

Twelve Trees Limited

Twelve Trees Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was unannounced and was undertaken on 26 January 2015.

Twelve Trees was last inspected by the Care Quality Commission (CQC) in January 2014 and was found to be meeting regulations relating to respecting and involving people who use services, care and welfare of people who use services, cleanliness and infection control, staffing and complaints.

Twelve Trees Residential Home is a large converted Victorian house which provides accommodation for up to 34 people who require nursing or personal care. There were 28 people living at Twelve Trees Residential Home at the time of this inspection, some of whom were living with dementia.

Summary of findings

There are 26 single en-suite rooms and 4 double en-suite rooms. Accommodation is provided over three floors, accessed by a lift. Shared, adapted bathrooms are situated throughout the home. The home has two lounges and two dining rooms.

A registered manager was in place. 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 told us that they felt safe living at Twelve Trees Residential Care Home. We found that there were sufficient staff to meet people's needs and keep people safe. Conversations with staff and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse.

People told us that they received their medicines on time. Our observation of part of one of the medication rounds together with our review of records provided evidence that medicines were safely administered, recorded and stored.

There were sufficient care staff to meet people's needs. Staff were aware of people's nutritional needs and food preferences. Our informal observations of mealtimes, conversation with the cook and our review of nutritional records evidenced that people received a choice of suitable, healthy, homemade food and drink.

Conversations with staff and observations throughout our visit showed us that staff offered and involved people in a range of day to day decisions. The registered manager demonstrated a clear understanding of the requirements of the Mental Capacity Act, 2005 (MCA). Whilst our observations evidenced that staff followed the principles of the MCA, our conversations with staff demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice. For example, whilst staff told us that they had heard of capacity assessments and best interest decisions, they were unable to explain these key parts of the Act.

There was a lack of appropriate directional signage in some areas of the home to orientate and support people living with dementia to locate key areas of the home.

Staff received regular supervision and an annual appraisal. Staff were positive about the training courses they received and the further training courses they were encouraged to undertake. We found that some staff had not received courses relevant to the needs of people who used the service for a number of years. For example, some staff had not received dementia training since 2008 and 2009.

Our observations together with conversations with people, health professionals and relative provided evidence that the service was caring. We saw that staff across the home had a good understanding of people's individual needs and preferences. Staff knew how to respect people's privacy and dignity.

People's physical health needs were monitored and referrals were made when needed to health professionals. The registered manager and staff spoken with during our inspection were proud of the end of life care they provided to people. This was further demonstrated by our conversation with the home's GP who describe end of life care the home provided as, "Excellent."

The home was proactive in providing activities and experiences to meet people's differing needs and preferences. People were supported to continue to attend the groups and clubs they enjoyed prior to living at the home and to maintain existing community links.

Staff were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around and was approachable and proactive in trying to make the service as good as possible.

A range of regular scheduled and unscheduled checks were undertaken to monitor the quality of the service. People, their friends and family and visiting health professionals were encouraged to give feedback about the service.

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.

There were sufficient staff to meet people's needs and keep people safe. Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse.

People's medicines were safely stored, administered and recorded.

Individual risks, incidents and accidents were assessed and analysed.

Good



Is the service effective?

The service was not always effective.

Whilst staff followed the principles of the Mental Capacity Act 2005 by involving people in a range of day to day decisions, our conversations with staff demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice.

There was a lack of appropriate directional signage to orientate and support people living with dementia to locate some key areas of the home.

People were offered varied, balanced and nutritious meals. Our lunchtime observations demonstrated that people were appropriately assisted to eat and drink.

Regular supervision and an annual appraisal were provided to support staff to fulfil their roles and responsibilities.

Requires Improvement



Is the service caring?

The service was caring.

People told us the staff were kind and caring. We saw that staff showed patience, gave encouragement and were respectful of people's privacy and dignity.

Observations and conversations with staff demonstrated that they had a good understanding of people's individual needs and preferences.

