The Shaw Foundation Limited

Treetops

Inspection report

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Date of inspection visit:
12 September 2017
14 September 2017

Date of publication:
08 June 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an unannounced inspection on 12 and 14 September 2017. The last comprehensive inspection of the service took place in January 2017. At that inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made two recommendations in regards to people's fluid and nutrition and also in relation to providing effective supervision to staff members. After the inspection, two warning notices were issued to the service in relation to Regulation 11 consent to care and Regulation 17 good governance. At this inspection we checked to see if the service had made the changes detailed in their action plan to meet the regulations and recommendations. We also reviewed if previous improvements made had been sustained.

In March 2017 a focused inspection of the service was conducted to check if the service had met the requirements of the warning notice in relation to Regulation 11, consent to care. We found at this time the service was compliant in this area. However, at this inspection we found these improvements had not been sustained.

At this inspection we checked if the service had complied with the warning notice in relation to Regulation 17 good governance. We found that the provider had not met the warning notice and had not met the requirements of this regulation.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for Treetops, on our website at www.cqc.org.uk

Treetops is a care home with nursing for up to 24 people. The service provides support for older people who are living with dementia. At the time of our inspection there were 19 people living at the service.

The registered managed had left the service since our last inspection and an interim manager was in place whilst a new registered manager was being recruited. The interim manager had submitted their application to be registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

The service was not well-led. The management of the service had seen several changes. The instability of management had impacted on changes being implemented and sustained. We found the provider had not fully met the warning notice in regards to good governance that had been issued following the inspection in January 2017. The staffing at the service consisted of a high number of agency staff. All nursing hours were delivered by agency staff. These issues have been highlighted to the provider at previous inspections.

Capacity assessments and best interest decisions, when needed, were not always made in accordance with the MCA. Documentation to support this was not always fully completed or accurate to ensure compliance with the MCA. This has been highlighted to the provider at previous inspections. Complete and accurate records in relation to repositioning, safeguarding and risk assessments were not always kept. Induction records were not available for all staff members to demonstrate what areas staff had been orientated in before they commenced their role. Quality surveys were completed with people and relatives but actions had not been taken as a result.

Medicines were stored and disposed of appropriately. However, the recording and monitoring of people's medicines needed further improvements. Risk assessments and guidance was in place for staff on risk management. However, some specific information in people's risk assessments was not always consistent.

Incident and accidents were reported and recorded. Actions were taken to reduce the risk of reoccurrence. Staff knew how to identify and report safeguarding concerns. Regular checks of equipment and the environment were undertaken.

Staff received regular supervision and training to support them in their roles. Mealtimes were calm and relaxed and people received the support and assistance they required. Staff supported people with their food and fluid intake and escalated concerns when needed. People had good access to healthcare and improved systems had been introduced in this area.

Applications were made when appropriate in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to

treatment or care or need protecting from harm.

People were supported by staff who were kind, caring and respectful. People and relatives spoke positively about staff at the service. People's privacy and dignity was maintained. People were supported with their individual choices. The atmosphere was calm, friendly and relaxed. People said they felt comfortable in raising any concerns. Visitors were welcomed at the service.

Activities were provided within the service. People told us they could choose how they spent their time. Care plans contained details about people's personal histories and backgrounds. However, we found that some care plans did not always contain information consistently.

Improvements had been made in the service's communication with staff, relatives and health professionals. Through handovers, meetings and guidelines. Information and direction for agency staff members was available.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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 always safe.

The management and administration of medicines had improved but records were not always accurate.

Staffing levels consisted of a high proportion of agency staff.

Incidents and accidents were reported and recorded.

Recruitment procedures were safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Decisions about care and treatment were not always taken in accordance with the Mental Capacity Act 2005.

Staff completed an induction but records of this could not be located.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff were supported by regular training and supervision.

People were supported with their nutrition, hydration and healthcare needs.

Is the service caring?

Good

The service was caring. We observed positive relationships between staff and people living at the service.

People were treated with dignity and people's privacy and choices were respected.

Staff that supported people were kind and caring.

People's visitors were welcomed at the service.

Is the service responsive?

Good

The service was responsive.

Care plans contained improved details about people's background and interests. However, care plans were not always consistent.

Activities were provided at the service.

People and relatives had access to the complaints procedure and felt comfortable in raising concerns.

Meetings were held with people in order to gain feedback about the service.

Is the service well-led?

Inadequate

The service was not well managed.

The provider had not sustained or implemented all actions raised at previous inspections.

Systems to monitor the quality of the service were completed. However, were not identifying all necessary areas.

