Treetops Care Limited

Treetops Residential Home

Inspection report

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Margate
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Treetops is a residential care home that was providing personal care to 19 older people, some who were living with dementia, at the time of the inspection.

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

People's experience of using this service:
• The service was in the process of management changes. The culture needed to improve to include developing a clear vision and values for the home.
• The provider had failed to identify any learning from falls by analysing these for any trends.
• The provider had not ensured that feedback and auditing was used to make improvements.
• The provider was highly responsive to feedback at our inspection and has put new structures in place to make all the necessary improvements.
• The provider promoted a good quality of life for people. People were happy living at the home and were cared for.
• Care was person centred, achieved good outcomes and people were offered choice and involved wherever possible.
• All feedback from people, relatives and staff was positive.

• More information is in the full report.

Rating at last inspection: This is the first time the home has been inspected since the provider changed.

Why we inspected: This was a comprehensive planned inspection as the provider had changed.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:
Treetops is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Treetops accommodates up to 23 people in one adapted building.

The home 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:
The inspection was unannounced.

What we did:
We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider was not able to complete a Provider Information Return as we had not requested this. Therefore we looked at this information when we inspected the service and made the judgements in this report.

During inspection we looked at the following:

- The environment, including the kitchen, bathrooms and people's bedrooms
- We spoke to 12 people living at the home and four relatives
- We spoke to six members of staff, the acting manager, the office manager, the provider and a consultant employed by the provider
- Five people's care records
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Four staff recruitment files
- Staff supervision and training records
- Rotas

After inspection the consultant provided us with additional information we requested around DoLS, staff training and complaints; and evidence of action they had taken in relation to our concerns around environmental risk assessments, the management of the risk of scalding from hot water and safe recruitment checks.

Requires Improvement

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There was a lack of environmental risk assessments in place to ensure the environment was safe, for example stair access and risk of scalding from hot water. The provider has taken immediate action to rectify this and these were in place within five days following our inspection.
- Unsafe hot water temperatures had been identified in some people's bedrooms for several months and there was no evidence recorded that this risk had been assessed. There had not been any impact on people. Staff told us how they managed the risk to people who lacked the capacity to understand the risk of scalding, by filling a bowl with warm water from people's sinks for them to use when they were having a wash. We spoke to the provider about this who had already identified the need for some thermostatic valves to be installed and was in the process of arranging for this work to be done. The consultant and acting manager have responded immediately to our concerns by putting up caution signs where the hot water reached unsafe temperatures; they have completed risk assessments and acted to mitigate the risks.
- Individual risks to people were identified and assessed and managed safely. Risk assessments were in place to provide guidance to staff how to mitigate the risks to people and staff could tell us how they kept people safe. For example, from the risk of falls or malnutrition.
- Certificates evidenced regular servicing for fire safety, electrical and gas safety and equipment such as hoists and wheelchairs.
- All the necessary safety checks were completed around fire, window restrictors, water temperatures, fridge and freezer temperatures and legionella.
- Emergency evacuation plans were in place; fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to prevent a reoccurrence. Most accidents were falls and people's individual needs had been identified and acted on. For example, sensor mats linked to the call bell system had been put in place. However, the provider had failed to identify any learning from falls by analysing these for any trends. For example, if there were more falls at certain times of the day or in certain locations. We spoke to the provider and consultant about this who agreed they will implement further analysis to identify trends.

Staffing and recruitment

- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff. However, a few staff references had been misplaced. We spoke to the office and acting manager about this who told us they will repeat these checks if they can't find the missing records. We were informed that these missing references were in place

within five days of our inspection.
● Rotas evidenced there were enough staff. People were supported by a consistent staff team and the home did not need to use agency staff.
● There were enough staff deployed to meet people's needs. People and relatives told us there were enough staff. Comments from people included, "We have got a lot of staff here really, so we never feel neglected"; There are ample staff here to look after every one of us"; "We are never short of staff, even when it is a busy time such as first thing in the morning"; "We are not kept waiting around for anything."

Preventing and controlling infection
● Two people's bedrooms and the corridors outside these rooms had a pungent odour. We spoke to the provider, consultant and acting manager about this who agreed and told us they plan to work on improving this.
● Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons. Information about how to prevent the spread of infection was present in the home and personal protective equipment was available for staff to use.

