Midshires Healthcare Limited

Treetops

Inspection report

10 Church Street
Riddings
Alfreton
Derbyshire
DE55 4BX
Tel: 01773 528080

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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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook this inspection on 24 November 2015. It was unannounced. Treetops provides residential care for people with mental ill health and is registered for up to 28 service users. At the time of our inspection 26 people were using the service (though three were in hospital).

Accommodation was provided in a large building in a small village. Due to the size of the home it was covered by staff working in different 'zones', there was a lift installed and stairs to separate wings of the accommodation. There was a large activities room which contained a pool table, one large dining room and a smaller dining room. Everyone was accommodated in their own bedrooms. Treetops was registered in December 2011 and was last inspected in September 2014.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. 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.

People told us they felt safe and were protected from the risk of abuse or avoidable harm. There were sufficient numbers of staff to meet the day to day needs of people however, staff were not allocated effectively to accompany people on activities outside the home whenever they requested it. A new activities co-ordinator had recently been employed to improve this situation.

Care staff were knowledgeable about the people who used the service and were aware of their roles and responsibilities. They were knowledgeable and skilled in de-escalation techniques to keep people safe from harm.

People were supported to manage their medicines safely.

Staff undertook an induction which included shadowing a more experienced member of staff and they had a good understanding of the requirements of the Mental Capacity Act. Staff routinely sought consent to care and treatment

There were caring and responsive interactions between people and staff and people told us they felt cared for. Staff were aware that everyone living in the home had different needs and wants and they supported them to achieve these where they could. People told us they were treated with respect.

People felt able to complain if they weren't happy about their care and told us they knew who to approach. The registered manager had a significant presence within the home and was known to people and all members of staff. Quality assurance audits were undertaken regularly but were not always effective in recognising where conditions in the home could be improved upon. This meant that some procedures designed to help ensure protection from, and the control of, infections were not always followed. In addition the home required some redecoration.

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?

Requires improvement

The Service was not safe in every area.

Infection control was not managed safely and some parts of the home were unclean.

Medicines were managed and stored in a safe way.

Staff were skilled in de-escalation of behaviour which could be a risk to people.

Is the service effective?

Good

The service was effective.

Staff had relevant training and this was up to date.

Induction and supervisions were carried out in a timely way.

Staff were knowledgeable about the Mental Capacity Act and people were supported to make their own decisions, where possible.

People were asked for consent when their care and treatment was being provided

Is the service caring?

Good

The service was caring.

There were relaxed and comfortable relationships between people and staff.

People were treated with dignity and respect.

Is the service responsive?

Requires improvement

The service was not responsive.

There was insufficient mental stimulation to keep people from getting bored.

Activities outside the home were not well supported.

A new Activities co-ordinator had now been employed to work with people so that they could follow their interests.

Is the service well-led?

Requires improvement

The service was well led in some areas.

A positive, person centred culture, was lacking in the home.

Quality assurance systems were not adequate to ensure cleanliness and infection control were managed.

The Operations Manager and Deputy Manager were aware of their responsibilities within the home.

Summary of findings

People told us that the registered manager and staff team were approachable if they had any concerns.

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 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.

This inspection took place on 24 November 2015 and was unannounced. The inspection team was made up of an inspector and a specialist adviser, who was a nurse.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we also spoke with the local authority and Healthwatch. We also reviewed notifications, these are information the provider sends to us about the service.

We undertook a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk to us. During the course of the inspection we spoke with four people who use the service, one visiting professional and seven members of staff, including the Operations Manager. Following the inspection we contacted, by telephone, one professional and two family members of people who lived in Treetops.

We saw policies and procedures, including new quality management audits, complaints, awareness of abuse and confidentiality. We also looked at minutes from service user meetings and staff surveys and the care records of three people.

Requires improvement

Is the service safe?