Information was effectively communicated. Regular meetings were held with staff and relatives.

Treetops

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and all other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

Some people at the service were living with dementia. This meant they were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us

During the inspection we spoke with six people living at the home, eight relatives, 14 staff members and two health and social care professionals. This included the deputy manager and manager. We looked at eight people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. At our last inspection of Treetops in January 2017 we found that the provider had not met the regulations in regards to the management of medicines as people could not be assured they would receive their medicines on time and the provider was not following its policy in regards to medicines that may need to be crushed or given covertly. In addition the provider had not met the regulations in regards to detailed information held in incident and accidents reports and risk assessments. The provider had sent us an action plan and we checked if measures implemented were effective.

Improvements had been made in the management and administering of medicines since our last inspection. However further improvements were still required. One person was having their medicines administered covertly. This is when medicines are disguised within food or drink. The process had been completed in accordance with the Mental Capacity Act 2005. However, the documentation to support this decision was not clear. Pharmacist advice had been sought in relation to crushing the medicines. The advice was that two of the medicines should not be crushed. A nurse we spoke with confirmed that only one of these medicines gets crushed. This information was also on the Medication Administration Record (MAR) in the printed instructions. Despite this, the plastic box within the medicines trolley that contained the person's medicines had a red printed label on the front stating, 'Covert meds – Each tablet to be crushed and given individually.' The person's care plan documented, 'Ensure he takes his medication regularly covertly.' There were also two profiles of how the person had their medicines administered which gave differing information. One was dated May 2015 and another June 2017. Neither gave the correct instructions of how the person had their medicines currently administered. There was a risk that nurses might crush the medicines against pharmacist advice. This was particularly relevant because the service was regularly using agency nurses who might not be aware of the advice and required clear instructions.

Protocols were in place for as required medicines. However, we found protocols did not always detail guidance for staff on steps to try before medicine was administered. There was a section on the form for this information. One person had been prescribed a medicine, 'If required for extreme agitation.' We saw that the medicine had been administered by staff on three occasions during the previous week, but the reasons had only been documented twice. The outcome of administering the medicine had not been documented. This meant staff would not always be able to identify any trends of when and why the person was becoming agitated and to assess if the medicine prescribed was effective or not.

Creams and lotions that had been prescribed were not always signed for. People had topical cream charts in place which detailed which creams should be applied and the frequency. However, none of the three charts we reviewed had been completed. For example, one person had been prescribed a cream and the instructions were, 'Apply to heels after washing.' The chart had not been signed by staff to indicate it had been administered. Creams and lotions were stored in people's bedrooms, but had not always been dated when opened so it was unclear how staff would know whether they were still safe to use. In one person's room we saw opened tubes of creams with labels that were worn so it was not possible to see the dispensing date. There was no date on the tubes to indicate when they had been opened. Staff we spoke with were unsure if these were still being used. There was also a tube of lubricant in this person's room with

a dispensing label on it for another person.

Medicines that required specific storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held and were checked twice daily. Medicines that were no longer required were disposed of safely and we observed this process. The clinical room temperature was monitored as was the medicines fridge temperature to ensure medicines were stored as directed. The morning medicine round was observed to be completed effectively. Due to a number of medicines errors that occurred in the service, the audit systems had been reviewed and amended. Stock levels of medicines were checked each time they were administered. The provider had also undertaken monthly medicines stock level checks and had completed regular checks on MARs. This had been effective in identifying a recent medicine omission. Each person was also individually assessed to determine if they could safely administer their own medicines. Nobody at present was self-administering. One person said, "I take about 15 pills a day. I always get them at the right time."

At our last inspection we found that the service had not met the regulations as risk assessments did not contain enough information for staff on reducing risks and incident and accidents reports and associated analysis were not always fully detailed. This had meant sufficient actions to reduce the risk of reoccurrence had not always been implemented. At this inspection we found improvements had been made to incident and accident reporting however further improvement were needed in regards to risk assessment documentation as some specific details were not always recorded.

Care plans contained risk assessments for areas such as falls, mobility, nutrition and skin integrity. Where risks had been identified, guidance was in place for staff. For example, for one person the guidance to reduce the risk of falls documented ensuring they had well-fitting shoes and that their trousers were not too long. However, specific information was sometimes not documented or was inconsistent within the care record. For example, one person had been assessed as a very high risk of pressure ulcers. The risk assessment did not specify how frequently this person should be repositioned or the correct setting for the person's air mattress to reduce the risks to this person. However, we reviewed the air mattress and it was set correctly according to the person weight. In one person's care record it informed staff, 'Prefers a bath – would not sit safely in the shower chair,', but in the personal hygiene section of the care plan it was documented, 'Prefers a shower.'
A different person had safety measures in place at night. We found the information contained in the person's care plan was not accurate for the measures being used. The manager acknowledged this and rectified the documentation and ensured the person had a suitable bed in place by the second day of our inspection.