Using medicines safely
● Medicines were ordered, stored, administered and disposed of safely. People had individual medicine administration records that evidenced they received their medicines as prescribed. Regular checks were done, for example that medicines were stored at the right temperatures and audits were completed by the registered or acting manager to ensure people received their medicines safely.
● Bottles of medicines had not been dated on opening and photos were not on people's medication administration records. We spoke to the deputy manager about this who agreed to rectify this.
● People told us they received their medicines. One person said, "The staff get my medicines on a trolley and it comes around at the same time each day. I am offered pain killers if I need them." Another person said, "It is a relief that I don't have to worry about my medication now, they are dealt out to me and then I am reminded what it is for and what ailment and I have many."
● Guidelines were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness. Staff completed training in medicines and their competency was checked by managers.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the home. Comments included, "If I have any concerns at all or even a little worry, I immediately ask a member of staff to help and they never refuse or get shirty"; "We are so safe here it gives me a good night's sleep knowing so"; and "I do feel very safe living here and that is because although I am on the top floor, I know that I have a two-hourly visit from staff, come what may." Relatives told us they were confident their loved ones were safe and well cared for.
● People were protected from abuse and avoidable harm. Policies were in place and staff received training in this area.
● Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
● The provider had notified us of any concerns and worked in line with local safeguarding policies and procedures.

Good

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

Good: 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

● People's needs had been assessed before they moved into the home, to ensure the home could provide the care required to meet their needs. Additional assessments were completed around people's individual needs, for example for people at risk of pressure sores or of malnutrition. Effective outcomes were achieved, for example at the time of the inspection there was one person who had come to the home with a pressure wound and this had improved greatly as the person received good care.

● One relative told us how their loved one's general health and wellbeing had improved since they had lived at the home and said, "They were becoming forgetful, thin and confused living alone and it just wasn't safe for a moment longer. Now they are safe, well-nourished and back to health. It's wonderful there at the home." One person told us, "The staff know exactly how to support us and what we need."

Staff support: induction, training, skills and experience

● People told us they thought their needs were met by staff who knew what they were doing and were well trained. One person said, "The staff are wonderful and are all properly trained to look after us grandly." Another person said, "I know the staff know how to support me and they prove it every day in the super way they care for me."

● Staff had received an induction to their role, on-going training and supervision to support them in their roles and demonstrated their knowledge and experience when we spoke to them. Staff told us they had received training and were asked if they have any additional training needs. One staff told us how that had completed diabetes training recently which enabled them to find alternatives foods that aren't so high in sugar for one person to enjoy.

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

● People told us they enjoyed the food and found it fresh, tasty, appetising and nutritious. Comments included, "Excellent choice of food and I can ask for something different if I don't like it, like a hotel really"; "The food is A1, a great choice and a three-course dinner"; "We can have a nice drink whenever we want day or night." One relative said, "I know for a fact they are delighted by the standard of the catering and has said many times they couldn't do better themselves".

● We observed the lunchtime experience to be an enjoyable event for people. People were asked beforehand if they were still happy with their choice of meal and there was a lively and chatty atmosphere in the dining room.

● People's dietary needs and preferences were met and staff were aware of people's needs in relation to risks associated with eating and drinking. Staff followed guidance from healthcare professionals such as dieticians. For example, one person had their food and drinks thickened due to a risk of choking and some people had 'build up' drinks daily to support their nutrition. People at risk of malnutrition had achieved

good outcomes evidenced by weight gained.

