

# Mrs June Ann Gliddon and Mrs Paula Marie Pillage

# Two Trees Caring Home

## Inspection report

33 Milehouse Road  
Milehouse  
Plymouth  
Devon  
PL3 4AF

Tel: 01752561189

Date of inspection visit:  
29 December 2016

Date of publication:  
02 February 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 March 2016. After that inspection we received concerns in relation to how people's one to one needs were being met and managed by staff, staff not receiving training and insufficient staff employed. The concerns went onto say that people were being provided personal care very early in the morning and against their wishes and taken out into the community when they were unwell. Also that people stayed in their rooms for long periods and people were not receiving their meals in a timely manner with long waits in between. The concerns received also stated that people's charts, for example food and fluid charts, were not being completed, medicines were not always being signed for after administration and being administered too early. Other concerns raised said that people's continence needs were not always being met; people had to purchase their own continence aids and people's healthcare needs were not being met safely.

As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Two Trees Caring Home our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Two Trees Caring Home is registered to provide accommodation with personal care, for up to 28 people who have a learning disability and may also have physical disabilities.

On the day of the inspection there were 21 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. The registered manager is also the registered provider. 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.

Throughout the inspection there was a calm, friendly and homely atmosphere. People appeared relaxed and happy. We were supported throughout the inspection by two members of the management team.

We met and spoke with 16 people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures and sign language. We therefore spent time observing people. One person when asked if they were happy at Two Trees said; "I like living here." One staff member said; "It's a lovely place to work in."

People's medicines were managed safely. Where errors had been found, action had been taken to reduce the risk of recurrence.

People's individual risks were documented, monitored and managed well to ensure they remained safe. People had their continence needs managed and assessed by a continence nurse specialist.

People were supported to maintain safe health care through regular access to health and social care professionals, such as district nurses.

People's needs were met by sufficient numbers of staff. People who required it had additional staffing. People were observed to have additional support at meal times with some people receiving one to one support. Rotas recorded sufficient staffing to meet these requirements. Staff were knowledgeable about people's needs and received training, for example manual handling training, to help keep people safe.

People's dietary needs were recorded and staff were aware of how to meet these needs safely. For example people whose health had deteriorated were encouraged to eat what they wanted and when they wanted and advice was taken from healthcare professionals. People who required them had food and fluid charts completed.

People's care records held information about how people wished to be supported and what level of support was required to help keep them safe. Records were regularly updated to reflect people's support needs; particularly for people who required increasing support due to the deterioration in their health. For example some people liked to get up really early and staff assisted people to help keep them comfortable and safe. While other people either liked to stay in their rooms or went to their rooms to rest due to their deteriorating health where staff visited them regularly.

## 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.

People's needs were met by sufficient numbers of skilled and experienced staff.

Staff received training to help ensure they met people's health, moving and handling, medicines and dietary needs so they could keep people safe.

Staff were knowledgeable about how to meet people's individual and personal care needs and keep them safe.

People had mobility equipment to help ensure they could move safely. Equipment used by staff to help people move was provided by healthcare professionals.

People could access health, social and medical support as needed to remain safe and well. People's continence needs were met.

People were supported to maintain a healthy and balanced diet. This helped to keep people's nutritional and hydration needs at a safe level.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People's care records held information about how people wished to be supported and what level of support was required to help keep them safe.

Individuals about whom concerns were raised were safe and had their needs met.

# Two Trees Caring 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 was 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.

We undertook a focused inspection of Two Trees Caring Home on 29 December 2016. This inspection was carried out after concerns were raised. We inspected the service against one of the five questions we ask about services: Is the service safe?

The inspection was undertaken by one inspector and was unannounced.

Before our inspection we reviewed the information we received held about the service, including notifications received and concerns raised.

People were not all able to fully verbalise their views and used other methods of communication, for example pictures and sign language. We therefore spent time observing people. We met and/ or spoke with 16 people and spoke to three staff two who were part of the management team. We also spoke to the registered manager by telephone after the visit.

We looked at four people's care records, four medicines records and staffing rotas.

# Is the service safe?

## Our findings

Following the comprehensive inspection on 29 March 2016 we received concerns in relation to how people's one to one needs were being met and managed by staff, staff not receiving training and insufficient staff employed. The concerns went onto say that people were being provided personal care very early in the morning and against their wishes, and taken out into the community when they were unwell. Also that people stayed in their rooms for long periods and people were not receiving their meals in a timely manner with long waits in between. The concerns received also stated that people's charts, for example food and fluid charts, were not being completed, medicines were not always being signed for after administration and being administered too early. Other concerns raised said that people's continence needs were not always being met; people had to purchase their own continence aids and people's healthcare needs not being met safely.

At this inspection we found staffing levels were sufficient for the needs of the people living at Two Trees Caring Home. One staff member was not available for their shift on the day of our visit. However an agency had been contacted to replace this staff member. The management team had also made use of an ancillary staff member, who was also trained to provide care, to assist with the care of people until an agency staff arrived.

People had the one to one support they required. We observed a meal time and staff were sat with people who required additional support. People cared for in bed due to deteriorating health had regular visits by staff, with two staff visiting to assist with repositioning people when needed. Management informed us they had been in regular contact with local support services, for example a physiotherapist, to determine the required staffing needed to support people to keep them safe.