Records relating to incident and accident reports had improved and were fully completed. The manager had ensured that appropriate preventative action had been taken and the relevant people or agencies had been informed. Staff we spoke with were clear on their responsibilities of reporting. A monthly analysis was undertaken to identify and patterns or trends.

At our last two comprehensive inspections it has been highlighted to the provider the high use of agency staff being used at the service. At this inspection staffing rotas indicated that staffing levels were kept at the assessed level deemed safe by the provider. However, the composition of the staff team was regularly made up of agency staff.

Since January 2017 there had been a number of incidents that have had a negative impact on people and resulted in investigations from the local authority around medicines managements and individuals care needs due to actions or inactions taken by staff members. With several of these being taken by nurses and agency staff members. The service has no permanent nurses employed, all nursing hours were covered by

agency staff. Agency staff had been block booked to ensure quality, consistency and reliability. This was shown to be effective as there was a reduction in safeguarding incidents and medicines mismanagement. Staff spoke positively about the agency nursing staff employed at present. One staff member said, "They are really professional."

Permanent staff members regularly worked with agency staff. On the majority of days out of six support staff one or two were always agency staff, on some occasions this was as high as four. One staff member said, "We are always short staffed, always agency staff. This makes the day harder as they do not know people. It does affect the residents as they are not familiar with people and agency staff cannot be expected to know all their individual needs." Another staff member said, "We need the stability of regular staff that residents can recognise and build relationships with. We need continuity". Another staff member said, "My biggest gripe is staffing. It's hard because so many staff are leaving and we have so many agency staff." However, another staff member said, "Agency support staff are balanced with permanent staff so it is safe. Agency staff come to the service regularly."

The provider had a policy in place for safeguarding people. This contained guidance on the action that would be taken in response to any concerns found. Staff said they had been trained to recognise signs of abuse and harm and knew how to report it. Staff also said they felt able to speak up if they had any concerns about poor care and felt confident they would be listened to. One staff member said, "I know the manager would listen to me and support me." Concerns were raised with the local authority where appropriate.

People told us they felt safe living at the service. One person said, "Yes I like it here. It is very safe, feels good, lovely people." Another person said, "At the moment quite safe. No worries about anything." A relative commented, "No worries about being safe. Everything is done for his safety." Another relative said, "[Name of person] is safe and well looked after."

The service followed an appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

We reviewed records which showed that appropriate checking and testing of equipment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of mobility aids and electrical equipment. Regular checks of the premises and environment were completed and actions taken were documented to any concerns identified. Environmental risk assessments were in place to reduce the risk to people living and working at the service.

People had an up to date individual evacuation plan showing the support they would need in an emergency situation. This was located in a 'grab and go' file at the entrance to the service. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Regular practice fire drills had been undertaken and we saw reflections were made to improve the process as a result. The provider had met with the local authority and adjusted new systems introduced which improved fire safety to ensure all aspects of people's safety was supported. A business continuity plan had been completed which gave procedures to follow in emergency circumstances. The service had successfully utilised this plan and followed the procedures in a recent incident where there had been a problem with the local water supply. This contingency plan supported people and staff to remain safe.

We observed that the outdoor areas were being utilised more by people than at previous inspections. This

supported people's independence. One person told us how much they enjoyed going in the garden and the plants they tended to. However, there were some pieces of rubbish, tools and other items left out that could be a trip hazard to people. Staff said the garden could be made more accessible and safe for people. The provider told us they were continuing to make improvements to the outdoor space.

We were shown a programme of planned refurbishment work. We highlighted to the manager a person's chair that was stained, torn and shabby looking. We also noted chipped paintwork, damaged flooring in a person's bedroom and a missing radiator cover. The manager said these items would be addressed. One staff member said, "Things are run down and need replacing."

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. At our last two comprehensive inspections we found records relating to assessments of people's decisions about their care and treatment were insufficient. A warning notice was issued after the last comprehensive inspection in January 2017. A focused inspection was conducted in March 2017. The provider had made the required improvements in this area. However, at this inspection we found the improvements previously made had not been sustained in this area. This meant that records the Commission has highlighted to the provider on several occasions were not meeting 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.