Conversations with the registered manager, members of care staff and health professionals demonstrated that the home were committed to providing compassionate, person centred end of life care.

Outstanding



Is the service responsive?

Staff responded to people's needs in a timely way and committed to gathering information about people's preferences and backgrounds in order to provide person centred support.

Good



Summary of findings

People's support plans were amended in response to any changes in need. Staff told us that they were informed of these changes during staff handovers.

A range of activities and meaningful experiences were provided to meet the differing needs of people living at the service.

Is the service well-led?

The service was well-led.

The manager was visible and they, and the owner of the home provided opportunities for people, relatives and staff to raise concerns.

People, relatives and staff also had opportunities to provide feedback and influence the service.

A range of checks were undertaken to monitor the quality of the service. An annual development plan was undertaken together with staff in order to decide the improvements the service wished to achieve in the forthcoming year.

Good



Twelve Trees 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, 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 26 January 2014 and was unannounced and was undertaken by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. This included a letter sent to us by a relative praising the care and support their family member had received at Twelve Trees Residential Home.

Local authority commissioners, a district nurse and the home's GP were contacted prior to our inspection in order to gain their views about the care provided at Twelve Trees Residential Home. None of these professionals expressed any concerns about the home.

During our inspection we used different methods to help us understand the experiences of people living at Twelve Trees Residential Care Home. We spoke with four people using the service and with one relative. We also undertook informal observations in order to see how staff interacted with people and see how care was provided.

We spoke with the home owner, the registered manager, two senior carers, two care assistants and the cook in order to ask them about their experience of working at Twelve Trees Residential Care Home.

We reviewed a range of records during our inspection visit, including four care plans, daily records of people's care and treatment, and policies and procedures relating to the running of the home. These included policies and procedures, four staff files, staff training records and quality assurance documents.

Is the service safe?

Our findings

When asked people who used the service if they felt safe at Twelve Trees Residential Care Home, one person replied, “Yes, I certainly do. I’ve never seen anything that has disturbed me or caused me to feel unsafe.” Another person stated, “Knowing there are nice people around to help me makes me feel safe.” The relative we spoke with was similarly positive and said, “[My relative] was breaking bones galore as a result of falling when at home but hasn’t had any broken bones since being here, so it’s certainly safe.” Some people had keys to their rooms and we also noted that there were lockable draws in people’s room to enable them to store and safeguard any valuables.

We spoke with four members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse and the possible indicators of these. They were clear about the actions they would take if they suspected that any form of abuse had taken place and were confident that the deputy manager and registered manager would take action and appropriately report any concerns. Each member of staff also told us about a folder containing the contact details of key agencies should any safeguarding concerns arise when the deputy manager or registered manager were not on duty.

Local authority commissioners told us that there were no current or historical safeguarding issues and that they did not have any other concerns about Twelve Trees Residential Care Home.

Staff told us that they felt confident to whistleblow in order to report any unsafe practice observed. They said they would report concerns directly to the manager, deputy manager or owner and were confident that these would be listened to. During our inspection we heard about one example of whistleblowing. This conversation provided evidence that Twelve Trees Residential Care Home had taken appropriate action to protect people from harm.

We looked at the two bath hoists and two mobile hoists. Each item was clean and in good working order. The home had a facilities manager who was responsible for undertaking a number of key checks relating to equipment and the safety of the premises. We reviewed a range of

records relating to equipment and saw that the premises manager ensured that equipment was regularly serviced and also undertook regular checks and audits of bed rails and mattresses.

We observed staff supporting people to walk and observed one person be supported to move using a mobile hoist. Our observations demonstrated that staff were aware of the equipment used by each person and how people liked to be supported. We saw that staff explained what they were doing, offered reassurance when needed and supported people at their own pace. Staff told us that the provider responded quickly when equipment faults were reported

People’s care plans included moving and handling risk assessments as well as risk assessments relating to other needs. Risk assessments were completed on people’s admission to the home and were updated, or created following any accidents, incidents or changes in need. Risk assessments reviewed during our inspection provided evidence of a holistic approach. For example, the falls risk assessment for one person documented the need for them to wear well-fitting shoes to reduce risk.

