

Treetops Care Limited

Treetops Residential Home

Inspection report

3 Lower Northdown Avenue
Margate
Kent
CT9 2NJ

Tel: 01843220826

Date of inspection visit:
19 February 2020
20 February 2020

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26 March 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Treetops Residential Home is a residential care home providing personal care to 16 older people at the time of the inspection. Treetops Residential Home accommodates up to 24 people in one adapted building.

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

People felt safe at Treetops. One person told us "It's my home". A relative commented, "It's like being in your own home". People were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

The provider had made a number of improvements to the service since our last inspection. These were based on people's feedback and good practice guidelines. The registered manager and provider had oversight of the service. Regular robust checks were completed on the quality of care people received. Any shortfalls were addressed and action was taken to prevent them happening again.

People were protected from the risks of harm and abuse. Staff knew how to identify and share any concerns they had. Concerns raised had been listened to and acted on. Risks had been assessed with people and ways to keep them safe, while remaining independent, had been agreed.

Staff supported people to remain well. People were offered a balanced diet which met their needs. People's medicines were managed safely and the building was clean. Staff practice protected people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had planned their care with staff and were supported to live their lives in the way they wanted. They were supported to take part in a range of pastimes they enjoyed. People had been invited to share their end of life preferences.

People, their relatives and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager and provider understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when they needed. Staff had the skills they required to care for people and were supported by the management team. Staff were recruited safely.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Treetops Residential 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Treetops Residential Home 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We gathered feedback from local authority commissioners and the safeguarding team. We also spoke with a clinical nurse specialist for older people and a representative from a local church about their experiences of the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and their relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, head of care, care staff, cleaner and the cook. We also spoke with a GP, dietician and community nurse.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been assessed and action had been taken to mitigate risks.
- The risks of people falling had been assessed and action had been taken to reduce risks. People had been referred to the local falls clinic and were supported to follow their advice. Staff knew when the risk of people falling increased, such as when they were unwell. They completed more frequent checks on people and supported them to use falls alert equipment while they were unwell.
- The risk of people losing weight had been assessed. Most people had lost weight following illness shortly before our inspection. This had been discussed with their GP and staff were checking to make sure people regained any weight lost. One person had lost a significant amount of weight and staff had referred them to a dietician. The dietician told us staff made referrals at the right time and followed the advice they gave.
- Risks relating to the building had been assessed. Regular checks were completed to ensure action taken to mitigate risks remained effective. Since our last inspection safety valves had been fitted to all hot taps accessible to people to reduce the risk of scalding. Water temperatures were tested monthly and were within a safe range.
- Since our last inspection the risk of people using the stairs without support had been assessed. A lift was in place for anyone who preferred not to use the stairs. One person had climbed an external fire escape and this had put them at risk of falling. Action had been taken to mitigate the risk and protect everyone using the service.

Systems and processes to safeguard people from the risk of abuse

- Action was taken to protect people from harm and abuse. People told us they felt safe at Treetops Residential Home.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team. When necessary action had been taken to prevent incidents occurring again.
- Staff had completed training and knew about different types of abuse. They were comfortable to report any concerns to the registered manager and provider. Staff knew how to blow the whistle outside of the service if they needed to. A whistle blowing poster was displayed in the hall way for staff to refer to if they needed.

Using medicines safely

- People received their medicines when they needed them and in the way they preferred. Staff followed guidance about people's when required medicines, including pain relief. People were offered this regularly and were reminded what it was for.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's

medicines. Regular medicines checks were completed. Any shortfalls were addressed promptly and action was taken to make sure they did not occur again.

- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Staffing and recruitment

- There were enough staff to provide the care people wanted. The registered manager considered people's needs and preferences, when deciding how many staff to deploy on each shift. People told us staff were there when they needed them and attended promptly if they used the call bell.□
- Staff knew people well. They responded to their requests for support quickly and gave them time to chat when they wanted. Staff had the time to support people on an individual basis.
- Staff were recruited safely. Checks on staff's character and previous employment, including dates of employment and reasons for any gaps in employment, had been obtained. Action had been taken to obtain references for staff employed since our last inspection. Criminal record checks with the Disclosure and Barring Service had been completed.
- The provider used a values based selection criteria in line with guidance from Skills for Care. They had established workplace values and checked to make sure candidates shared these as part of the recruitment process. Their aim was to retain staff and continue to develop a constant team who people knew and trusted.