Consent to care and treatment was not always sought in line with legislation and guidance. Mental capacity assessments had been undertaken on some occasions. However, the forms reflecting this process had not always been completed accurately. For example, several of the forms we saw had not been dated and did not have review dates documented. One form in relation to assessing a person's capacity to consent to the use of bedrails had been completed, but staff had signed both sections which meant the form indicated the person did and did not have capacity.

Seven people had either door sensors or floor sensors in place in order to maintain their safety. However, only one person had a capacity assessment and associated best interest decision in place for the use of sensors which showed how the decision had been reached and who had been involved in the decision. Six people had bedrails in use to support them to remain safe. Two of these people did not have mental capacity assessments completed in regards to this specific decision or an associated best interest decision. The other four people had these documents completed and family members had been involved in the decision making progress. When decisions about the use of potential restrictions on people's liberty had been made it was not always clear whether less restrictive options had first been considered because this had not always been documented during the best interest process. These issues were shown to the manager who wrote to us after the inspection to highlight that actions had been promptly taken to address these issues.

This was a further breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). At our last inspection of Treetops in January 2017 we found that people were not being lawfully deprived of their liberty in accordance with the DoLS. This was due to the service not meeting the conditions attached to one person's DoLS. At this inspection we found

that the service was compliant with DoLS and people's conditions had been met. Staff were made aware of this information on the office noticeboard and within daily files in the units. However, we did note there were several different versions of the document put in place to track people's DoLS applications and authorisations. It is important that information is accurate and up to date so that the service is aware of when a DoLS expires to determine if a further application is needed. The deputy manager said this would be completed.

Treatment Escalation Plans (TEP's) were not always clear. TEP are a way of recording people's individual treatment plans, focusing on which treatments may or may not be most helpful in the future, such as resuscitation and admission to a hospital if the person is acutely ill. However, the TEPs in place contained statements such as, 'Admission to hospital – depends on the situation.' There was no detailed clarification of what this meant, which meant there was a risk that staff would not know when to call an ambulance and arrange a hospital admission. This is particular relevant due to the nursing staff being agency. The manager and deputy manager said this documentation would be reviewed.

At our last comprehensive inspection at Treetops in January 2017 we made a recommendation to the service to ensure all staff received effective supervision. Supervision is where staff meet one to one with their line manager to discuss their development. At this inspection, improvements had been made and staff told us they were receiving regular supervision. This was confirmed in the records we reviewed. One staff member said, "We now have regular supervision. Everything is the way it should be." Another staff member said, "I've been here less than a year, and have had four supervisions."

At our last inspection we made a recommendation to the provider to ensure effective systems were in place to identify and escalate concerns about people's fluid and nutrition promptly. At this inspection we found this had been addressed. However whilst target fluid intakes had not been written on the fluid charts, the charts we looked at showed that people were being given sufficient fluids. When fluids were offered but declined this was also documented. Fluid charts had been totalled every 24 hours which meant that overall intakes were being monitored. We observed that people were regularly offered drinks and when people asked for a drink this was provided. People were assessed for the risk of malnutrition and when risks were identified plans guided staff on how to reduce the risk. One person had been assessed as being at risk of choking and the care plan guided staff to ensure the person was sat upright when eating and drinking to prevent this happening. When we observed a member of staff assisting the person with a drink we saw they were sat in the correct position. People's weights were monitored and when people lost weight, guidance and advice was sought.

New staff completed an induction programme when they joined the service. This was aligned to the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. All staff with spoke with confirmed they had completed an induction. This included a corporate induction and an onsite induction. Staff also completed shadow shifts. One staff member said, "The induction was in depth. I had to be observed and signed off in each task to check my competency."

We observed a mealtime in all areas of the service. The atmosphere was relaxed and calm. People received the support they needed to eat their meal, whether this was prompting by staff or assistance. People were supported at their own pace. We observed staff describe the food to people and ask if they wanted any more. Medicines were not given to people during their meals, which enabled people to concentrate and enjoy their food. One person said, "Like the food. If I don't like what is on the menu the chef with make me an omelette." Another person said, "I like the food very much. We are asked what we like from time to time." One person when asked if they enjoyed their meal, smiled and gestured they had by giving a thumbs up.

The refrigerator temperatures within the units were not always being monitored as regularly as the recording document suggested. We noted that temperatures had run higher than the optimum level and no actions had been taken. The manager rectified this during the inspection and put guidance on the recording document of action that should be taken if the temperature was above or below a certain level.

We reviewed the training records for staff. Staff had completed training in areas such as fire safety, manual handling, and safeguarding adults. Staff said there was plenty of training available to them. One staff member said, "There is good training available." A person commented, "Staff do so much training here. They finish one lot and then they are off to do another training. Yes they know what they are doing."