We observed a bruise on one person and asked the registered manager about this. They said that this was due to a fall. We reviewed this person’s care plan and the provider’s log of falls and found that the fall had been thoroughly recorded in both documents. A document detailing regular checks throughout the 24 hours following the fall had been completed and the person’s risk assessment had also been updated. This showed us that the provider appropriately documented accidents, monitored people closely to ensure their safety and took action to reduce the likelihood of future risk.

The registered manager told us they undertook a monthly audit of falls in order to assist them to identify any recurring patterns and risks. We saw evidence of the effectiveness of this, for example, we noted that people were referred to the falls prevention team to reduce risk.

We found that the home also took an anticipatory approach to identify, plan and reduce potential risk. For example, a new lift was shortly due to be installed and meant that staircases would be the only way for people and staff to access the different floors of the home whilst this was being installed. In readiness for this, detailed risk assessments had been completed. These documented

Is the service safe?

potential risks and ways of minimising these. A specialist chair was in place to support people with mobility difficulties to access the different floors of the home. Staff had received training in how to use this chair and were encouraged to continue to practice using it in advance of the lift being installed. The risk assessment also documented the need for the chair to be checked each time before use to ensure its safety and for these checks to be recorded.

We spoke with two people about their medicines. Both people told us that they received their medicines on time. One person commented, “I’m a stickler for making sure that I get my tablets on time; I’m pleased to say that they always are.” People’s support plans contained information about the medicines they took and how they liked to be supported to take them. We observed part of the tea-time medication round and found the way medicines were administered corresponded with the information within people’s care plans.

The medication round was undertaken by a senior care worker. They had a patient and caring approach and asked people to confirm their identity before giving them their medicines. The senior carer was knowledgeable about the individual medicines people took and how these should be taken. For example, when one person asked about their medicine, the senior care worker explained to them what the medicine was for and how they should take it. Our observations and our review of records provided evidence that medicines were safely administered, recorded and stored.

Our observations and our conversations with people and the relative spoken with during our inspection showed us that there were sufficient staff to meet people’s needs and

keep them safe. One person said, “The staff are there when you need them. They’re not rushing from one thing to the next. If they do get called somewhere else then they always come back to make sure I’m OK.”

The relative spoken with during our inspection was similarly positive and stated, “There are never any problems finding staff; they’re never far away.” Throughout our inspection the staff carried out their duties in a relaxed, unhurried manner.

We found the staff team at Twelve Trees Residential Care Home were well established; it was not uncommon for staff to tell us that they had worked at the home for ten or more years. Staff

were clearly committed to meeting the needs of people living at the home and told us that they covered any staffing shortfalls themselves in order to ensure that people were cared for by staff familiar with them and their needs. Staff told us that the registered manager, deputy manager and owner were always available for support outside of office hours.

People who used the service and the relative we spoke with were complimentary about the cleanliness of the home. One person told us, “My room is cleaned every day and in between if anything gets spilt.” The relative we spoke with commented, “My [family member’s] room never smells. The standard of cleanliness is excellent.” Throughout our inspection the home was kept clean and was odour free. Two domestic staff were visible throughout our visit and were observed to thoroughly and promptly clean areas of the home. For example, the dining room was vacuumed and cleaned immediately after the last diner left the room.

Is the service effective?

Our findings

The Mental Capacity Act (2005), (MCA), promotes and safeguards decision-making. It sets out how decisions should be taken where people may lack capacity to make all, or some decisions for themselves. It applies to decisions relating to medical treatment, accommodation and day to day matters. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests.

Conversations with staff and observations throughout our visit showed us that staff offered and involved people in a range of day to day decisions. They also adapted the way they communicated to meet the needs of the person they were supporting. The registered manager demonstrated a clear understanding of the requirements of the Mental Capacity Act, 2005 (MCA) and was clear about when capacity assessments and best interests decisions may be needed and how these should be recorded.