Our findings

Procedures designed to help ensure protection from, and the control of, infections were not always followed. During our inspection we found toilets were not always clean and some had dried faeces under the seats. Also, where the toilet reached the floor there was no seal between the porcelain and the flooring which made this area very difficult to keep clean. The toilet brushes were in their containers, sitting in dirty water. The home was dusty and parts of the décor were shabby. The beading around flooring in some places was raised or missing, again, making this a very difficult area to keep clean.

The kitchen was engrained with dirt in some areas and we could see this had been there for some considerable time, the deep fat fryer had old food floating on the surface and the mop was stored near clean mugs and cups. One of the freezers had a handle missing and the inside of the large fridge had a sheet of plastic which was coming away from inside the door which made this a difficult area to keep free from bacteria.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Premises and Equipment.

We spoke with the operations manager about our findings and visited the kitchen together. They agreed with our assessment of the situation and undertook to ensure that a more robust cleaning regime was put in place. While we were there they spoke with the cook and the cleaner who were responsible for cleaning these areas. Following our visit we also spoke with the deputy manager who confirmed that spending for work to improvement the environment had been authorised by the management team.

The district nurse was visiting one person for pressure area care and issues with skin integrity were mentioned in this person's care file. However, there were no body maps included in the care files, nor was there information about the shape or size of the pressure area and whether this was improving or deteriorating. This lack of detailed plans meant there was a lack of monitoring of any improvements in the skin integrity of this person, nor were staff able to monitor the risk of continued skin breakdown for this person. Also, some specific support needs of individuals which were detailed in the care plans were not met. The lack of attention to following advice from health professionals and information in care plans put people at risk of poor health

People told us that they felt there weren't enough staff to sit and talk to them as often as they would like, though there were enough to meet their everyday needs. When we discussed this with staff they agreed with this view. People told us there were insufficient staff on duty, at any one time, either to take them on activities outside the home or to have one to one time contact with them. Our observations showed us people spent a lot of time without any activity, apart from watching television.

Staff told us that when there were staff shortages and recruitment was underway and this was a difficult time to meet people's needs. They also told us there had been an increase in people who use the service recently which made it more difficult to spend time with individuals. This lack of one to one time between people and staff could create a risk that volatile situations were more frequent as people became agitated and bored.

However, we saw that a recognised tool was used to decide how many staff should be on duty at any one time. The operations manager told us that, due to the uncertainty of the risks to people living in the home, from other people living there, they always maintained a level of staffing over that recommended by the staffing tool. We saw there were enough staff on duty to keep people safe.

People we spoke with told us that they felt safe at Treetops. One person said "I like it here; I like it because I don't get cold and dirty". Another person told us that "Yes" they felt safe. When we spoke with staff we could see that they understood the importance of caring for people in a safe environment. They knew how to identify and report concerns for people's well-being under local safeguarding procedures. Staff knew how to identify different types of abuse and explained these to us. They told us that they were confident to raise any concerns with their line manager regarding potential abuse if they needed to. When we looked at the training matrix we could see that staff had undertaken appropriate training in this area. This meant that the provider was taking steps to protect people's safety while they used the service.

People told us that staff were quick to help and de-escalate a situation if anyone in the home was exhibiting behaviour

Requires improvement

Is the service safe?

that was a risk to others. Staff told us they felt confident to manage such a situation, though when we asked what they would do if they were in a situation where they required the support of additional staff they told us that they had to "Shout" for help. This is a risk to people and staff as the home is a large building and staff are deployed across a large area. This was also a risk during the night when there were five staff on duty. Overnight one member of staff covered a 'zone' in the home, as there was no way of contacting other members of staff for support other than shouting we felt this put people at risk during the night.

Staff told us they were confident that other situations in the home, such as the risk of fire, were managed safely. Accidents and incidents were all logged and the information kept in the general office, demonstrating that records were kept in the home of these events.

We observed the lunchtime medicines round on the top floor and found that all medicines were given as prescribed. The checking and administering of medicines was well documented and carried out. The cupboards containing medicines were found tidy and well-ordered and all medicines were within the required dates. Temperature checks were done daily, including the temperature of the room, the fridge and the two medicine storage cupboards. However, one of the medicines fridges was unlocked at the time of our visit and there was no information about what the temperature range should be for this fridge, or what staff should do if the temperature was found to be outside of the safe range which meant that medicines dispensed from this fridge may not be effective.

