

Mrs RJ Francis and Partners

Trees Nursing Home

Inspection report

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Tel: 01379853919

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Trees Nursing Home provides accommodation and personal care for up to 21 older people, some of whom were living with dementia. At the time of our visit 20 people were using the service.

What life is like for people using this service:

People who live at Trees Nursing Home have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring and knew them as individuals.

Whilst one discrepancy in medicines administration was identified, on the whole, medicines were managed and administered safely.

Care records accurately reflected people's needs in sufficient detail. Risks to people were identified, monitored and managed. Some care plans could be developed to make them more personalised. People received the support they required at the end of their life. Plans were in place to further develop care planning in line with best practice.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

People had appropriate access to meaningful activity and engagement. People were positive about the activities provided by the service.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed.

The quality assurance system in place to monitor the service provided to people was robust and capable of identifying areas for improvement. The service had good links with the local community.

Positive comments about the management team and providers were made by people who used the service, relatives and staff.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

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

Rating at last inspection (and update):

At the last inspection the service was rated Good. (Report published 1 November 2016)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Trees Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Tree's Nursing Home is a care home for older people, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in place who was registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative to ask about their experience of the care

provided.

We spoke with the registered manager, the provider, a member of maintenance staff and three care staff. We looked at four records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found improvements had been made and the service is now rated 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.
- Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- There were comprehensive individualised risk assessments for each person using the service. These set out the measures in place to reduce the risk.
- Risk assessments relating to the environment were in place. This included evacuation plans.
- Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

- People told us they felt there were enough staff to meet their needs. One person said, "I had a fall. The staff came quickly." Another person told us, "They are there quick. If you need something in the night someone always comes round quickly." This confirmed our observations that people received support from staff when they needed it.
- The service benefitted from a stable staff team with low staff turnover. The newest staff member working for the service had been there for eight months. As a result, staff knew people very well and were able to provide them with more personalised care.
- The staffing level was kept under review and amended where people's needs changed. The time staff required to meet people's social and emotional needs was considered.
- Staff told us the staffing level was appropriate to meet people's needs in a timely way. They told us there was time to sit with people and support them with activity on a one to one basis. This confirmed our observations.
- The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have any criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- At the last inspection some discrepancies in medicines administration were identified. At this inspection we found that more robust systems had been implemented to identify potential shortfalls in medicines

administration. Records demonstrated how shortfalls had been addressed.

- One discrepancy was identified with regard to a medicine that may not have been administered the previous evening. We were satisfied with the action taken and with the systems now in place to identify and address shortfalls.
- People told us they received their medicines as prescribed. One said, "They are all given by the registered nurses, so you know it's all done proper." Another person told us, "They bring them every morning and evening, I get everything that is prescribed for me and it's a weight off my mind that they keep them all safe for me."

Preventing and controlling infection

- We observed that the service was hygienically clean. People told us their home was kept clean and tidy. One said, "They clean my room every day, it's always spotless." Another commented, "It's kept all nice and there's no bad smells or anything like that."
- Audits were carried out of infection control to ensure the risk of the spread of infection was reduced.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or supporting with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Accidents were appropriately recorded. The contents of these records were reviewed by the management team. Investigations into the causes of incidents were recorded and actions were taken to reduce the risk of reoccurrence. Actions taken included making referrals to the fall's prevention team for advice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection the service was rated 'good' in this key question. At this inspection we found the service remained 'good' in this key question.

People's outcomes were consistently good and people's feedback confirmed this.

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

- People's needs were comprehensively assessed before they came to live at the service. Records demonstrated these assessments were reviewed monthly to ensure any changes to people's needs were promptly identified.
- Care plans were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role. Staff received training in subjects specific to those they were caring for, such as training in Stoma care.
- The competency of staff was monitored to ensure that training was effective.
- Staff were positive about the training they received and told us they felt it provided them with the knowledge required. They said other training was always available and the registered manager would support them to study for higher level qualifications.
- Staff told us they felt supported by the registered manager and provider. They said they had regular one to one sessions where they could talk about any concerns or development and training. They told us they found these sessions useful.

Eating, drinking and a balanced diet

- We observed the meal time experience was positive and people were given a suitable choice of food and drink. One person was not eating much of their food and they were offered other options and provided with one to one staff support.
- People told us the food was good quality. One said, "The food's good, too much put on the plate sometimes but you don't have to have it all. There is a good choice." A relative told us, "I stay for lunch regularly, they always offer. I have the vegetarian choice, it's always very nice."
- The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk. Where people were losing weight, this was identified promptly and referrals were made to dieticians for advice.

Supporting people to live healthier lives, access healthcare services and support

- People told us the service helped them to access support from external healthcare professionals. One said, "The doctor is here regularly and you only have to ask to be put on the list." Another person told us, "I

had a bit of an accident and had to go up the hospital, one of the carers came with me, which was lovely."