Preventing and controlling infection

- The service was clean. A cleaning schedule was in place and followed by staff. This included deep cleaning all areas of the service. At our last inspection we found an odour in one room. This room was cleaned daily to reduce the risk of this happening again.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.
- Shortly before our inspection several people had suffered with tummy upsets. The registered manager had contacted Public Health England and taken action effective to reduce the risk of the infection spreading.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- Applications for DoLS authorisations had been made in line with MCA. The registered manager had complied with any conditions on people's DoLS authorisations.
- People were not restricted and were free to come and go as they pleased. People were supported to go out. Some people went on their own while others preferred to be supported by staff.
- People's capacity to make specific decisions had been assessed. When people's capacity to make decisions fluctuated, staff assessed their capacity each time they made a decision.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make a decision. People's representatives told us they had been involved in making decisions in people's best interests with staff and others involved in their care and treatment.

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

- The registered manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. Some people were referred in an emergency by their doctors to prevent them from being admitted into hospital. The registered manager completed the same assessment for everyone to make sure staff had the skills to meet people's needs.
- On occasions people had been referred to the service for a short stay by the doctor but were reluctant to leave their home. The registered manager had visited one person three times before the person was confident to take part in the assessment. The person had agreed to move to the service for a short time and their health had improved significantly during their stay.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act,

such as race and gender.

- People's needs had been assessed using recognised tools to understand their risk of developing pressure ulcers or becoming malnourished.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff supporting people in the way they preferred. They completed training appropriate to their role including topics specific to the needs of the people they support such as wound care and behaviours which challenge. The provider had introduced new e learning which required staff to achieve a minimum pass mark. This was supported by face to face training in key skills such as moving and handling.
- The provider had plans in place to continue to develop staff's skills and understanding of people's needs. They had arranged to borrow an 'old age suit' which staff would wear to experience what people may feel. Staff would complete day to day tasks such as walking, standing and eating wearing the suit to give them an insight into people's experiences.
- New staff completed an induction which included the provider's service values. They shadowed experienced staff to get to know people. Their competency to support people was assessed during the induction. Staff who had not worked in care before completed the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff met with a supervisor regularly to discuss their practice and development and had appraisals to review their achievements. The supervision process included observations of staff's practice and additional meetings during induction. Training was arranged for staff to meet identified areas for development.

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

- People were supported to eat and drink enough. People told us they liked the food at the service and their needs and preferences were catered for. People were involved in planning the menu at residents' meetings.
- Food was prepared to reflect peoples' individual needs and preferences, including low sugar meals for diabetics. Daily menus were displayed on each table in the dining room and people were offered a choice of meal. One person could not decide between the two options on offer and decided to have both, which they enjoyed. When people wanted an alternative, these were prepared for them. Drinks were available all the time.
- The provider had recently changed their food supplier. The meals offered had been designed to be balanced and meet people's individual needs. This included foods fortified with extra calories for people at risk of losing weight. The registered manager was monitoring people's weight to make sure the meals met people's needs and they did not lose weight.
- Everyone told us they enjoyed the new meals. Staff told us people were eating more. One staff member said, "They are all clearing their plates".

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

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. Relatives told us they were always informed when people were unwell and the outcome of any consultations. People were supported to attend appointments by their family or staff. This gave people reassurance and supported them to share information about their health.
- The registered manager had worked with health care professionals to develop 'anticipatory care plans' for people. This was to avoid people becoming unwell and needing to go into hospital. Plans contained guidance about how to identify and manage health concerns people may experience, such as regular infections. This had been effective and people had only been to hospital when it was unavoidable.
- Health care professionals told us staff always gave them all the information they needed to assess

people's health and make decisions about their care and treatment. A GP and a dietician told us staff always followed their advice. A community nurse told us about someone who had moved in to prevent them being admitted to hospital, "I've never seen a person improve so quickly". The person's physical and mental health had improved significantly in the short time they had lived at the service.

- People were registered with a dentist. Five people had had check-ups and no one needed treatment. Appointments were arranged for other people. Staff had completed oral health training and the registered manager checked they were supporting people effectively. The registered manager was booked on to more in-depth oral health training and planned to share this with staff.