Whilst our observations and review of records evidenced that staff followed the principles of the MCA, our conversations with them demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice. For example, whilst staff told us that they had heard of capacity assessments and best interest decisions, they were unable to explain these key parts of the Act. The registered manager and home owner told us that MCA training was included in safeguarding training. They queried the effectiveness of this training and agreed to source specific training for staff about the MCA.

We saw that the home had policy and procedure documents about the MCA and the Deprivation of Liberty Safeguards (DoLS). The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. The registered manager was aware of changes which had been made to the definition of what constituted a deprivation of liberty and had recently submitted a DoLS application for one person. They told us that they had recently started to review whether other people now met the revised DoLS definition.

Our observations of the environment and our conversations with the registered manager demonstrated some awareness of ensuring the environment was dementia friendly. For example, in order to support some people living with dementia to locate their bedrooms, large print signs with people's names and a memorable object had been placed on their bedroom doors.

We found that the environment did not always reflect, 'Improving the patient experience: Developing Supportive Design for People with Dementia,' a recommended, published guidance document about dementia friendly environments by the Kings Fund (2013). For example, given that the home is a large Victorian converted house with a number of corridor areas, we found that there was lack of directional signage to support people to identify differing areas of the home, such as lounges and dining areas. We also noted that there were no signs to support people to identify the toilet and bathroom areas on each floor. The registered manager and the home owner agreed with our findings and said that they would purchase dementia friendly signs to support people to locate these key areas of the home.

The registered manager told us that half hourly checks were undertaken when people first arrived at the home. As well as ensuring people had everything they needed, the registered manager told us that these checks were also because people new to the home may be disorientated by the environment. The registered manager said that the checks continued until people were settled and familiar with the environment.

We spoke with people about the food at Twelve Trees Residential Care Home and observed parts of the lunchtime in both dining rooms. All the comments we received about the lunchtime meal were positive. One person described their meal as, "Lovely," Another person told us, "The quality of the food is excellent," and a third person stated, "There's never anything left on my plate!"

Our observations evidenced that the mealtime experience was positive, well organised and relaxed. We saw that tables were nicely set and noted that meals were served quickly, looked appetising and were well presented. There were sufficient staff available to ensure that people were supported to eat at the same time. Throughout our observations, we saw that food and drinks were left within people's reach and that people were given assistance when needed.

Is the service effective?

During our inspection we also saw evidence of how the home supported and met people's individual food and drink preferences. For example, one person told us that their preferred breakfast cereal was always provided and we saw that one person had a small fridge in their room containing stocks of their favourite water.

We visited the kitchen and spoke with the cook on duty. They were proud of the fact that they, "Cook everything from fresh." They told us that they always had enough fresh and store cupboard ingredients to enable them to make meals and said that the kitchen contained all the equipment they needed. The cook was aware of how to meet people's differing nutritional needs. For example, they told us how they met the nutritional needs of people with diabetes and how they increased the calorie content of food for people who were frail or had small appetites.

Our review of care plans demonstrated that people's healthcare needs were met by GP visits, as well as referrals to, and visits from, a range of health and social care professionals such as physiotherapists, social workers, opticians and dentists. Visits from these professionals were recorded in people's support plans and the plans were also updated to reflect any advice given.

We spoke with a district nurse who regularly visited the home and with the homes' GP who held a weekly surgery at the home. Both professionals were positive about the care provided at Twelve Trees Residential Care Home. The GP described the care provided as, "excellent." They told us that the home sought their involvement and advice when needed and were positive about the fact that, "All the staff know what's right or not right for patients." They told us any information they needed was always provided and said that any checks or observations they asked staff to complete were always undertaken.

We found that staff received a comprehensive induction to familiarise themselves with their role. New staff accessed

mandatory training as well as Skills for Care's Common Induction Standards. These are a set of recognised standards for people working in adult social care. New staff also shadowed established staff in order to get to know people's needs and how the service operated. Staff told us that their induction had prepared them for their role and were positive about the support they received from their colleagues.