People told us they had access to on-going healthcare. One person said, "I have seen the doctor about my chest." Records showed when people were reviewed for example by the GP, podiatrist or dentist. We saw records that showed that people's medicines were regularly reviewed and that people were seen by the GP when staff had concerns about people's health or well-being. A health and social care professional said, "There is a good holistic approach here. It has been difficult when nurses have not known people well. Things have got a bit better. An action sheet is now produced so it is clear what staff need to do." The service had implemented systems that improved the communication and actions by the service and health services.

Good

Is the service caring?

Our findings

The service remained good. People were supported by staff who were kind, caring and respectful. A health and social care professional said, "Carers are very good and caring. They know people well." Another health and social care professional said, "They provide good care. The staff are very good." A relative said, "The staff are fantastic." One staff member said, "It is a lovely home. Very caring staff. We have a better team approach now."

People told us that staff were caring. One person said, "The carers are nice and kind to me. They chat to me all look after me well." Another person said, "The carers are brilliant. Got anything that worries you can talk to them. Another person said, "They treat me very well."

Staff spoke passionately about their roles and the care and support they gave to people. Staff spoke highly of their roles. One staff member said, "I try to make a difference to people living here. I genuinely know that the residents are pleased to see me when I come in. The personal approach is so important." Another staff member said, "The staff here are all genuine and kind"

The atmosphere throughout the service was relaxed and friendly. One staff member said, "The atmosphere is different. Everyone pulls together." One person said, "It's a nice place to be, it is friendly." Another person said, "There is a good atmosphere. It feels good." A relative said, "The atmosphere is friendly, lovely to come in to."

People responded well to staff, they smiled and some called them by their names which showed they knew some of the staff well. Staff spoke to people in a kind and caring way. We observed staff members laughing and joking with people. One person said, "We have a laugh anytime."

People told us that staff respected their privacy. One person said, "They always knock on my door. They do respect your privacy." Another person said. "The staff never just walk in on you, they always knock first." We observed that staff knocked on people's doors, waited and introduced themselves before entering.

We observed that staff asked people for their consent. For example, if they wished to wear a clothes protector during their meal. One person said, "They [staff] are very good at asking if it alright to help." A staff member responded quickly to retain a person's dignity who had spilt some food around their mouth and on their clothes protector whilst eating. The staff member was kind and gentle and asked the person for consent before providing support. When people were supported to move around the service staff ensured clothing was adjusted to maintain people's dignity. When staff asked people about their personal needs, this was done in a discreet and respectful way. One person said, "I have no complaints. The staff are always respectful."

Staff promoted people's choices and independence. We observed staff offering choices to people in different ways depending on their needs. This included asking people or showing people different choices. One staff member asked a person if they would like a bath. They responded, "Not now because I am

enjoying being outside. Think I would like one this afternoon," The person's choice was respected and the staff member facilitated their bath during the afternoon." We observed a staff member supporting a person with a visual impairment. They supported them to move safely around the service and enabled them to move independently when the person was comfortable to do so.

We observed staff sitting with people and discussing topics of interest with them. For example, one member of staff discussed the sports section of the newspaper a person was reading as the staff member knew they enjoyed rugby.

The service had received two compliments since January 2017. One compliment said, 'I am writing to thank the whole team for taking such good care of [Name of person]. You all treated him like a person and an individual and spent time with him, my appreciation of everyone's care, patience and compassion.' Another compliment read, 'The kindness and welcome always shown to us from all the team.'

Visitors were welcomed at the service at a time that suited them. We observed people's relatives visit during the inspection. People's relatives could choose where they spend time with their family member. We observed a family visit. A staff member got paper and pens so that a person's visitor who had young children would be occupied. They also went out in the garden with their relative. One relative said, "They look after visitors very well. Always a cup of tea. All staff speak to us."

Good

Is the service responsive?

Our findings

At our last three comprehensive inspections we found that people did not always receive care that was person centred and responsive to their needs. Care records were not always fully completed and did not contain sufficient guidance for staff on how people preferred their care and support to be provided. The provider has sent us an action plan of the improvements they intended to make in this area. At this inspection we found that improvements had been made to people's care records.

Care records contained some details about people's personal preferences and routines. For example one care record said, 'Retires to bed after 10pm and sleeps well.' ' In another person's care plan it noted a person's hobbies as, 'Boxing and golf.'