Adapting service, design, decoration to meet people's needs
● People's rooms were personalised and had their own belongings.
● The environment was accessible, comfortable and met people's needs. There were various communal areas where people could watch TV, relax or engage in activities. There was an accessible garden people used in the summer.
● The home was accessible for people living with dementia. For example, people's bedroom doors had pictures of them on so they knew it was their room. Rooms had signs to show their purpose such as the bathrooms or dining room. The provider told us how they were planning to make further improvements to the environment to ensure it meets people's needs such as providing tablecloths in contrasting colours to the plates.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and relatives told us they received support to access the healthcare they needed. One person told us the chiropodist visited them every six weeks. Another person said, "Most of us have dentures but the dentist comes here regularly." One relative said, "They inform me at the first sign of a change in health and are on top of things immediately." Another relative said, "They get great care and if they need a nurse or GP visit it is arranged efficiently and promptly."
● People were supported to maintain their health and were referred to appropriate health professionals as required. The staff worked with other healthcare professionals to ensure people were supported with their health care needs. For example, one person was supported by the speech and language therapy team and people were referred to a falls clinic when needed. The home worked closely with GP's who referred people to the home and came into review their placements.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and where people were deprived of their liberty, the registered manager had sought authorisation from the local authority. People were encouraged to make day to day decisions such as what they wanted to eat and drink or if they wanted to do an activity. Staff understood and followed the principles of the MCA.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and compassionate and they were treated with respect. Comments included, "The girls always stop for a chat and I never feel rushed or a nuisance"; "I would say the staff are sent from heaven, no less"; The staff are so caring, I would describe them as clever, hardworking and most of all incredibly kind and patient". "Relatives told us they found staff caring, respectful and helpful. One relative said, "It is such a great relief knowing how kind, considerate and caring the staff are."
- Staff were patient and caring with people and showed compassion when appropriate. We viewed positive and respectful interactions throughout the inspection. For example, one person became agitated by their loved one and their inability to answer them so a member of staff calmly took them aside and explained their loved one was unable to answer at the time as they were uncomfortable and that when they were settled, they would be more receptive, which they were.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion and sexuality. Staff completed training in equality and diversity. Some people choose to attend a church service held at the home.

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

- People and relatives told us they were involved in decisions about their care. One person said, "My wife and I were fully involved in the planning when I came to live here." Another person said, "We do have discussions about my care and support and I do feel that I am involved and listened to." One relative said, "I do feel that I am included in decision making as much as I can be."
- Staff showed a good understanding of people's needs and preferences. They would ask the person's permission before doing something, such as turning the television down. People were engaged in everything they did and staff supported people to express their views. People were consistently given choice about what they wanted to eat or what they wanted to do.
- People's relatives were involved with their care where the person wanted. No-one was using advocacy services at the time of our inspection but the deputy manager informed me they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People could have visitors whenever they wanted and visitors were made to feel welcome.
- Staff respected people's privacy and dignity. Staff listened to people, respected their choices and upheld their dignity when providing personal care. Staff told us, for example how they ensured curtains were shut and doors were closed and offered the person a choice whether they wanted them to remain in the

bathroom with them or outside the door. One person told us, "I didn't have a curtain on my toilet window so I didn't feel very private, but they quickly put one up as soon as I mentioned it."

● People's confidentiality was supported and information about people was held securely. Staff described how they protected people's privacy by knocking on their bedroom doors before entering and not talking about them in front of other people.

● People were encouraged to maintain their independence where possible. For example, staff described how they would encourage people to brush their own hair at the front whilst supporting them to brush the back of their hair and how they encouraged one person to make their own toast in the kitchen.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised care in line with their needs and preferences. Peoples care plans were detailed and held clear information about their specific needs, their preferences and goals. Care records were updated regularly to ensure they reflected people's current needs.

● Staff knew people well and described how they spent time getting to know people by chatting to them. One staff described person centred care 'as everyone being different, having their own routines, getting up when they want and having their tea how they like it.' Staff described how they promoted choice by encouraging people to choose what they wanted to wear or to do.

● There was good communication between staff and handover meetings were held. Staff told us they were informed of any changes to people's care needs and were given an extended handover if they had been off work for any reason.

● People told us they enjoyed participating in activities. Comments included, "Exercise class is on a Monday and we have a good old laugh and a sing song"; "There is usually some sort of activity that I can join in with"; "The panto was fantastic. I join in when they have music as an activity and that's good fun". Activities were carried out by the staff team, activities co-ordinator and external entertainers provided armchair exercises and music activities. The consultant told us there were plans to introduce more dementia focused activities and events into the home in February 2019.

● Some people told us they would like to be taken out more often. One person said, "The one thing I do miss is trips out and they don't organise anything like that here." Another person said, "I'd like to get out to the beach again most of all." One relative told us, "I think they would be happier with a bit more to do but then they do enjoy the entertainment provided." We informed the consultant of this feedback. Staff told us one person went to an activity centre and some families took people out.

