189

Date of inspection visit:
15 May 2023
17 May 2023

Date of publication:
25 July 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Two Trees Caring Home 'hereafter; referred to as Two Trees is a residential care home that provides personal care and support for up to twenty-eight people with a learning disability, autism or who have complex needs associated with their mental health. At the time of the inspection there were twenty-six people living at the service.

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

Right Support:

People were not always supported to have maximum choice and control of their lives and staff were not always supporting people in the least restrictive way possible. The service could not always demonstrate they were acting in people's best interests.

Managers and staff were committed to supporting people in line with their preferences. People had fulfilling lives and staff supported people by focussing on their strengths and encouraging people to be as independent as possible. However we found more work was needed to ensure people were protected from the risk of harm as systems and process did not always provide staff with all the information needed to meet people's needs safely.

Right Care:

Risks such as those associated with people's complex health and / or medical needs had been assessed. However, staff did not always have access to all the information they needed to meet people's needs safely, due to technical issues with the electronic care planning which were continuous and ongoing.

Staff respected the people they supported and provided care that was caring and compassionate. People were encouraged to take positive risks to enhance their wellbeing and support plans reflected their individual needs and preferences.

Right Culture:

The ethos, values and attitudes of staff helped to ensure people using the service were enabled to lead confident, inclusive, and empowered lives. Staff understood their role in making sure that people were always put first, and their care and support was tailored to their individual needs and preferences. The management team had created an open and transparent culture, where constructive feedback was

encouraged.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published on 28 June 2018)

Why we inspected

We received concerns that potentially indicated a closed culture where concerns relating people health care needs were not being appropriately shared with families or escalated to medically professionals. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Two Trees Caring Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, need for consent, deprivation of liberty safeguards (DoLS) and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Two Trees Caring Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors, an assistant inspector, a medicines inspector and 1 Expert by Experience who made telephone calls. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service, including notifications we had received.

Notifications are changes, events, or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection

We spent time with and spoke with 14 people living at the service, 8 relatives, 10 members of staff, the registered manager and one of the providers. To help us assess and understand how people's care needs were being met we reviewed 6 people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We also spoke with and received feedback from partner agencies.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures and risk assessments.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm.
- Electronic care planning system was not fit for purpose [see well-led section of this report] and posed a potential risk of avoidable harm.
- Risks such as those associated with people's complex health and / or medical needs had been assessed. However, staff did not always have access to all the information they needed to meet people's needs safely. For example, attachments on the electronic system were not accessible or available for staff to view in relation to managing people's risks. We discussed what we found with the registered manager and provider who told us they were aware of the pit falls with the current system and were in the process of looking at a replacement.
- Where risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, we found the use of bedrails, without bedrail protectors and the lack of bedrail risk assessments had placed people at an increased risk of entrapment.
- We asked the registered manager to take immediate action to ensure people's safety. Following the inspection, the registered manager confirmed that risks relating to the use of bedrails had been assessed and any identified actions had taken place.
- Storage arrangements and records relating to the management of people's monies were not always safe or accurate. Although the provider had clear procedures in place for recording people's financial transactions, we found staff were not always following these guidelines. This meant some people's individual financial records were inaccurate and did not reflect an accurate balance. We also found people's monies were not always stored securely and did not prevent unauthorised access. This placed people at risk of being financially disadvantaged.

The failure to ensure risks were appropriately assessed, mitigated or effectively managed, placed people at an increased risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Other risks were managed well. Staff knew people well and had a good understanding of their needs. For example, staff were aware of people's individual risks, potential triggers and signs that might show the person was becoming unwell or anxious. Staff described how they supported people to manage their emotional distress or anxieties.
- The premises and equipment were well maintained to help ensure people were kept safe.
- Checks were undertaken in relation to the environment and the maintenance and safety of equipment.

- Fire safety systems were serviced and audited regularly.
- People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and relatives felt confident with the care and support provided. One person said, "Staff are very kind, yes, they are. Yes, I do feel safe living here it's my home." Another said, "Safe, yes I do feel safe living here it's very good." Relatives we spoke with did not raise any concerns about people's safety. Comments included, "Yes, I definitely know she's safe and happy," "She seems happy. I feel she's entirely safe.," "I honestly do think she's as safe and happy as she can be," and "All I ask for is that he is happy and safe, he is and I could not ask for more."
- The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. This included knowledge of whom to report concerns, both internally, and to external agencies.
- The registered manager ensured the required authorities were notified if a concern about a person's safety had been raised. These concerns were investigated thoroughly to help identify the cause and to reduce the risk of any incident happening again.