An audit was undertaken when medicines entered the home and this was done by two members of staff, the record book was completed and signed. Staff told us that when the pharmacy collected old medicines they checked the contents of the box against the record book before they signed to confirm collection. This helped to ensure that the management of medicines was safe, controlled and audited.

Staff explained that if someone refused to take their medicine they would leave them for a while and then try again, by using techniques to ensure people received their medicines staff were ensuring they were acting in people's best interests. If someone continually refused to take their medicines then staff told us they would consult with the general practitioner or community psychiatrist for advice. This meant where people were refusing to take their medicine that procedures were in place to ensure their medicines were being managed by the appropriate professionals.

Good

Is the service effective?

Our findings

People told us they felt staff looked after them well. One relative told us their [relative] was very happy there and they felt they were very well looked after. They told us the staff were very good at working with their relative and supporting them.

Staff we spoke with told us they were supported by the registered manager (though at the time we visited they were not in work). When we looked at the training records we could see training was up to date and showed staff had training in areas that were relevant to their role including, safeguarding, managing behaviour and safe evacuation in the event of a fire or other serious events. One member of staff told us they were enjoying completing their NVQ training and were supported by the provider to do this.

Staff explained that during their induction they had shadowed a more experienced member of the team until they were competent to undertake their role. The first week of induction involved no individual direct contact people but was made up of reading care plans, familiarising themselves with policies and procedures and getting to know the people who lived in the home. Formal supervisions with staff were undertaken three times a year but staff told us they were able to talk to the registered manager for informal supervision at any time. Our observations and conversations with staff supported the fact they were knowledgeable about how to de-escalate situations when people's behaviour put themselves and other people at risk. However, when we spoke with a visiting professional to the service they were concerned about whether the skills and competencies shown by the staff were sufficient for the level of complexity of needs shown by people living in the home.

People were asked for their consent to care and treatment. Staff told us the staff never made people do anything they didn't want to do though they would encourage them to do what was in their best interests, for example regular bathing. People told us staff supported them when they wanted support but if they wanted to be alone in their rooms then this was respected. On the day of our inspection we saw people were supported to spend the day in their rooms if they wished.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS were being carried out. However, when we looked at one care file we saw that there had been an urgent DoLS application granted for one person for seven days on 11 October 2015. This had now expired with no evidence of a new application being which meant this person may have been receiving treatment or care without the necessary conditions of DoLS being in place.

People we spoke with told us they enjoyed their meals in the home. We saw there was a choice of food available and that people were involved in the decisions about what would be available on the menu for future dates. When we observed lunch we saw it was calm environment and people seemed to enjoy their food, though very few people paused, or stayed in the dining room, following their meal. The chef was aware of people's favourite foods and showed us there was plenty of food available in stock, including fresh salad. They told us they had a weekly conversation with people to ensure they were providing meals that people wanted but t they also introduced new things for people to try.

We saw people's physical and psychological well-being was supported by professionals visiting the home and visits to general practitioners and dentists happened when necessary and people were supported to access these.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring towards them. One person told us they were "Quite content with the staff" and the relationships they had with them. People told us staff provided them with the level of support and care they required and they enjoyed sitting and talking to them. When we spoke with staff they told us they took time to develop relationships with people and we saw there were relaxed and comfortable relationships between staff and the people who lived in the home.

Staff told us everyone in the home had different needs and they liked to get to know people as individuals so they could provide the right care for them. They told us they liked to support people in accordance with their wishes and were very aware how important it was for people to be able to express their views and be actively involved in their care. One member of staff told us they built up relationships with people by trying to encourage them to be more confident in themselves and in the staff that cared for them. They said it was important people knew they could confide in them. Another member of staff told us each person living in the home had their own member of staff that they liked to go to when they were worried about something and that this system of 'key' working was promoted and supported. Another member of staff told us it was important people "Got to believe in you" as a member of staff. Also that it was important to "Take your time" when working with people in a caring environment so that confidence was gained and anxiety lessened.