A concern was raised that due to lack of staff people were being woken up, washed and dressed very early in the morning. The management and staff stated this was not the case. They did however say they had two people who were living with a diagnosis of dementia who often rose early and at times did not always go to bed. If these people were up then personal care was provided to help ensure they were comfortable and safe.

The concern raised, also alleged that people were left in their rooms for long periods or taken out into the community when they were unwell. Management again said this was not the case. We observed two people who were very unwell and were now being cared for in bed due to their deteriorating health. The staff had taken advice from professionals on the care being provided to these people for them to remain safe. This included one person who now received all meals and fluids in bed to help keep them safe, due to swallowing difficulties.

The concern raised also said that one named person had been taken out even when they had been unwell. This person's care records documented that this person could become anxious. The management stated if this person wanted to go out, or stay in then they had the one to one staffing to do what they wanted to do to reduce any anxiety and keep them safe.

People were supported with their health care needs with input from health care professionals including district nurses. The concern raised stated that a named person had an infected leg. The management confirmed this person was seeing a district nurse. However, this person's leg was not infected and the skin had not broken down. Care records recorded the times and dates of the district nurses visits with the current treatment being carried out. These regular visits and treatment helped to keep this person's skin protected.

The concerns received went on to say that people waited long periods between meals. Management explained that people, some of whom were living with the diagnosis of dementia and some whose health had deteriorated, were provided meals whenever they chose to eat or drink or when staff were able to persuade them to eat or drink. For example one person had periods where they were more alert. Staff took this opportunity to provide meals and drinks to this person that they enjoyed and found they ate and drank more this way. This helped to keep people's nutritional and hydration needs at a safe levels.

Staff also confirmed meal times were staggered to ensure people received the one to one support they required. People receiving this additional support helped keep them safe when eating. One staff member said; "All one to ones at meal times have to be adhered to. It would be unsafe not to have them on one to one support as it goes against speech and language guidelines." Records showed one person had a best interest decision made that they could "have their meals when they want or, if they want, and at any time." Staff confirmed they had all received first aid training to keep people safe when providing meals particularly for those with swallowing difficulties and at risk of choking.

Concerns were raised that not all staff had received manual handling training. Management confirmed training had been completed by all staff. They said some training had been delayed for some staff as it was not always possible to arrange training immediately when staff commenced employment. However this was arranged as soon as possible and staff were only able to assist experienced staff with moving people. One staff member confirmed they had received induction training and training to meet people's specific needs and keep them safe such as, manual handling. Staff were knowledgeable about people's needs to help keep them safe.

People, some cared for in bed for long periods, had repositioning charts and charts to state creams had been applied, as required. Both of these helped to protect people's skin integrity. Other people also had food and fluid charts in place. The concern raised stated these charts were not always completed. We visited two people who were cared for in bed and found that mostly charts had been completely appropriately. The management of the service had taken appropriate steps to help resolve this issue including at each staff handover all charts were checked that they had been completed in full. We also looked at people's food and fluid charts. Food charts for one person recorded when they declined food or fluids due to their deteriorating health. Care records showed the service had involved a speech and language therapist for all people who required support with their eating and drinking to help keep them safe.

People's medicines were managed safely. Where errors had been found, action had been taken to reduce the risk of recurrence. We observed medicines being safely administered. The concerns received stated that medicines were not always being signed for after administration and being administered too early to people; for example at 4pm instead of 5pm. Staff who administered medicines confirmed some people were given their prescribed medicines earlier than stated / prescribed. However this was due to people having received their previous dose earlier and not, as the concern stated, due to staff leaving early. This was often the case for people whose health had deteriorated and staff needing to administer medicines when they were alert enough to receive them. Medication Administration Records (MARS) showed times of medicines

given, if not given at the prescribed times. This ensured people's health care needs were managed safely by them receiving their medicines as prescribed. This demonstrated that the monitoring processes put into place were effective in helping to ensure people received their medicines safely.

One person's MAR was not clear regarding a medicine which they took varying doses depending on the day of the week. This was discussed with the management team and the registered manager who took appropriate steps to resolve this issue including contacting the pharmacist to change the MAR and colour coding the different days of the week the different doses were to be administered.

People had their continence needs managed and assessed by a continence nurse specialist. The concern raised stated that one person had run out of continence aids and had purchased their own. Some people were prescribed continence aids. However the staff confirmed these were not always sufficient to meet some people's needs. Therefore the registered manager currently had a continence nurse specialist and input from an advocate acting on one person's behalf to source a within budget, more suitable option to meet their needs.

People had risk assessments in place and these highlighted areas of risk to individuals. For example, if people were at risk of falling, how staff could support them when needed. There were clear protocols in place for managing these risks to help keep people safe. The concern stated that one person was very unsettled, shouting out and staff had taken this person to their own room, when they had asked to remain downstairs. They went on to say that this person's wheelchair had broken and it was unsafe for them to use other people's wheelchair. The management confirmed one person, on admission to the service recently, had been unsettled. However they had now settled and had made new friends locally and an advocate had been appointed to assist them to ensure they were not discriminated against and kept safe. They had also been moved to a downstairs bedroom to enable them to access staff quicker and help keep them safe. They were then easily able to access the ground floor if their wheelchair broke in the future.

During a tour of the premises we saw people looked safe and comfortable. With some people having their own specially adapted chair to keep them safe and comfortable. People were kept safe by a tidy environment.