- Records were kept of the contact people had with other healthcare professionals and the advice which was provided. This was transferred into care planning and discussed in clinical handover meetings to ensure staff were aware of any changes to people's needs.

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

- The décor was pleasant and well maintained. It was stimulating for people and made it easier for those living with dementia to navigate around the building.
- Appropriate signage was in place to direct people to key areas such as the bathroom or dining room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions was assessed and plans were in place to guide staff on how people should be supported with decision making.
- Staff demonstrated a knowledge of the principles of the MCA. We observed that staff supported people with making day to day decisions according to their ability. There were reminders of the principles of the MCA in different areas of the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remained 'good' in this key question.

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

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One person said, "We all get on well, we know each other. They are all around for quite a while, there's not lots of new faces so you build a relationship with them." Another person told us, "Such nice people, very kind."
- We observed that staff treated people with kindness, understanding and compassion.
- It was clear from our observations and discussions with staff that they knew people's preferences, past and interests. Our observations confirmed staff knew about people's routines and how they liked their care delivered.
- Staff told us there was a 'family atmosphere' in the service and that everyone knew each other and their relatives. This was confirmed by people using the service.

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

- Care plans could be further developed to ensure people's views on their care were reflected. However, staff clearly knew people as individuals and people did receive individualised care.
- The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

- Where people were living with dementia, there were life histories in place. This was particularly important because people living with dementia may not always be able to recall this information independently.
- The service promoted and encouraged independence. The majority of care plans made clear what people could do independently so staff did not over support them.
- Our observations demonstrated that staff treated people with dignity and respected their right to privacy.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

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

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

- It was clear from observations, reviewing records and speaking with people that they received a personalised service. For example, one person wished to have personal care from a particular member of care staff. Changes had been made to staff rotas to accommodate this request as far as possible.
- It was clear from our observations that staff knew people well. Staff spoke with them about subjects they enjoyed and people told us they knew the staff and their families.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was communicated to people in a way they could understand, taking into account their individual needs.
- Where people were unable to verbally communicate, there was information about the other ways they may communicate. For example, through facial expression or body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were positive about the activities provided by the service. One said, "We have enough going on. [Activities person] comes on a Wednesday and does games, exercises. Then there's singers, staff will take you out. We have the toddlers in twice a month." Another person commented, "The toddler group works very well, the children come in and do what they want to do. It's nice to watch and see them. The children remember my name and call it my house."
- We were told people were supported to go shopping in the town, attend the local church and get involved in community activities. We were shown photographs of activities in the service including plays, singers and pantomimes.

End of life care and support

- The registered manager and provider had recently completed training in the principles of the Gold Standards Framework and plans were in place to further develop end of life care planning in line with these principles. The Gold Standards Framework is used by healthcare professionals to enable earlier recognition of people with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end

of their life.

- Care staff and nursing staff had received training in end of life care and nursing staff received updates to their training, where required, to ensure they were proficient in administering drugs intravenously to make people more comfortable.
- The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "You could tell anyone, they all care about it."
- We reviewed the contents of two complaints that had been made. Whilst these were minor, they had been fully investigated and formally responded to. Care was taken to ensure people were happy with the outcome of these investigations.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a robust quality assurance system in place which was capable of identifying areas for improvement. Where shortfalls were identified, it was clear what action had been taken to address these.
- Audits focused on areas such as infection control, care planning, the completion of daily records, medicines and the maintenance of the building. Checks were also carried out on equipment such as hoist slings to identify whether these required replacement.
- Positive comments were made by people using the service and staff about the provider. A person using the service said, "It is a real family here. There is no division, they treat us all like we are their own." Staff members confirmed this and said they enjoyed the family atmosphere in the service.

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

- The registered manager had a program of audits in place, including audits of medicines. They told us they had identified that their current audit tool could be improved. They showed us a new tool they had devised which was much more comprehensive.
- People made positive comments about the registered manager. A person using the service told us, "[Registered manager] is always around, checking everything. We know each other really well, [they] spend time with us which is nice." A relative said, "The registered manager is really good. Straight to the point sympathetic. A very real person, they care."
- Staff made positive comments about the registered manager. They said they were approachable, caring and hands on. They said the registered manager participated in the delivery of care on a weekly basis and worked alongside them and said this made them feel valued.
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had recently been sent out to people using the service and their relatives. We saw that the responses to this survey were very positive.

- Regular discussions were held with staff about the service and the people they cared for. Staff told us these meetings were helpful and that the registered manager welcomed comments and suggestions.
- Meetings were also held with people using the service and relatives. People were given opportunities to make suggestions, including suggestions for upcoming activities.

Working in partnership with others

- The registered manager and provider had positive relationships with healthcare professionals who supported people using the service. They had also developed links with external organisations who support care homes with driving excellence in care.