The provider's training matrix showed that staff had received a range of relevant training courses. Training provided included: fire evacuation, stroke awareness, health and safety, diet, moving and handling and first aid. We noted that some staff had not received some training courses relevant to the needs of people living at the home for a number of years. For example, the training matrix listed that a number of staff had not received dementia training since 2008 and 2009. Given the needs of people using the service, this may mean that staff may not be aware of best practice approaches and developments in dementia care. The owner of the home agreed with our findings and informed us of their intention to undertake a review of the training matrix in order to ensure that staff received up to date training relating to the needs of the people living at the home.

We spoke with staff about supervision and appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. They told us that they received regular supervisions as well as an annual appraisal. They spoke positively about their supervisions and said they felt supported by the registered manager and deputy manager. Staff were also positive about the opportunities they were given for further training and personal development. A high percentage of staff had National Vocational Qualifications (NVQ's).



Is the service caring?

Our findings

People were positive about the care they received at Twelve Trees Residential Care Home. One person told us, “The manager and staff here really care about me.” Another person described the staff as, “So kind. They’re always asking if I’m alright or if there’s anything I need.”

The relative spoken with during our inspection was also positive about the care their family member received and the way in which the staff encouraged and promoted their family members independence. They told us, “The care is great. The staff are gentle and caring. They care about my [family member] as well as me. My [family member’s] dementia has progressed but the staff still encourage [my family member] to keep going and do what they can. I came the other day and the staff were encouraging [my family member] to hold sandwiches and biscuits. That’s something [my family member] hasn’t done for a while.”

Health professionals contacted as part of our inspection were similarly positive about the care people received at Twelve Trees Residential Care Home. The district nurse described the staff as, “Kind and caring,” and the GP told us that staff at the home, “Really care for their residents.”

Our observations corresponded with the above comments. It was clear that the staff knew people well and the things that were important to them. For example, we regularly overheard staff asking people about their families as well as their favourite sports and television programmes.

The relative spoken with during our inspection described their family member as, “A very private person.” They told us that the staff acknowledged this and treated their family member with dignity and respect. They informed us that care staff always drew the curtains when supporting their family member and told us they had queried this on one occasion as their family member’s room was not overlooked. They told us that the care worker supporting their family member had stated, “It doesn’t matter, it’s about [your family member’s] dignity.”

Throughout our inspection we saw that care staff respected and preserved people’s dignity and privacy. For example, we saw staff knocking on people’s doors before entering, addressing people by their preferred names and discreetly adjusting people’s clothing when needed.

We saw that there were a number of differing ways of providing information for people and/or their friends and relatives about events and activities within the home. For example, there were wall mounted screens outside the main areas of each floor. These screens provided information about the date, day and weather as well as the staff on duty and the menu for the day. Photographs of people and staff engaging in activities were also displayed on these screens.

A member of staff also showed us a book containing photographs of people undertaking activities which was kept in the entrance area of the home. This was often used to show people’s friends and/or families the activities they had undertaken as well as act as a prompt to talk with people about these activities. We saw that there were signs on the dining room doors which informed people of meal times and forthcoming activities.

Our conversations with a range of staff demonstrated that the service recognised and respected the differing spiritual and religious needs of people living at the home at the time of our inspection. For example, the registered manager told us that they supported one person to attend services at the church they had attended for many years prior to moving into the home. A church service was also held at the home each month.

The registered manager and staff spoken with during our inspection were proud of the care they provided to people at the end of their life. When talking about the services achievements, staff frequently expressed their view that, “We do end of life care well.” The registered manager told us that they had conversations with people and their families about their end of life care wishes as soon as appropriate. These conversations were documented and, if needed, the person and/or their family members were offered the opportunity to meet with the registered manager and the home’s GP to discuss end of life care and answer any queries they may have. If appropriate, end of life care plans were also written together with the home’s GP.