Staffing and recruitment

- People continued to be protected by safe recruitment processes.
- Records confirmed a range of checks including application, interview, and Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were employed in sufficient numbers to meet people's needs safely and staffing levels were regularly reviewed. Where people had additional one to one or two to one support, we saw this was being provided.
- People and their relatives told us there were enough staff to meet their needs safely. One person said, "Yes, I think there are enough staff here, they are always around and ready to help. I don't worry as I don't have to wait." Another said, "Today I am having one to one support, and we are going shopping in Plymouth." One relative said, "I go in once a week and I never have any worries about staffing." Another said, "Oh yes, very much, always plenty of staff."

Using medicines safely

- People continued to receive their medicines in a safe way and as prescribed for them.
- There were directions for care staff on how to apply creams and other external preparations.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to help ensure those medicines were administered in a consistent way.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing cold storage and those needing extra security.
- Staff received training in safe medicines administration and had competency checks to make sure they gave medicine safely. The manager was aware that annual competency checks were due to be updated and these were being planned.
- Regular medicines audits were completed, and we saw that some areas for improvement had been identified and actions recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service supported people to have visitors in line with government guidance. Relatives told us there were no restrictions on visiting and they were always made to feel welcome by staff. One relative said, "Whoever's on always makes you feel so welcome, like one of the family." Another said, "Visiting is very flexible, you always made to feel welcome. I don't think it could be better."

Learning lessons when things go wrong

- Systems were in place to record and monitor incidents and accidents and these were checked by the registered manager. Any trends or themes identified were actioned quickly to prevent reoccurrence. This information was also shared with the provider for further review and follow up.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were not always supported to have maximum choice and control of their lives. For example, where the service held or supported some people to manage their finances. There were no mental capacity assessments to show that people did not have capacity to manage their finances or that the decision to hold their monies had been made in a person's best interests.
- Although the registered manager and staff were clear about people's mental capacity and understood how to promote people's best interests. Documentation was not readily available. For example, where the service had submitted DoLS applications to the local authority for consideration. People's capacity to consent had not been assessed prior to these applications being made and the service was unable to provide evidence that they had followed a best interest process.

The failure to accurately assess and record people's capacity and best interest decisions risked compromising people's rights. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We found where some restrictions had been placed on people's liberty to keep them safe, the provider had worked with the local authority to seek authorisation to ensure this was lawful. However, there was no system for reviewing existing DoLS authorisations. This meant the provider could not be assured there was a continued legal basis or framework in place to support these restrictions or that any restrictions continued to be in people's best interests.

The failure to provide care and support in line with Deprivation of Liberty Safeguards code of practice was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely. ● The provider monitored staff training on a training matrix. The training matrix identified staff had received training in a variety of subjects. For example, safeguarding adults, medicines administration, first aid, health and safety and infection control. Specialist training was also provided for people's specific care needs. For example, Autism and learning disability awareness, PEG (percutaneous endoscopic gastrostomy) and Stoma care. One staff member said, "I'm new to care, but the training and induction has been very good and helped me understand why we do things and has given me confidence."
- New staff received a thorough induction into the service. This involved shadowing staff and being observed by senior colleagues and being paired with experienced staff until they were confident and signed off as competent.
- Staff had opportunities for regular supervision and appraisal of their work performance. Staff told us they felt supported, valued and appreciated by the service's management team. One staff member said, "I have never had a manager like her in my life, you can go and see her if you are having any problems. [Registered managers name] is 9-5 but you know you can speak to her anytime. Yeah, definitely feel valued and supported." Another said, "All of the management team are so helpful and have been so supportive, it's truly the best place I have worked."

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

- People's needs were assessed before admission. Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practice. Information from these assessments were used to develop individualised care plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People who were able to share their views with us said they enjoyed the meals provided by the service and could make decisions about what they ate and drank and when. Comments included, "Food is very good- I enjoy it." "I enjoy the food my favourite is roasts or curry; they are what I enjoy the most." "Plenty to drink as well, we are well looked after," and "The food is very good, and you can ask for more if you want."
- Mealtimes were flexible dependent upon what people were doing each day. People's care plans detailed the support they required from staff to eat and drink. Where people had specific dietary preferences or needs, this was highlighted for staff to follow and included any guidance received from external health professionals such as speech and language therapists. One relative said, "All the staff are fully aware of [person's name] dietary needs, I have no concerns." Another said, "[person's name] can make a cup of tea or sandwich whenever she wants."
- Staff identified people who were at risk of malnutrition and took appropriate steps to support them, which included recording and monitoring people's weights, fortified diets, and referrals to dieticians.

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

Prior to this inspection the Care Quality Commission received a concern that potentially indicated a closed culture. Concerns relating to one person's health care needs were not being appropriately shared with family or escalated to medical professionals in a timely manner. This information was shared with Plymouth City Council prior to the inspection.

