

West Berkshire Council

Notrees

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 January 2019 and was unannounced.

Notrees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notrees accommodates up to 16 older people in one adapted building. There were 15 people at the service at the time of inspection, some of whom were living with dementia.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager had systems in place to monitor the quality and safety of the home. This included audits, improvement plans and gaining feedback from people and staff. These measures were effective in promoting improvements within the service.

There were enough suitably qualified staff in place to meet people's needs. The provider had robust procedures in place to monitor recruitment, training, induction and ongoing support of staff. This helped to ensure staff were effective in their role.

Staff were knowledgeable about people's needs and were caring in their approach. People were treated with dignity and the care they received reflected their preferences. When people received care at the end of their lives, they were given compassionate support which reflected their needs and preferences.

People's care plans reflected how they would like to receive care. The registered manager had developed these plans using information from people, relatives and healthcare professionals.

Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were a range of activities which people could take part in and people were able to give feedback to the registered manager to suggest new things to do. The provider had established links with the local community which helped people feel connected to their local area.

Risks associated with people's health and wellbeing were assessed and mitigated. The registered manager analysed incidents and accidents to establish how the risk of reoccurrence could be reduced.

Risks associated with the environment were well managed to reduce risk of harm. There were plans in place to protect people from harm in the event of an emergency.

The provider had safeguarding policies and procedures in place which helped to reduce the risk of harm to people. Where safeguarding concerns were raised, the provider worked in partnership with local safeguarding teams to help keep people safe.

People were supported appropriately with their nutrition and healthcare. Where risks were identified, the appropriate professionals were consulted and their recommendations were incorporated into people's care.

The home was a clean, hygienic environment, which was suitable for people's needs. People had access to outside space and were encouraged to use the garden when possible.

There were safe systems in place to manage people's medicines.

There were systems in place to respond appropriately when people had complaints or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Notrees

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.

This comprehensive inspection took place on 24 January 2019 and was unannounced. Two inspectors carried out the inspection.

Before the inspection, the provider completed 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with five people. We also spoke with the registered manager, the deputy manager and three care staff.

We looked at care plans and associated records for four people and records relating to the management of the service. These included two staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in April 2016 and the service was rated good.

Is the service safe?

Our findings

People felt safe and well cared for. One person said, "I came here because it was not safe for me to stay at home anymore. I feel better now". Another person said, "I feel very safe here".

The provider used incidents to promote learning and reduce risks associated with people's health and wellbeing. An external occupational therapy service completed a quarterly 'falls audit'. This audit captured details of falls that people had and why they had occurred. The registered manager looked for trends and measures that could be put in place to reduce the risk of reoccurrence by reviewing incident reports when falls took place. In one example, one person had repeated falls at a certain time of night. The registered manager established that the person was getting out of bed to use the toilet. By scheduling a regular time for night staff to support the person to the toilet, the number of falls the person suffered was significantly reduced. This demonstrated that the provider had mitigated risks associated with people suffering falls.

Risks associated with the home environment had been assessed and mitigated. This included procedures for emergencies such as fires. The provider had up to date procedures in place, which detailed the action staff needed to take to keep people safe in the event of an emergency. The registered manager carried out regular fire drills, escape route walk-throughs and emergency lighting checks to help ensure that the procedures around fire safety were robust.

The service had an 'evacuation bag' by the main entrance with a folder containing essential information including personal emergency evacuation plans (PEEPs) and emergency contact information. Not all the PEEPS's contained sufficient detail to demonstrate that people's individual needs were considered in their evacuation plan. We brought this to the attention of the registered manager who took immediate action to review all records and make the necessary changes to ensure all plans detailed people's specific requirements when evacuating the service. This helped to ensure that there were effective plans to keep people safe in an emergency.

There were systems in place to protect people from the risk of abuse and harm. All staff had received training in safeguarding adults. This training helped them to recognise the signs of abuse or harm and appropriate action to take. The registered manager kept records which detailed any safeguarding concerns which arose, including outcomes, actions and lessons learned. Records of safeguarding investigations demonstrated that the provider had worked effectively with safeguarding authorities to help keep people safe from abuse and harm.