In the care records we reviewed the pre-admission assessments were now being completed. We found person centred information within people's care records had improved. Details now included people's family information, previous employment, areas they had lived in and hobbies. For example one care record said, 'Enjoyed gardening and growing vegetables.' Another care record described a person's experience during the second world war. This information meant that staff had the knowledge into people's backgrounds and areas important to individuals.

At our last inspection we had found that air mattresses to support people with their skin integrity were not always set correctly. At this inspection we found air mattress settings were checked daily to ensure they were set correctly. All of the mattresses we looked at were set at the correct weight for people using them

Daily files gave an individual summary of people's care needs. For example this included information regarding the status of people's DoLS applications and family visits. Regular reviews of people's care had been conducted and recorded. Relatives said they were kept informed and invited to attend. "One relative said, "I can't always get to the meetings, but I'm kept well informed."

We observed that permanent staff members and regular agency staff knew people's needs and preferences. For example, we saw that when staff brought one person to the lounge, they made sure the person had their items close by, such as a box of tissues. We saw staff frequently ask another person if they wanted another cup of tea. Staff said the person enjoyed drinking tea and liked to have many cups a day. We saw the same person was given their newspaper of choice. Staff knew that some people preferred their own company; for example, one person had a key to their room and staff said the person liked to be alone and did not like people they did not know going in there.

A keyworker system was in place. Keyworkers were responsible for ensuring particular areas of people's care were fulfilled and being an additional point of contact for family members. Staff spoke positively about their keyworkers role and demonstrated good insight and knowledge of their key person. Not having a full complement of permanent staff members did raise some challenges to the keyworker system. Such as, staff being allocated more people.

An activities programme was displayed on the noticeboard. This showed planned activities such as, church services, reminiscence workshops, musical sessions and singers. We observed people participate in a sing along session with an external facilitator, which people enjoyed. A family coffee morning had been scheduled for later in September 2017. One person said, "Lots of nice things to do. I love the dancing." One staff member commented about the positive impact different activities had for people. "[Name of person] went to the singing. She enjoyed it, it really improves her mood." Staff said that further in house activities could be introduced and the relative's survey also indicated this. People also had individual time dedicated to particular activities they enjoyed or for support in the community. Documentation regarding people's participation in activities had been reviewed. An outcome based approach had been implemented which enabled the service to document how people responded to different activities offered. This meant the service could monitor the impact different activities had for people and change them accordingly.

Staff said that people made their own choices of how they wished to spend their time. For example, what time they wished to get up or what part of the building they wanted to be in. One person said, "I get up when I want, go to bed when I want." Another person said, "I spend a lot of time outside in the garden. You can do what you like here, when you want to." In a communal area of the service, a reminiscent newspaper had been displayed. This gave news articles and pictures from past significant events. During the inspection the hallways and railings were being repainted. The service had considered the needs of the people living there when choosing appropriate colours.

The service had received two complaints since January 2017. These were addressed at the time. However, these complaints had been revisited by the current manager and a meeting held with the complainant to ensure the outcome was satisfactory and adequate actions had been taken to prevent a similar situation arsing in the future. We saw that an open response had been given an apology made where appropriate.

The complaints policy and procedures was displayed and accessible to people and visitors in the entrance to the service. People and relative told us they would happily raise any concerns with the staff or the manager. One relative said, "The manager says, any problems come and talk to her." One person said, "I get on well with [Staff members name]. I chat to him and he sorts anything out."

Regular meetings were held with people. The meeting dates were displayed on the noticeboard. Meetings were held in a way that suited people and adapted to their needs. We saw areas such as food, activities and the environment were discussed. Progress on items raised was discussed at the next meeting. Meetings had also been held with relatives. A coffee morning with families had been planned for later in the month so that relatives could speak with staff and managers in a more informal setting.

Staff members responded promptly to people. For example we saw that call bells were answered swiftly and we observed that staff regularly checked on people within their rooms. A person said, "Staff come when you need them." A health and social care professional said, "The staff have a good understanding of [Name of person]. They are proactive. The staff have come up with lots of good ideas of how they can change this person's day."
Noticeboards within units were decorated creatively and gave people information for that day. For example they named the staff members who were on duty, the weather forecast and the menu. Pictures and photographs were used to support this information.

Staff members were supportive of one another. Permanent staff members regularly checked on agency staff members to offer support. We observed permanent staff members going through the agency induction at the beginning of the shift and answering any questions agency staff may have. We observed staff members give direction and guidance to agency staff members. One agency staff member who had not worked at the

service before said, "The staff have been very reassuring and directive. They have explained people's preferences to me. The staff here are very caring."

Inadequate

Is the service well-led?