- Relatives we spoke with did not raise any concerns about people's health care needs not being escalated promptly or poor communication with the service. Comments included, "If anything happens, they always let me know what's going on," "I have absolute confidence in them all," "Staff know exactly what they need to do and talk to me if they have any concerns," "The team have worked really well with the GP, SALT etc," "Staff always let me know if there's a problem, if she needs to see a GP." And "I always feel listened too."
- People's support plans contained key information about their physical and mental health to inform staff and guide them on how best to support each person.
- People were supported to access a range of health care professionals to enable them to live healthier lives. This included access to GP's, dentists, district nurses, occupational therapists [OT] and speech and language therapist [SALT].
- Guidance from external professionals had been included in people's care plans. This helped to ensure staff had a good understanding of how people should be supported to manage any existing health condition or change in their needs.

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

- Two Trees is set over two floors across three adjoining large Victorian properties with bathroom and toilet facilities. We toured the service with the registered manager and saw the service had been adapted to meet people's needs, was clean and decorated throughout.
- People were able to access all areas of the service and there were lounges and spacious dining rooms where people could hang out and spend time together. In addition, the service had a separate activities area where people could do art and crafts and work on projects.
- We saw the provider had recently decorated/refurbished the garden area to allow people to make better use of the outside space.
- People were encouraged and supported to decorate/personalise their bedrooms with objects, photographs, and furniture to make them feel more at home and reflect their personalities. A relative said, "Am surprised how big and clean [person's name] room is. It is lovely." Another said, "They spent time with [person's name] and decorated the room exactly as he wanted, they made it look really lovely."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent.

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

- Systems were either not embedded into practice or not undertaken robustly enough to identify and monitor the quality of the service and effectively drive improvements. This meant systems operated by the provider had failed to identify concerns and shortfalls we found during this inspection and could not be relied upon as a source to measure quality and risk. Issues included concerns with regards to the management of risk, bedrails, people's monies, MCA and DoLs.
- Systems and processes to monitor and mitigate risks to people were not effective as the electronic care planning and associated attachments were not accessible due to technical issues which were continuous and ongoing. Whilst the registered manager and provider had been aware of the technical issues and were exploring options, they had not taken any action to address the potential risks in the short term.

Robust systems and processes were not in place to demonstrate the provider had effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers and staff were clear about their roles and responsibilities and knew the people they supported and their care needs well.

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

- People told us they were very happy living at Two Trees with staff who treated them with kindness, compassion and love. One person said, "I do like living here it's lovely." Another said, "Staff are very kind, I feel safe living here it's my home. I have friends here and that includes the staff, I am very happy."
- Relatives were happy with the service and with the support people received. One relative said, "The staff are brilliant, I can't praise them enough." Another said, "Genuinely feel really lucky we found such a lovely care home. The staff are very supportive, always very welcoming and very helpful."
- The registered manager and provider had a clear vision for the service and described how the whole team worked in a person-centred way. It was clear from our conversations the management team and staff were all passionate about achieving the best outcomes for people.
- Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and increasing opportunities.

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

- The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The management team shared information with external agencies such as healthcare professional's when things had gone wrong as well as liaising with families where appropriate to do so.
- People and their relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said, "I can speak to [Registered managers name] whenever I need to, but I don't have any complaints. Nice manager, nice staff and nice people, they are all very helpful and friendly. Another said, "I have no complaints."
- Relatives' comments included, "I could go to anyone, but especially [Registered managers name]." "No major concerns or issues, both now and over time, I feel the provision is safe and well managed." And "I speak to the deputy manager; she is my go-to person and is brilliant."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the decisions they wanted to be involved with and were consulted on changes in the service. For example, there was a public social media page where the service could show what they had been doing with consent of people. This was developed with and led by the people living at the service.
- People told us they participated in all aspects of the home from decorating their own rooms to choosing paint colours for the communal areas.
- The management team were aware of people's equality characteristics and took this into account when supporting people to plan their care or providing support.
- Staff told us they felt appreciated, valued, and listened to and could contribute their ideas to the running of the service.

Continuous learning and improving care; Working in partnership with others

- Throughout the inspection, the registered manager and provider were open with us, acknowledged any areas for improvement and were keen to put processes in place to address any areas of concern or improve practice.
- The registered manager said that regular handover meetings between shifts helped to ensure essential information about people's care needs was shared within the staff team.
- The registered manager described how they regularly spoke with other managers and or attended local forums. This enabled them to share ideas; best practice and keep up to date with changes.
- The provider engaged the services of an external agency to provide an independent view of quality. Information from these audits were used to develop the service and drive continual improvement.
- The provider and senior staff had good working relationships with partner agencies which helped to promote good outcomes for people. This included working with people, their relatives, commissioners as well as other health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not acted in accordance with the principles of the Mental Capacity Act 2005. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who lived at the service were not protected from risks of harm associated with their complex care needs. Regulation 12(1)(2)(a)(b)
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 The provider failed to provide care and support in line with the Deprivation of Liberty Safeguards code of practice. Regulation 13(5)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have an effective system in place to assess, monitor and improve the safety

and quality of the service.

Regulation 17 (1)(2)(a)(b)(c)