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

- The building had been designed and decorated to meet people's needs. Some areas of the building had been redecorated and plans were in place to redecorate other areas. One person had requested their bedroom be redecorated and this had begun. People were involved in choosing paint colours and other decorations.
- A new wet room with a shower had been installed. People and their relatives told us this was an improvement. People told us they enjoyed using the new room.
- All areas of the building and garden were accessible to people. People enjoyed spending time in the garden in warmer weather. Staff tended the garden with people's support.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. They were all different and decorated as people had chosen.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The core values of dignity and respect underpinned the service people received. People's visitors told us people were respected by staff who were interested in them and what was important to them. We observed staff treating people with kindness and compassion and respecting their wishes and preferences.
- Staff knew people well and spent time chatting with them about things they enjoyed. People and staff were relaxed in each other's company and enjoyed chatting together. One visitor described the staff as "lovely" and told us they "have a laugh" with their relative. We also observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected. One person had chosen to tell one staff member they felt relaxed with about their sexual orientation. The person's decision to keep this information confidential was respected and staff treated the person in the way they preferred. People were able to choose the gender of staff who supported them.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been asked about their lifestyle choices and these were respected. For example, some people told us they preferred to spend their time in their bedroom reading or watching television. Staff respected people's decision. They informed people of events and activities they may wish to attend and visited them regularly to make sure they were not isolated.
- Staff reassured people when they were worried. One person was concerned when the amount of money in their purse was less than they expected. Staff sat with the person and discussed where they had been and what they had done. This reminded the person where they had spent the money and reassured them.
- People who wanted kept up to date with current affairs and had been supported to vote in the recent general election. People who wanted to, had watched remembrance services and had been supported to remember and pay their respects. This was very important to some people.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. They were in

control of their care and staff only supported them when they needed it. One visitor commented, "The staff ask rather than dictate. My friend has control and is empowered by the staff, who are supportive". A staff member told us, "People are the bosses. We do everything on their terms, in the way that they want it".

- People had privacy. Staff knocked on doors before they entered and left people in private when they wanted.
- People were supported to continue to practice their faith. Representatives from different churches visited. People were able to spend time with them alone or in groups. One visitor told us before the inspection, 'This home and its' wonderful residents (and staff) welcome and value us to the extent that a spirit of extended family has evolved'. The representatives were supporting people and staff to develop spiritual care plans.
- The provider and staff knew about the general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had planned their care with the staff to meet their needs and preferences. People told us staff followed their wishes and only provided their care in the way they wanted. One person told us, "Whatever I want, the staff will do it for me. Nothing is too much trouble for them".
- Staff knew people's likes, dislikes and preferences, such as their routines and supported them to continue with these. People followed their own routine and staff supported them when they requested. One visitor told us, "My friend does everything by the clock and staff respect their timings". People told us they got up and went to bed when they wanted and were free to do what they wanted.
- People were fully involved in their care. One person told us they had enjoyed a shower in the new wet room. They commented, "Staff always say I can take as long as I like".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service and guidance for people was available in easy to read formats. This included large print and pictures and photographs.
- The provider had arranged for important information such as the complaints process and service user guide to be available to people at any time in spoken form. These were stored on the hand held devices staff used to record people's care and were available at any time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in pastimes and household chores they enjoyed. One person sewed name labels in to other people's clothes at their request and another helped staff with light household chores. One person went shopping frequently and another attended a local social club.
- Outside entertainers visited the service to put on shows and activities. People were asked for their feedback and events they enjoyed were booked again. Everyone had enjoyed joining in with a belly dancer and they were booked to visit again at people's request. One person commented, "I'm never bored".
- Visitors told us they were welcomed into the service and always received a warm welcome. One visitor told us, "There is a nice feeling about the home. A warm feeling. Everyone is relaxed".

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager and staff. The registered manager encouraged people to raise any day to day issues. This was so they could be resolved before they became a complaint.
- A process was in place to receive, investigate and respond to complaints. Complaints received had been investigated and responses had been made to the complainant. People told us they were satisfied with the response they had received and the action the registered manager had taken.