Our findings

The service was not well-led. At our last comprehensive inspection of the service we found five breaches of regulations. After this inspection we issued two warning notices to the provider. We followed up one of the warning notices in regards to consent to care in March 2017 and found the provider had made improvements. However, we found that these improvements had not been sustained at this inspection and the service had again breached this regulation. We also had issued a warning notice in relation to the regulation of good governance as people's records were not accurate or complete, risk assessments had not always included guidance for staff on risk management, the recording of accidents and incidents was not always effective, sufficient actions had not been taken in areas identified in audits and the provider had not sufficiently monitored their action plan to ensure improvement actions had been made. At this inspection, we found improvements within the service had been made as some of the regulations and all of the recommendations had been met. However, two repeated breaches were found and this meant the provider had not met the warning notice issued in January 2017 in relation to good governance.

Improvements were evident in the service in regards to the supervision of staff, the support people received at mealtimes and the actions taken in regards to people's food and fluid intake. However, we found that issues highlighted to the provider at previous inspections had not been actioned or improved. For example in relation to induction records, feedback sought from people and relatives, medicines and staffing. In addition we found improvements that had been made in regards to decision making in accordance with the Mental Capacity Act 2005 had not been sustained.

At our last inspection we highlighted to the provider the documentation and care being given regarding night checks and repositioning. At this inspection we found that night checks and repositioning was occurring in accordance with people's care needs. Staff we spoke with knew people's care needs in this area. However, the guidance on how often a person should be repositioned was difficult to locate and documentation on repositioning was not fully completed. Three people's night care plans we reviewed referred staff members to their daily file where repositioning records were documented. On these document sections regarding the frequency of repositioning and the number of care staff required was not always completed. We found the information about how often people required repositioning in different sections of people's care plans for different people, such as the admission document. This meant staff may not always be able to locate this information and deliver care accordingly. One staff member said, "Repositioning paperwork is still not always being filled out properly."

The provider had a system in place to monitor and review safeguarding concerns. However, this was not fully up to date. This meant that the outcome and actions taken by the service were not always clear in regards to safeguarding issues.

At our last comprehensive inspection of the service it had been highlighted to the provider that induction records had not been fully completed and did not show accurately what staff had undertaken as part of their induction process. At this inspection we found that induction records for all new starters were not accurately kept. No records of induction could be located for four new starters during 2017. Therefore it was

not evident what areas these staff members had completed as part of the induction process.

A survey had been completed with relatives in June 2017. A relative said, "I have filled out a questionnaire about Treetops." The results had been collated and displayed for people and relatives to view. There were some positive comments such as, 'I am pleased with [Name of person] treatment and general welfare.' Another comment said, 'Always made to feel welcome.' However, there were some comments which would have required further investigation, actions to be taken and a response given. These including comments around staffing levels, the use of agency staff, people's clothing and activity provision. In addition, the collated results showed certain areas where improvements had been identified as needed. We had highlighted to the provider in our last inspection in January 2017 that the information they had gathered through their survey in 2016 had not been used effectively to make changes, nor been communicated to interested parties. This was the same for the recently conducted survey. No actions had been taken or communicated to people as a result.

People's views were sought. One person said, "Yes they do ask me about the place from time to time. I told them we need a new shelter in the garden. We shall see if anything happens." A detailed survey had been completed with people. Senior staff spoke about how this could be made more accessible for people. Useful comments had been gathered from the survey. For example, one person said, 'My room is cleaned lovely.' Another person commented, 'Staff are always friendly and always help.' However, other comments where improvements had been suggested around timing of medicines, maintenance issues, staffing, activities and particular meals had not always been followed up. This meant that people could not be confident that issues they raised would be actioned.

The service had a system in place to monitor the quality and safety of the service. A bi-monthly assessment was completed by the manager. This checked areas such as care records, medicines and the environment. An additional audit by the operations manager was also completed bi-monthly. This monitored areas such as complaints, safeguarding and accidents. An action plan was produced as a result of these audits and signed off when completed. However, the audits had not identified some of the areas for action found at this inspection such as capacity assessments and induction records. Changes to medicine audits had been introduced following a number of medicines errors.

The provider's representative had met in March, April, May and July 2017 with key senior staff members to review and monitor their action plan in regards to previous breaches in regulation. This was also part of the provider audits. However, these reviews were not fully effective in monitoring and sustaining the improvements needed. For example, measures taken in people's capacity assessment and associated best interest decisions had not been maintained. Systems introduced to monitor particular areas of people's care and support such as the DoLS and safeguarding tracker were not up to date at this inspection, nor had these been reviewed or identified during these meetings or the audit process.