Improving care quality in response to complaints or concerns

● People told us they were comfortable raising concerns and complaints. Comments included, "I do sometimes let the carers know if I am a bit worried and they do always listen and help"; "I don't have any concerns and if I do, they're usually quickly sorted, just things like it being too hot in my room" and "We are asked if we are happy." A complaints procedure was available for people, relatives and visitors. We reviewed the complaints received and these had been responded to appropriately.

End of life care and support

● The home was not supporting anyone who was receiving end of life care at the time of our inspection. However, people's wishes, where known were recorded around this. For example, one personal had detailed wishes for their funeral plan.

Requires Improvement

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

RI:Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance framework had not ensured the delivery of high quality and safe care. Environmental risks had not been identified or when identified, were not always managed to mitigate the risks.
- There was a lack of learning from incidents, a lack of falls analysis and feedback received to support improvements. However, the consultant had begun to identify these concerns and had started to implement new systems to ensure learning from incidents, complaints and feedback was used to make improvements.
- Quality assurance systems, such as audits and checks had not always led to improvements. For example, the failure to manage the risk of hot water temperatures. Audits were completed on infection control, housekeeping, medication, health and safety, complaints, nutrition, dining, first impressions and mattresses. However, very few actions were identified as a result and where they were, they had not always been completed. For example, a health and safety audit in October 2018 had identified the need for more first aiders but no action had been taken to rectify this. A first impressions audit in November 2018 had identified the need to display the complaints procedure in the reception area but this had not been done.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- Staff were knowledgeable in their roles and felt supported by the managers. Comments included, "The management team listen, they are easy to talk to. They are happy to offer feedback both positive and negative…Morale is high, we all enjoy our work. It's a happy place to work, problems are solved quickly and properly"; and "It's a good team, we get things done. I enjoy working here, feel supported by the managers."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and consultant had identified some concerns with the management culture in the home and were in the process of making changes to improve this and to establish a clear vision and values for the home. The registered manager was also managing another care home, it was recognised that this wasn't working and therefore the provider had decided to deploy a registered manager in each care home. The registered manager has since begun the process of deregistering for Treetops. The provider had also employed a consultant to support them with improvements across their care homes and they were focusing on Treetops in the first instance.
- There was however a caring culture in the home and people and staff were positive about the management team. Although one person did tell us, "The manager has changed so I'm lost as to who is in

charge." Another person said, "Very organised and ship shape the way this place is run."

● The provider and management team demonstrated a strong commitment to ensuring they provided person centred and high quality care in the future. The provider was planning to invest in the environment and the staff team. The consultant was proactive in making improvements and demonstrated this in their response to concerns we raised at our inspection. Both were highly responsive to feedback during our inspection. Responses to complaints which had been made had demonstrated their duty of candour.

● A new electronic care records system was in use and the management team were in process of transferring the information from paper records. This provided the home with tools to easily monitor and analyse people's care needs and once established had the potential to provide high quality records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● One person said, "We used to be asked to meetings and to fill in a form but have not been asked for a while." The last residents meeting was held in June 2018 and the consultant informed me all concerns were addressed immediately. There were no meeting minutes available from these. The meeting was in response to a survey done with people and changes were made to the environment and more activities were introduced as a result. The consultant has informed us meetings with people will be held quarterly, documented and feedback provided with outcomes and shared learning. A meeting was planned for the end of January for people to be involved with choosing the new colour scheme for planned redecorations. One staff member said, "We ask residents what we can do for them as we have come into their home to help them."

● Annual surveys were completed with relatives and staff but there was no record of any analysis from these and any actions taken or improvements made because of feedback. The consultant told us they were implementing a review of complaints and feedback with analysis.

● Staff told us they felt involved and had staff meetings. One Staff said, "We are always asked for our ideas. There was a suggestion box and book brought in…The provider encourages us to voice our opinions and come to them with ideas." Another staff said, "A lot has been said about the changes, we are kept informed and can put our ideas forward, we are listened to."

● The staff team worked in partnerships with other agencies, for example their local church, GP, community pharmacists, district nurses and dieticians to ensure people's needs were met in a timely way.