

Complete Care Homes Limited

# Treetops Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Treetops Nursing Home is a nursing home providing personal and nursing care for up to 24 older people with dementia or mental health needs. At the time of the inspection, 22 people lived at the service.

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

People were supported with the aid of person-centred care plans which indicated people's preferences. Staff had time to read these care plans which helped them provide care tailored to each individual's preferences. Some details of the care plan needed updating however this did not affect the care to the people. We made a recommendation about this.

People had access to appropriate food and fluids throughout the day however, the dining experience could have been improved to offer people more support to eat and drink. This was highlighted to the registered manager who then reviewed their dining practices in response.

People were supported to live safely at the service with a regular staff team providing care in a positive and caring manner. Relatives provided positive feedback about the service, reporting staff knew their relatives well and offered a variety of activities to promote wellbeing and engagement. One relative described the service as "excellent" with another describing the staff as "fantastic, caring and knowledgeable".

Staff promoted a positive and respectful ethos throughout the service and understood how to maintain a person's dignity and offer care respectfully. An open-door policy was also encouraged within the service with both staff and relatives having confidence in the manager to deal with any concerns quickly and professionally.

Systems were in place to monitor the quality and safety of the service to help ensure people received good care. Staff felt supported in their roles and the registered manager was proactive in responding to any feedback to improve the service. The service had good links with other professionals who also reported that the service was well led and reactive to the needs of the people.

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.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 13 June 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 Nursing 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.

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Treetops Nursing 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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke to one relative about their experience of care and consulted the Deputy Manager regarding current procedures in the service. We reviewed a range of records. This included two people's care records, medication records and maintenance and safety certificates. We looked at a variety of records relating to the management of the service, including policies and procedures in place. We completed a site walk round and reviewed the infection control procedures in place.

#### After the inspection

We continued to review records and policies after the inspection. We looked at training data and spoke to three members of staff to receive feedback on the management and systems in place. We reviewed meeting records, accident and incident reporting and processes to ensure quality in the service. We reviewed policies and procedures in place to ensure a good standard of care. We spoke to three relatives to gather feedback on the care and safety of the service.

# 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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

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

At our last inspection we recommended the provider consider current guidance on the analysis of accidents and incidents and take action to update their practice accordingly.

- At this inspection, accidents and incident policies were in place which were clear and included example documentation for guidance. The registered manager reviewed accidents and analysed these for trends, implementing improvements, lessons learnt or contacting other professionals when required.
- Risk assessments were in place for people and care plans had been developed to reflect people's needs and preferences. We found some discrepancies in information within the care plans, however this did not put people at risk.

We recommend the service review the care plans in place to ensure information is accurate and supports staff to provide safe care.

- Safety certificates for the premises were in place where required and appropriate fire safety checks and documentation had been implemented. Environmental checks were in place with a system to record any shortfalls identified and any improvements actioned.
- An open culture of reporting errors was promoted, and systems were in place where staff could discuss concerns and lessons learnt could be cascaded across the team.

Systems and processes to safeguard people from the risk of abuse

- Appropriate safeguarding policies and procedures were in place with clear direction for staff on reporting. There was a system in place to appropriately record and respond to any concerns.
- The registered manager was aware of their responsibilities and had knowledge of how to manage and report concerns correctly.
- Safeguarding training was in place for all staff with the service providing/planning refresher training when indicated.

Staffing and recruitment

- There were enough staff to meet people's needs. Interactions between people and staff were positive and person-centred.
- Safe recruitment processes were in place and followed.
- Contingency plans had been considered and were in place if staffing levels were deemed inadequate due

to the COVID-19 pandemic.

#### Using medicines safely

- Staff training and competency checks were in place for the safe management of medicines however, some of these needed refreshing which had been delayed due to Covid19 restrictions. The registered manager was taking action to address this.
- Medicines were stored, administered and recorded appropriately with clear policy and procedures in place.
- Audits and systems were in place to review medicine administration on a regular basis. Action had been taken when shortfalls were found.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were developed for people which assessed their needs and reflected individual preferences. Admissions assessment forms were complete by an appropriate person to ensure the service could meet the needs of the individual.
- Additional documentation in relation to people's medical needs were sourced and included in the care plans.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance and legislation.

Staff support: induction, training, skills and experience

- A training matrix was in place to record and manage staff training. Some refresher training was out of date. This was due to restrictions caused as an outcome of the COVID-19 pandemic. The registered manager was actively trying to address this.
- Staff received appropriate training to support the residents at the service. A thorough induction was provided to new staff. Additional training had been provided to staff relating to new COVID-19 practices.
- Relatives told us they felt that staff had the appropriate training to provide good care and raised no concerns.

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

- There was enough staff to offer support to people during mealtimes, however on the day of the inspection we observed that some people's dining experience could be improved. Some people were left for periods of time with little prompting or support to finish their meals. There was no impact to people and the registered manager took action to address the dining experience.
- People appeared to enjoy the food on offer and a variety of meals and refreshments were observed to be available throughout the day. Meals were adapted to meet people's preferences and dietary requirements, and a choice of options were offered.
- People's weights were recorded and monitored appropriately. Where concerns were raised, appropriate monitoring was in place and other professional input requested.