People in the home were able to speak about their needs independently and people's families and other relevant individuals had been involved in discussions whenever this was appropriate. One family member told us that their [relative] was "Happy" in the home and they had gained in confidence since living there.

Another relative told us that staff were always very helpful and that their[relative] "Just seemed to fall in love with the place", however, they also told us that their relative would like to go away from the home on more short holiday breaks supported by staff.

People we spoke with told us they felt they were always treated with respect. One person said "Yes, they always do that". Another person told us they had never heard staff talk inappropriately to anyone in the home. Staff we spoke with gave us appropriate examples of how they maintained people's privacy and dignity, for example by providing care or support discretely. People told us staff always knocked on their bedroom door before entering and respected their privacy. Our observations confirmed this. People's bedrooms contained their personal possessions and people told us they were able to have in them what they wanted.

Requires improvement

Is the service responsive?

Our findings

Some people we talked with on our inspection told us they were "Bored", when we spoke with relatives they said they believed there was not enough for people to do. One person told us "No, there wasn't enough to do"; they told us they did enjoy some activities in the home although there was little variety. They also said they would like to take part in more group activities, they gave an example of when several people went out for someone's birthday for a meal; they told us they really enjoyed the social interaction. Another person told us they had "Not been out on any trips for pleasure this year" but they stayed in and "Listened to the radio a lot". Another person told us there hadn't been any trips out since they had been at Treetops and they had only been taken around the garden once.

When we talked with staff they supported people's view that they didn't go out very much. Staff expressed a wish to go out with people more often but said they didn't have the time. Also there was insufficient equipment in the home to support different activities. People had a television in their rooms and there was a communal lounge in which there was also a television. Even so, one member of staff told us "They're bored, it's what they're used to" and there was "No structure for activities

We saw that there were few things around the home that would have facilitated activities. There were no books in the 'quiet room', when we discussed this with the operations manager they told us these had been removed so the room could be refurbished, it was also felt they were a fire risk and so they hadn't been returned. When we discussed the lack of equipment for activities with one member of staff they told us there were some but they were locked in a large container outside. A new activities co-ordinator had been employed a few weeks earlier but no-one had informed them of this container. There were no newspapers available for people to read which meant they were restricted in the way they could access information about the outside world.

The impact to people living in the home of having little in the way of activities or any information about their local or wider community meant their support to follow interests was not supported. This was confirmed by our conversations with people.

We found that people were not facing new challenges which may have made them more independent, for example being encouraged to go outside of the home on occasion or working with carers to clean their rooms. We saw little encouragement from staff for people to interact with one another and most people were watching the television. There was a computer with internet access in this sitting room but we saw no-one using it during our inspection. We saw that, where people were happy to entertain themselves with personal activities, these were encouraged, but there was no encouragement for people to explore new activities within the home.

When we looked at the activities and interests board by the main front door we saw there were various leaflets advertising activities and interesting places to visit outside of the home. However, these were all out of date and referred to things happening in 2014.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Person-centred Care.

We saw that people were able to make choices about their day to day routines and when one person chose to go to bed in the afternoon in their pyjamas this was not prevented. Staff told us that people were always able to make choices about what they wore, when and what they had for breakfast and whether to have a bath or a shower.

People told us they were involved in how their care was provided; relatives we spoke with confirmed this and said they had also been given opportunities to input into the care their relatives received. Care plans were up to date and contained detailed information about how people liked to receive their care. Support plans were updated daily and contained detailed information about people's activities; we could see staff had updated plans on a monthly basis. People told us they had access to health professionals when required and doctors' visits and appointments were recorded.

When we spoke with people about what they would do if they were unhappy about some aspect of their care they were very clear that they would talk to the registered manager. They told us they were happy that the registered manager would address any issues. There was a complaints folder and following our visit this was forwarded to us, we could see that complaints were investigated thoroughly and responses provided.