Risk assessments were completed. However, there were still instances where information was not consistently accurate or detailed. This is particularly relevant where there is a high use of agency staff members as they may not always be fully aware of people needs when they are not regular to the service. For example, we observed an agency staff member who was not regular to the service. They required support and guidance from staff members.

This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, management communication with staff was not always effective. At this inspection

changes had been made and staff told us they had the information they required. The service had changed how handover took place due to a number of incidents that had occurred during this time. Staff said this was a positive change. One staff member said, "These are good changes to the handover system." A health and social care professional commented, "The communications has improved."

Staff members told us they did not feel valued or appreciated by the provider. One staff member said, "There is not enough appreciation. Staff are working hard but this is not recognised." Another staff member said, "The home is only as good as its staff. They [The provider] don't look after the staff." A recent staff survey evidenced this by the 60% overall score. With only 40% of staff saying they felt proud to work for the provider.

The systems to support agency staff and manage staff skill and deployment had been improved. An induction was now completed with agency staff. We observed a staff member complete this process with an agency staff member. Agency staff were shown key procedures and specific areas were highlighted to them such as the fire procedures. This was recorded in a document. An allocation list was completed at the start of each shift. This deployed staff to different areas of the service to ensure that each unit had an experienced and permanent staff member. Documentation had been reviewed so that key information was clear. For example, the handover sheet had been modified to include information about resuscitation and manual handling requirements. However, parts of the handover sheet were never being completed by staff. The manager reviewed this during the inspection and amended it accordingly as some sections were no longer needed. We saw that guidance was available for staff within each unit. This showed at what time different tasks should be completed and people's preferences throughout the day. This supported new and agency staff in their role and informed staff of records to be kept and updated. Photographs of people were available for staff members in the daily file with a brief summary of the person

The service had changed managers since our last inspection. The previous registered manager had left the service in March 2017. An interim manager was in post whilst a new registered manager was recruited. The interim manager had submitted their application to be registered with the Care Quality Commission. The service had experienced several changes of managers. One staff member said, "Managers are constantly changing. There is something wrong with Head Office as managers are here for six to twelve months and then leave. It means we are always reactive rather being able to implement new ideas." Another staff member said, "We have got through another manager." A health and social care professional said, "It has been difficult with the changes of managers. The current manager is doing a good job."

Staff spoke positively about the improvements and changes since the interim manager had been in post. One staff member said, "Things have picked up. The manager is on the ball, sets boundaries, is efficient and around all the time." Another staff member said, "The manager is thoughtful and kind. They listen to ideas for improvement. They have had a big impact. I can't praise the manager enough. We need someone with the experience." Another staff member said, "She's direct and has put a lot of effort in since she's been here."

Staff said they were working well as a team and this had improved. One staff member said, "Everyone tries hard. Everyone is prepared to help each other." Another staff member said, "We work as a team to support each other."

Regular team meetings were arranged by the manager and dates for staff were clearly displayed. We reviewed recent staff meeting minutes and saw that staff were encouraged to voice their views. Staff meetings had been made mandatory. Staff we spoke with said this was positive as team meetings were essential to working well together and ensuring they were kept fully informed. A team meeting occurred during our inspection. The meeting was well attended by staff. Staff told us they felt encouraged by these

meetings, the discussions raised and the communication it enabled. A health and social care professional had been invited to attend the meeting to share ideas and practices around a person they supported. One staff member said, "Team meetings are regularly happening." We saw that the manager had recognised and commended staff contribution and acknowledged this in a positive feedback document.

Relatives told us the provider kept them informed. One relative said, "Anything happens they are straight on the phone." Another relative said, "I'm kept informed if anything happens." Relatives said they were kept informed of events at the service and forthcoming meetings, by correspondence, the noticeboard in the service and the website.

The service had voluntarily placed a hold on new admissions. This was to ensure staffing and systems were improved and effective before people joined the service. This had a positive impact on the service. The atmosphere was calm and unhurried. Staff had the necessary time they needed to support people in their preferred way. One staff member said, "Not having new admissions has helped. Things are calmer." Another staff member said, "It has helped having no new admissions."

The provider understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The provider had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) People's rights were not fully protected because the requirements of the Mental Capacity Act 2005 were not being followed.

The enforcement action we took:

Positive Condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) (a) (c) (d) (f) The provider had not ensured induction records of staff were maintained. The provider had failed to act on all feedback received regarding suggested areas for service improvement. Quality monitoring systems had not identified all areas that required action. The provider had not ensured appropriate actions had been taken to improve areas identified through previous inspections.

The enforcement action we took:

Positive Condition