We spoke with the home’s GP as part of our inspection. They described the end of life care provided by Twelve Trees Residential Care Home as, “Excellent,” and said, “If patients choose to stay at the home then they do all they can to prevent them going into hospital and keep them



Is the service caring?

comfortable.” Prior to our inspection, we received a letter from a relative praising the end of life care their family member had received. They described this as being, “Done lovingly and with care.”

The commitment from staff to provide good end of life care was evident during our conversations with them. For example, a senior carer told us, “Our strength as a close team who work together well shines when it comes to end of life care. If it’s a resident we’ve all known, then we take it in turns to spend time with them and will hold or stroke their hand. Some residents have had favourite staff and if they’re on, we’ll cover for each other to make sure they can spend time with the resident.”

Throughout our inspection, staff spoke with fondness about people they were supporting and those they had supported previously. One member of staff who had worked at the home for a number of years said, “It can be like losing a family member when someone dies. No matter how long you’ve been here, you still miss them.” This

member of staff was appreciative of the way the registered manager and staff supported each other following bereavement; in particular the support they provided for members of staff who may have little experience of death. They told us that staff, who wished to, were supported to meet together and spend time talking about the care they provided to the person at the end of their life, as well as their memories of the person. The registered manager told us that they often attended these meetings and commented, “It’s good for us to cry together.”

The registered manager told us that they were committed to continually improving the end of life care people received and said that a palliative care nurse was soon to deliver a number of information sessions to staff. The provider’s training matrix showed us that staff had already completed a number of relevant training courses. For example, we saw that they had undertaken courses about bereavement, end of life care and pain management.

Is the service responsive?

Our findings

People spoken with during our inspection felt that Twelve Trees Residential Care Home was responsive. For example, one person told us, “The staff are caring, friendly and helpful. They’re always there when you need them.” Another person said, “I really can’t think of an occasion where they haven’t responded to or accommodated my requests.” Observations throughout our inspection showed us that staff were available and responsive. We noted that care staff were attentive and quickly intervened if it seemed like someone needed assistance and frequently heard staff asking, “Are you OK?” and, “Do you need a bit of help?”

We spoke with the registered manager about how people’s needs were assessed, planned and reviewed. On receiving an enquiry, the registered manager told us that they and/or the home owner would visit the person in order to explain the service and to see if they were able to meet the person’s needs. Following this visit, the registered manager started to collate and develop an initial care plan with information provided by the person, their relatives and others involved in their care. People, who were able, were invited to visit the service or receive respite care or a short ‘trial’ to see if the service met their needs. Should people decide to stay, then the registered manager further developed the initial care plan as they, and staff got to know more about the person and how to meet their needs.

The relative spoken with as part of our inspection confirmed the above process. They told us that the registered manager and home owner visited their family member at home twice. They described the information gathered about their relatives needs as, “detailed,” and said that family member initially stayed at Twelve Trees Residential Care Home for a month before then deciding to stay at the home permanently.

The registered manager told us that they, or the deputy manager reviewed each person’s care plan every month or following any changes in order to ensure they accurately reflected people’s needs. Staff told us that they were informed of any changes to people’s needs during the handover meetings which took place between each shift.

The registered manager said that people and their families were kept up to date and consulted about the contents of the care plans and any changes made to them. The manager’s office is close to the front door of the home.

They told us that discussions about any concerns and updates regarding people’s care often happened informally as people’s relatives and friends passed their office. We saw meeting minutes which provided evidence that more formal meetings had taken place when needed, either at the registered manager’s request, or at the request of people’s relatives. The registered manager attributed the fact that the home had never received any complaints being due to people and their families and/or representatives feeling able to discuss any concerns as they passed the office.

The relative spoken with during our inspection said that Twelve Trees Residential Care Home was good at contacting and informing them of any changes to their family member’s needs. They also said that the registered manager was visible around the home and described them as, “Approachable and hands-on.” They told us that they felt involved, were regularly updated about their family member’s care and felt comfortable to raise any queries with the staff or the registered manager.