Requires improvement

Is the service responsive?

The provider was not able to offer gender specific care to people and, though the majority of the people living in Treetops were male, there was only one male carer amongst many females. When we discussed this with the staff they told us that some people preferred to wait until the male carer was on duty for some of their care needs. This meant that people did not always have a choice of the gender of their carer when they needed support.

Residents meetings took place every two months, extensive minutes were kept and we could see they were well attended. Kitchen questionnaires were done on a monthly basis so people could comment on whether they were happy with the meals and what other food they would like to try. A service user survey had been undertaken in October 2015 and when we discussed this with the operations manager they told us there would be improvements coming from suggestions following the survey and these were currently being worked on. The operations manager showed us the action plan the location was working to.

Support plans were updated daily and contained detailed information about people's activities, . We could see staff signed and dated when they had updated plans on a monthly basis. People told us they had access to health professionals when required and doctors' visits and appointments were recorded

The district nurse was visiting one person for pressure area care and issues with skin integrity were mentioned in this person's care file. However, there were no body maps included in the care files, nor was there information about the shape or size of the pressure area and whether this was improving or deteriorating. This absence of detail in the care files meant there was a lack of monitoring of any improvements in the skin integrity of this person, nor were staff able to monitor the risk of continued skin breakdown for this person

Requires improvement

Is the service well-led?

Our findings

Quality assurance systems had identified that staff morale was low, however, we were not made aware of what action was being taken to address this matter. Also, staff told us there there was a shortage of staff due to people leaving and a high turnover of staff within the home. This meant that people did not always receive their care from a stable and familiar workforce which could lead to anxiety for people living in the home. In addition people were not supported to undertake activities which were meaningful to them.

Quality assurance audits were undertaken regularly, although these weren't always effective. We saw that there were monthly checks on infection control and that these were up to date, however, they contained no detail and were simply 'tick' boxes. The lack of effectiveness of these quality audits resulted in the poor cleanliness of some areas of the home.

Improvements to the systems were planned and when we discussed the quality assurance with the operations manager they showed us a new system which was being introduced. This was an improved quality assurance system that was based on Care Quality Commission principles with the view that this would ensure that quality in the home was ratified and signed off by senior management. The operations manager also told us they wanted to get more people involved in the quality audits, particularly regarding how the space in the home could be used more effectively, both by those people living in the home and staff.

Treetops is required to have a registered manager and this requirement was met, however, on the day we visited they were not in work. We spoke with the deputy manager and the operations manager and both were aware of their responsibilities regarding the care home. We had received appropriate notifications to tell us about any changes, events and incidents that had occurred at the service.

People who used the service knew the registered manager well and told us they had a high profile around the home. They told us the registered manager and the staff were very approachable. We observed that people were happy and relaxed to talk with the staff team. Staff told us they felt there was an open and positive culture in the home and they could raise any issues or concerns, or make suggestions for improvements in the home. They also told us that the staff team were very supportive of one another. One member of staff told us management were "Always open to ideas from us" and "They're always approachable". Another member of staff told us they "Never felt out of their depth" as there was always a member of staff to help them if they needed it. In addition staff had a telephone number to contact a more senior member of staff when necessary should an untoward incident occur and extra resources be required. Staff also told us that if there was an incident in the home of a serious nature that senior management were always on hand to help out, one member of staff said "They're always supportive like that". People experienced the service being managed by staff who were open and approachable.

During our inspection we reviewed various records and processes used to manage and analyse information. The service demonstrated an organised approach to managing records for people's care. We saw that there were policies and procedures available including those for, complaints, confidentiality and awareness of abuse. There were also extensive recordings of incidents in the home demonstrating good record keeping.

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 9 HSCA (RA) Regulations 2014 Person-centred care People who use services were not engaged in activities which would meet their needs and reflect their preferences. Regulation 9 (1)(b)(c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Equipment used was not clean or properly maintained. Nor were the standards of hygiene in the kitchen adequate. Regulation 15 (1)(a)(e)