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

- The service contacted relevant healthcare professionals when needed and recorded their input within the care plans. Actions and advice were followed and implemented to make sure people received effective care.

- Positive relationships had been built with other health care professionals who reported that they found the service to be responsive to changes in the people's needs.

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

- The service has been adapted to support those living with dementia. For example, the flooring was non patterned, and the areas were light, clean and tidy.
- People's rooms were personalised and relatives reported a positive atmosphere in the service.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were in place for people and staff made best interest decisions when necessary to provide appropriate care.
- The registered manager had a good understanding of the requirements and processes in place to make appropriate applications to deprive people of their liberty legally.
- Consent was received for the care provided where possible from the person or by an appropriate advocate. An advocate acts to speak on someone's behalf who may need support to make sure their wishes and views are known.

# 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 now 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

- Staff were observed to be kind and patient with people and maintained positive and supportive interactions.
- One relative reported they found staff "caring and conscientious" with another relative explaining that the staff are "fantastic, caring and knowledgeable"
- Staff spent time reading care plans to ensure they had a thorough understanding of people's likes, dislikes and social backgrounds.

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

- Advocacy support was in place for people who required help to make decisions. This ensured their views were considered.
- Relatives were involved in care plans reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff had a clear and positive attitude and respected people. One staff member said "The core values of the service is to treat every person with dignity and respect and to offer them care on an individual basis" This ethos could be seen throughout the service.
- Staff showed knowledge of how to maintain people's privacy. Care was offered in a dignified way with positive interactions seen throughout the day of the inspection.
- The registered manager was proactive in ensuring that people's dignity and rights were protected. One relative stated "The registered manager would deal with difficult discussions around 'relatives' care with sensitivity."

# 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 now 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

- Personalised care plans were in place to ensure people's needs and preferences were recorded and known to staff.
- Staff were responsive to people's needs. Monitoring systems were in place if any changes in behaviour and health were observed. Other professionals were contacted and consulted for additional support if needed.

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.

- Considerations had been made to provide information in a way people could understand. The principles of the accessible information standard had been met.

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

- Family and friends were always able to visit the service in line with government guidance. This helped to maintain people's safety while helping to maintain relationships between people and their relatives.
- Activities were offered daily which considered people's abilities and preferences. Outside entertainment was sort when possible in line with government guidance in relation to the COVID-19 pandemic.
- Relatives reported that there was always enough activities on offer and the staff were very proactive in this area.

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure had been developed with clear guidance for people who wished to make a complaint.
- Relatives showed awareness of how to make a complaint if needed and had confidence in the registered manager to deal with any concerns quickly and professionally.
- Staff reported an 'Open door policy' in the service where they could approach the management team at any time with concerns or complaints.
- An open and honest culture was promoted within the service with concerns dealt with in a timely manner.

End of life care and support

- End of life support plans had been developed which indicated people's wishes in a clear format. These

were reviewed on a regular basis to ensure the information was relevant and still in line with the persons wishes.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere in the home was warm and welcoming and both staff and people benefitted from a positive culture of providing person-centred care.
- Staff reported an open culture in the service which gave them the confidence to approach management if they had any concern.
- Staff felt supported in their roles and said management were approachable. One staff member commented "Anyone on the team could approach the registered manager at any time and their issues would be dealt with professionally and in confidence."
- Relatives and residents were seen to be happy with the service provided. One relative told us "The service is Wonderful and there is nothing we would change."
- There was an equality and diversity policy in place to promote equality with clear guidance on how to raise a concern if needed.

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

- The registered manager understood their responsibilities to be open, honest and to apologise if things went wrong and understood their regulatory requirements

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

- Policies and procedures in the service clearly outlined the roles of both managers and staff.
- The registered manager was aware of her role in complying to regulatory standards and legislation.
- There was a system in place to monitor the quality and safety of the service which highlighted any shortfalls and changes needed to practice or documentation. Actions were seen to have been implemented and recorded.
- Management meetings were held on a regular basis giving oversight of the service to the provider and ensuring standards within the service were appropriate.

Continuous learning and improving care

- Relatives reported that they had opportunities to give feedback about the service and that they would not hesitate to contact the registered manager to discuss any concerns with care.

- Daily staff meetings were held that gave the opportunity for staff to raise and discuss any concerns they had. These meetings were also used to communicate any changes or updates to resident care, service or policy guidance.
- Monitoring and quality assurance audits were in place which indicated any actions needed to improve and continually evaluate the level of care and safety within the service.
- A business plan and improvement strategy has been developed to promote the need for continued review and improvement in the service.

#### Working in partnership with others

- The service has links to the local GP practice who provide support when needed.
- Positive relationships were seen with other professionals who support the service. One professional told us, "The service was responsive to the needs of the residents and they always implement and act on my advice."