We reviewed the care plans of four people and found that they were person centred, with each care plan providing information about how the person liked to be supported and the things which were important to them. We found the care plans also demonstrated a caring and supportive approach. For example, when detailing one person’s memory difficulties, their care plan stated, “Use gentle reminders to help with gaps in memory and consider the use of memory aids such as a calendar clock, photographs and pictures.”

There was a similar, person centred approach about meaningful activities within each of the care plans reviewed. They contained information about the person’s social interests, hobbies and religious and cultural needs. The care plans also noted the meaningful activities and experiences to meet people’s differing levels of need. For example, the care plan of one person who had advanced dementia noted that they now benefitted from tactile, sensory and visual activities and listed these as, “Hand massage, animal petting, visual games, looking at photographs and reminiscence objects and changes in environment such as sitting in the conservatory on a sunny day or enjoying fresh air in the garden.”

Our conversations with people, staff, the registered manager and the home owner provided evidence that a broad range of meaningful and differing activities were

Is the service responsive?

provided. We saw posters throughout the home listing the events and activities planned during the month of our inspection. These included visits from entertainers, a church service, chair aerobics, a visiting musical called 'Hooray for Hollywood' and visits from a person who undertook craft and reminiscence sessions with people. In addition to this, people were supported with walks around the local area, trips to a local café for coffee and cake and, in better weather, trips to local garden centres and the seaside.

Staff were positive about the benefit of the reminiscence sessions for people living with dementia. They told us that the person who undertook these sessions visited twice a month and that each session was based around a differing theme. For example, past themes had included weddings, army nights, seaside holidays and wash days. Clothing, items, photographs and newspapers relating to each theme were used to prompt conversations and people's memories.

Staff also provided examples of how they used a similar approach outside of these sessions. For example, they told us that they had supported some ladies living with dementia to choose and put favourite small items and photographs in their handbags. The staff were positive about the way these were used to prompt conversations and promote positive memories.

Information provided during our inspection also demonstrated a responsive, person centred approach to support and meet people's individual needs. For example, staff told us that a dementia empathy doll had been purchased in response to one person who was living with dementia becoming distressed at certain points of the day. For some people living with dementia, the use of these dolls has been proven to alleviate distress and promote comfort. Discussions with this person and their family members had established that they were worrying about their children. Staff were positive about the way the use of the dementia empathy doll had reduced the person's anxieties and had prompted happy memories of parenthood.

The home's commitment to enable people to follow their interests and maintain exiting community links was evident throughout our inspection. For example, one person told us that the home had provided support to enable them to continue to attend meetings relating to their previous profession. The home owner and the registered manager also told us that the homes caretaker acted as a driver and transported people to maintain their membership of lunch clubs, clubs relating to their interests and church services and meetings. They also told us that they drove and provided staff to support people to attend important family events, such as weddings.

Is the service well-led?

Our findings

We found that there was a system in place to monitor and assess the quality of care provided at Twelve Trees Residential Care Home. The registered manager completed and sent a weekly overview of the service to the home owner. This detailed a number of key areas of the service, for example, it included an update about residents, staffing and the premises. Any actions required to address identified issues were listed, together with who was responsible for this and the date of completion.

In addition to the above overview report, the manager also completed a weekly quality assurance review. This documented any issues identified from the manager's daily walk around and included information about the care plans and medication records reviewed that week and staff supervisions undertaken. A monthly quality assurance check was also undertaken which included a review of the key checks and audits undertaken by other members of staff. For example, it included a review of the premises manager's checks and the fire evacuation drill. A range of spot checks to assess the quality of care provided were also undertaken every two to three months, these included night-time checks.

We reviewed a number of the provider's policy and procedure documents. Whilst some documents had been reviewed within the past twelve months, there was no evidence to demonstrate that a number of documents had been reviewed for several years. For example, some documents had not been reviewed since 2012. This meant that these documents may not reflect current practice. The owner agreed with our findings and agreed to undertake a review of the policies and procedures in place.

