The Shaw Foundation Limited

Treetops

Inspection report

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Date of inspection visit: 4 September 2015
Date of publication: 30/11/2015

Ratings

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

Overall summary

We carried out a comprehensive inspection of Treetops on 16 and 19 January 2015. We found breaches of the legal requirements at that time in relation to:

- The safety of the premises
- Staffing levels
- Management of medicines
- Cleanliness and infection control
- Consent to care and treatment
- Records
- Assessing and monitoring the quality of service provision

After the inspection, the provider wrote to us to say what they would do to meet the legal requirements.

We undertook a focused inspection on 4 September 2015 to check the provider had followed their plan and to review whether they now met the legal requirements. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection by selecting the 'All reports' link for Treetops on our website at www.cqc.org.uk

During our focused inspection we found that not all breaches of regulation had been addressed. We were concerned that a number of safety hazards were found in the outside environment of the home. In addition to this, not all hazards found at our inspection in January 2015 had been addressed.

Summary of findings

We also found that concerns in relation to record keeping had not been fully resolved. There were significant omissions in recording relating to food and fluid charts and repositioning charts. This placed people at risk of receiving unsafe care because their care could not be effectively monitored. It also demonstrated that the provider had failed to take action in response to the previously identified breach of regulation.

The registered manager told us about some of the action that had been taken to improve staff knowledge and practice in relation to the Mental Capacity Act 2005. However planned improvements had not yet been fully implemented and we could not therefore assess how effective they would be.

We found that there were systems to monitor the service, however they were not fully effective in identifying and addressing concerns.

Improvements in infection control had been made and during our lunchtime observation we saw that staff took appropriate measures in relation to hygiene when serving food.

Concerns in relation to staffing levels found at our last inspection had been addressed through reorganising the non care related tasks that staff were expected to complete.

Steps had been taken to improve the administration of people's medicines.

As a result of this inspection, the ratings for the service have not changed from our comprehensive inspection in January 2015. You can see the action we have taken in response to the breaches of regulation at the end of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

We found a number of hazards relating to the outside environment of the home, which meant people were at risk of injury and falls.

Changes had been made in relation to the tasks that staff were expected to complete outside of delivering care. This meant that staff were better able to meet people's needs.

Arrangements in relation to administering medicines had improved so that this was managed more effectively.

Processes relating to hygiene when serving meals had improved.

We could not improve the rating for this key question from inadequate. We will review our rating for safe at the next planned inspection.

Is the service effective?

Requires improvement

Measures were being taken to improve staff practice and knowledge in relation to the Mental Capacity Act 2005. However, these had not been fully implemented and therefore it was not possible to judge how effective they would be.

We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for effective at the next planned inspection.

Is the service responsive?

Requires improvement

Concerns found at our inspection in January 2015 in relation to record keeping had not been fully addressed. Lapses in record keeping placed people at risk of receiving unsafe or inappropriate care.

We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for responsive at the next planned inspection.

Is the service well-led?

Requires improvement

Systems for monitoring safety and quality were not fully effective.

We could not improve the rating for this key question from requires improvement; to do so would require a record of consistent good practice over time. We will review our rating for well led at the next planned inspection.

Treetops

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focused inspection of Treetops on 4 September 2015. We checked that the improvements planned by the provider after our comprehensive inspection on 16 and 19 January 2015 had been made.

We inspected the service against four of the five questions we ask about services: is the service safe, is the service effective is the service responsive and is the service well led. This was because the breaches found at the last inspection were in relation to these questions.

The inspection was carried out by one Inspector.

As part of our focused inspection, we made observations, reviewed the care records of three people and spoke with the registered manager and staff.

Inadequate

Is the service safe?

Our findings

When we visited the service in January 2015, we found the outside area was hazardous and not safe or suitable for people in the home. When we returned to the home in September 2015, we found that some work had been completed; however further hazards were identified that meant the outdoor environment was still unsafe and not suitable for use.

Railings that had been identified as being in poor condition at the last inspection had been replaced. We were also told that uneven paving had been addressed in the weeks prior to our inspection; however we saw that the problem with the paving had reoccurred. This presented a risk to people walking along the pathway. There was clutter contained in the outside space which posed a trip hazard. This included items such as rusting metal, wooden garden canes that were falling off metal shelving, a round garden table lying flat on the ground directly outside a person's open bedroom door and footballs in the grounds.

This was a breach of regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

When we visited the service in January 2015, we found staffing levels were insufficient to ensure people's safety and meet their needs. When we returned to the service, we found that action had been taken to meet the regulation.

Levels of care staff remained the same at two members of staff per each of the three units. Overall there was a Team Leader/Registered nurse and the registered manager and deputy manager were present during week days. The deputy manager had been recruited since the last inspection.

When we inspected previously we found that at lunchtimes staff were being required to carry out duties such as washing dishes after mealtimes. This significantly impacted on the time they were able to spend supporting people with their care needs. When we returned to the service, we observed a lunchtime meal and saw that people's needs were met during this time. People who required the support of staff to eat their meal received support promptly and staff responded to others who required verbal prompts to focus on their meals.