End of life care and support

- People and their relatives had been given the opportunity to discuss their end of life preferences and these were recorded. This included who they wanted with them and where they would like to be.
- People who wanted to, were supported to remain at the service at the end of their life. Staff worked with community nurses to make sure people were comfortable. One visitor told us a relative had passed away at the service. They told us staff were kind and caring and stayed with the person, who was never alone. They told us this had reassured them the person received the care and comfort they needed.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Systems the provider had put in place to make on improvements to the service had been effective. The service had improved since our last inspection.
- The checking and auditing systems had been reviewed and improved since our last inspection. They were now used to drive continuous improvements at the service. Regular checks were completed of all areas of the service, including checks by the registered manager. These were supported by provider checks. The provider had employed a consultant to complete regular reviews of the service against regulations. Action was planned and taken to address any shortfalls found and improve the service.
- The provider was reviewing the service against best practice guidance. This was done in a planned way looking at one area at a time. They had begun with leadership and governance and had moved on to look at training and development and any restrictive practices. Any improvements needed were included in the continuous improvement plan, which was reviewed every eight weeks.
- The provider and their management team, including the registered manager, had reflected on their own practice, including looking at their strengths and weaknesses. They had used this information to plan their own development and support each other to develop in their leadership roles.

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

- The provider, registered manager and head of care were completing 'lead to succeed' training. As part of this they had looked at the culture of the service using a recognised set of tools. They found staff concentrated on people, while the provider had a strategic view of the service. This made a balanced team. There was an open culture where staff were comfortable to challenge and explore any shortfalls without a fear of blame.
- The provider had developed and introduced a new vision and values for the service. These included dignity and respect and a commitment to listening and continually improving. Staff had been involved in deciding the values and they underpinned everything that happened at the service. Staff told us they were listened to and involved in all the changes the provider had made.
- The registered manager and provider were moving towards more coaching and mentoring roles. They were supporting and empowering staff to come up with solutions to problems, rather than making decisions themselves. For example, someone became unwell during our inspection. Care staff completed checks on the person and called an ambulance. This was the right action and the person was taken into hospital for treatment.
- The provider and registered manager welcomed feedback about the service. Action they had taken was

displayed for everyone to see on a 'you said, we did' board. People's comments had led to a bigger shower room, an increased choice of meals and some redecorating.

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 provider and registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong.

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

- A new governance system had been introduced at the service, including some new policies. These had been introduced to staff at staff meetings and in training. Everything was stored in a logical order and staff were able to access the information they needed quickly. All of the policies were available to staff on the hand held devices, so they could refer to them at any time. One staff member told us the changes had led to a more organised and professional service.
- Staff were motivated and had confidence in the registered manager and provider. The provider had introduced new systems to recognise staff who demonstrated the vision and values well. These included 'continuous and never ending improvement' awards. Staff were nominated for these by people, relatives and their peers. Staff told us the awards made them feel appreciated and that the provider had recognised what they were doing.
- The provider had introduced new processes to monitor staff performance, including looking at how they had been recognised for good work and sickness absences. Staff were held accountable for their practice. When the registered manager had any concerns, these were addressed in accordance with the provider's disciplinary process. Staff were offered development opportunities when shortfalls were identified.
- The staff group worked as a team to provide the service people want. Staff we spoke with told us the team supported each other and "Everyone is approachable".

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

- People were regularly asked for their feedback about the service and for any suggested improvements. For example, at residents' meetings. Minutes of the meetings showed people were happy with the service they received.
- Staff were also asked regularly for their feedback and suggestions. Staff were confident to make suggestions and these were listened to and considered by the registered manager and provider. One staff member told us, "I can't fault [the provider] and [registered manager] they both listen and if something needs to be done, they will do it".
- The provider has established effective systems to respond to people's feedback since our last inspection. They asked people, staff and relatives to provide formal feedback every three months. Where concerns were identified these were addressed. One staff member had indicated they were not happy at work. The registered manager had discussed their concerns with them. These had been addressed and they had developed in their role. This had led to a promotion.
- The registered manager gathered informal feedback from people and their relatives. They did this during day to day chats with people and visitors. Again, any concerns raised were acted on promptly.

Working in partnership with others

- The registered manager and provider worked with others to continually keep up to date with good practice. This included attending the local registered manager group and conferences arranged by the local authority learning and development team.

- Staff attended training put on by the local clinical commissioning group around good practice. This included infection control and the Mental Capacity Act (2005). Plans were in place for a paramedic from the local ambulance service to visit the service and train or refresh staff in taking basic observations. They also planned to talk to staff about what a paramedic needs from staff when they arrive on site.
- The provider attended management and leadership training provided by the local authority learning and development team. They had used what they had learnt to improve the service.
- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.