The owner of the home was committed to continually improving the service for the benefit of the people they supported, their friends and family members and also the staff. For example, they told us that in addition to the installation of a new lift, that there was an ongoing plan to redecorate bedrooms within the home and to tile en-suite bathrooms. Within the past year, an employment and facilities manager had been employed to work alongside the homes handyman to undertake this work.

The owner of the home told us that an annual development plan was written each April in consultation with staff. The owner told us that this reviewed what had

worked well in the previous year and improvements the home wanted to achieve and develop in the forthcoming year. Our conversations with staff confirmed their involvement in this plan. For example, one member of staff said, "At the start of the new financial year, the owner asks us about the things we need, such as new equipment or things we feel we need for activities and buys them for us."

We found that the service encouraged feedback from people, their friends and family members and visiting professionals in order to review and improve the care and support provided. Some people's care plans contained records of the informal chats the registered manager had with people to gain their views about the service. One person had described living at Twelve Trees Residential Care Home as, "Like living at home but I don't have to make the bed."

Staff spoken with during our inspection said that they had never been asked to complete a survey to gather their views about the service. The owner and registered manager confirmed that staff surveys had not been undertaken. Not undertaking this survey meant that staff working at Twelve Trees Residential Nursing Home did not have the same opportunity as people and their relatives to provide feedback about the service. The owner agreed to ensure that a staff survey was developed and undertaken alongside the other surveys undertaken.

A newsletter was produced throughout the year to inform people and their friends and family of events at the home such as significant birthdays as well as people and staff new to the home. The provider's commitment to continuous improvement was again demonstrated in this newsletter. The newsletter provided the owners contact details and stated, "Twelve Trees Care Home has a policy of continuous improvement," and invited comments about the service.

Staff spoken with during our inspection told us that they felt valued and supported by the owner and registered manager and were positive about the way in which the service was led. One member of staff commented that Twelve Trees Residential Care Home as, "A nice place to work." When asked if they felt that the service was well led, one member of staff replied, "Definitely." When asked the same question, another member of staff stated, "Without a doubt. We've got a brilliant manager. She's helpful, supportive of us and very thoughtful. She will do anything

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she can to help the resident and us.” Staff told us that the registered manager acknowledged and praised good practice and also provided feedback about any practice which they felt could be improved.

Our conversations with the registered manager and owner of the home clearly demonstrated their appreciation of the staff working at the home and their commitment to support them. For example, the owner of the home told us that staff received a paid day off work when it was their birthday as well as additional days leave for long service. The owner also told us that they valued the efforts made by staff to get to work during a recent period of snow and bad weather and said that, wherever possible, they or the home handyman had picked up and taken staff home using a 4x4 vehicle the home had access to.

The registered manager told us that they felt that it was important to, “Provide time out and time together for us to support each other and have some fun.” In order to do this, they said that there were times throughout the year when staff met together for coffee and cake. The registered manager told us that quizzes and raffles were often undertaken during these meetings.

The owner and registered manager told us that over recent years the needs of people entering the home had increased and that they were now supporting more people living with

dementia. They told us that this had meant that staff needed additional training to know how to meet the needs of people living with dementia. They were also aware that supporting people with dementia could, at times, result in new challenges and risks which staff who had worked at the home for a number of year had not previously had experience of; for example, behaviours which may challenge. In order to support staff, the registered manager told us that they were in the process of designing a training course about behaviours which may challenge with the care home support team.

The owner and registered manager also recognised the fact that meeting the increased needs of people living at the home also had the potential to increase work based stress. In order to support and assist staff to manage any work based stress, a plan was in place for the registered manager to undertake a counselling course.

We found that a range of meetings were undertaken took place to discuss, consult and update staff about the service. For example, we saw that management meetings, care team meetings, night staff meetings, domestic meetings and kitchen meetings took place throughout the year. Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to.