After the meal time was completed, staff from the kitchen came to the unit to remove the dirty plates. This meant that care staff were not required to complete this task and could focus their time on supporting people. Staff reported that these arrangements were working well and they now had more time to spend with people.

At our inspection in January 2015, we found that infection control procedures weren't consistently followed because staff did not follow appropriate hygiene procedures when serving food. We also found that pedal operated bins were not available in all areas. When we returned to the service in September 2015, we saw that improvements had been made. At the lunch time meal, staff washed their hands before serving food and wore aprons. Utensils were used to serve food on to individual plates. There were pedal operated bins in each unit so that staff did not need to open the lid of the bins with their hands which reduced the risk of cross infection.

When we inspected the service in January 2015 we found that people were at risk of not receiving their medicines in accordance with their needs due to the length of time it was taking to complete medicines administration in the morning.

When we returned to the service in September 2015, we found that steps had been taken to manage medicine administration more effectively. A deputy manager had been recruited to post since the previous inspection and they supported medicines administration when they were on shift during the week. This meant that medicine administration could be divided between two suitably qualified members of staff.

The registered manager also told us that they had been working with the GP to review medicine administration times to ensure that they best suited the needs of the person concerned. This in turn reduced the pressure on staff to administer medicines within a set timeframe. Medication Administration Records (MAR charts) reflected various times that people were due their first morning medicines. The charts we reviewed recorded times of between 8am and 10am for morning medicines to be administered.

Requires improvement

Is the service effective?

Our findings

When we inspected the service in January 2015, we found that records relating to assessing people's capacity to make decisions about their care and treatment were insufficient. Full details of how a person was included in the decision making process and how they should be supported to be involved had not been described in care records. There was also insufficient information about best interest decision making. This lack of information meant there was a risk that people's rights in relation to decision making would not be fully met.

When we returned to the service in September 2015, the registered manager told us about new documentation that would soon be introduced in relation to support planning. This documentation prompted staff to consider mental capacity at each stage of the care planning process. The service was due to implement this new documentation in the weeks following our inspection so it was not possible to assess how effective it would be at ensuring people's rights were met. The registered manager told us that staff were in the process of being trained in how to use this documentation.

The registered manager also told us that no one in the home had recently been the subject of a best interests decision and therefore we were unable to review documentation to see how it had progressed since a breach of regulation was found at our inspection in January 2015. There was insufficient evidence to show that the breach of regulation had been fully met and we will review this again at our next comprehensive inspection.

This meant that the service continued to be in breach of regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service responsive?

Our findings

When we inspected the service in January 2015, we found that record keeping was insufficient to fully protect people from unsafe care or treatment.

When we returned to the service in September 2015, we found that concerns in relation to record keeping had not been fully addressed. We viewed care records for three service users. We found several examples of fluid totals not being recorded for people which meant their fluid intake could not be effectively monitored. One person was at risk of pressure damage to the skin and required support to reposition when in bed. We found that recording in relation to this repositioning support the person received was highly inconsistent and there were several days when nothing had been recorded at all. This placed the individual at risk of inappropriate or unsafe care because their support could not be effectively monitored.

We found the standard of support plans to be inconsistent. Some plans provided detailed guidance for staff to enable them to care for people and meet their needs. Other support plans we viewed provided insufficient detail and staff who were otherwise unfamiliar with the individual concerned would not be able to meet their needs effectively. For example, in one person's support plans it referred to the need to establish a 'toileting routine and prompts'. No further detail was provided about what the routine or prompts would entail. In this person's support plan for 'cognition' we read about some of the issues that the person found difficult such as recognising hazards and not being able to call for help when required. However, there was a lack of clear information about what staff should do to support the person with these needs.

This was a breach of regulation 17 2 (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service well-led?

Our findings

When we inspected the service in January 2015 we found that systems in place for monitoring the quality and safety weren't always effective in identifying concerns. This particularly related to a lack of audit of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms and a failure to identify concerns about staffing levels.

When we returned to the service in September 2015, we found that no specific audit of DNACPRs had been completed. However, the registered manager told us that the GP had been closely involved in reviewing all these forms to check that they remained appropriate for the individuals concerned. We checked a sample of these forms and the majority had a recent date on them confirming that they had been recently reviewed by a GP.

Action had been taken in response to the concerns found at our previous inspection regarding staffing levels. The registered manager told us that this was being carefully monitored through feedback from staff about any changes in individual needs.

Overall, there were some systems in place to monitor the service; however these were not fully effective in identifying breaches of regulation and ensuring action was taken to address them. During this inspection we found that not all previously identified breaches of regulation had been rectified. Systems had failed to identify the omissions in record keeping and therefore there was a continuing breach of this regulation. There had also been a lack of prompt response to the safety hazards found in the outside environment. This placed people in the home at risk.

This was a breach of regulation 17 2 a) and b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent People's rights were not fully protected in line with the Mental Capacity Act 2005.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems for monitoring the quality and safety of the service were insufficient to identify and improve concerns. Regulation 17(1), 17(2)(a) and 17(2)(b)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The outside environment of the home was not safe or suitable to the needs of people living there.

The enforcement action we took:
Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 People were at risk of receiving unsafe care due to a lack of clear records. Regulation 17(1) and 17(2)(c)

The enforcement action we took:
Warning notice