There were sufficient staff to meet the needs of people, including when their care needs changed. The provider calculated staffing levels according by assessing people's needs using a nationally recognised dependency tool. The dependency tool considered people's needs in relation to, skin care, continence, food and fluid, behaviour and moving and handling. Staffing levels were consistent with the recommended levels from this tool. People were quickly attended to when they required support and staff were organised and took time with people.

The provider had robust recruitment processes in place to help determine new staff's experience, skills and character. This helped to ensure that suitable staff were employed.

There were systems in place to reduce the risk of infections spreading. Staff had a good understanding of infection control, including the use of personal protective equipment (PPE) such as gloves when supporting people with their personal care. There were PPE stations throughout the building with hand sanitisers to encourage good hygiene practice. The provider's kitchen had received a five-star rating from The Food Standards Agency. This demonstrated that the standards of hygiene in the kitchen areas were very good.

There were safe systems in place to manage people's medicines. We observed two medicines rounds and found staff managed and administered medicines appropriately in line with best practice guidance from National Institute for Health and Care Excellence. This included safe systems around the ordering, storage, administration and disposal of medicines. Some people had medicines which were classed as 'controlled drugs'. A controlled drug is a medicine whose manufacture, possession, or use is subject to additional procedures when used in care homes. We found that the provider had systems in place to ensure these medicines were managed safely.

Is the service effective?

Our findings

Staff received the training and support necessary to perform effectively in their role. Staff told us that the level of training they received helped to give them the skills they needed. One member of staff said, "I have received all the training I need and feel like I am confident in what I need to do." Staff received training in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies relevant to staff working in social care settings. The registered manager supported staff's ongoing learning and development through a combination of staff meetings, observations of working practice and individual supervision meetings. This helped the registered manager monitor how effective staff were in their role.

The registered manager assessed people's needs to ensure that they received appropriate levels of care. They also used information from reviews and assessments from health and social care professionals to formulate appropriate care plans. When people's needs changed, the registered manager ensured that people's care plans were adjusted accordingly to ensure people received the care they required.

The provider had systems in place to maintain continuity of care when people transferred between different services. This included implementing systems for admission and readmission from hospital stay. This was in response to incidents where people were being discharged without all relevant information required to provide effective care. The systems the provider had put in place ensured people were admitted and discharged with a comprehensive up to date record of their needs in place.

People's nutritional needs were met by the provider. Staff were aware when people had specific dietary requirements and the support they required from staff to meet these needs. Where people required specialist adaptations to their diets, the provider had sought relevant professional guidance and ensured that people's care plans reflected these recommendations.

People told us they enjoyed the food available and were given a choice about their meals. One person said, "I like the food here. It's hot and you can have as much as you like." People were given appropriate support during meals. Some people required encouragement to eat and drink whilst other people ate independently. Where people were reluctant to eat and requested their meals at different times of the day, these requests were accommodated by staff.

The environment at Notrees was suitable for people's needs. The service was all on one level, the corridors had handrails in place to help people mobilise around the home. People had access to a secure outside space. The outside space had marked paths people could use to walk along when they wanted some light exercise. There were a range of communal spaces where people could socialise or spend quieter time alone or with relatives when they visited.

People had access to healthcare services and were encouraged to live healthy lives. Some people had ongoing health conditions which required specialist input from medical and health professionals. Where people had experienced changes in their health, the provider had ensured that appropriate referrals were made to professionals involved in people's care. This helped to ensure that people had access to the correct

healthcare provider.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under The Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the provider was making appropriate referrals under these safeguards and found that the registered manager had made the appropriate assessment and applications. These actions were in line with the MCA.

Staff understood the need to gain appropriate consent to care. Staff went through people's care plans with them to help ensure they understood and agreed with the plan of care. Where people were unable to consent to their care, the registered manager assessed their capacity to make specific decisions about aspects of their care. Where appropriate, they documented how and who was involved in making decisions in the persons 'best interests' as they were not able to do so themselves.

Is the service caring?

Our findings

People told us that staff were friendly and they provided companionship and comfort. One person said, "I could not have asked for a nicer group of girls (staff) to look after me." Another person told us, "When I feel a bit lonely, staff are always there to get me going and perk me up."

Staff were attentive to people's needs and provided personalised care. Staff were very well acquainted with people, understanding their motivations and preferences. Staff were kind and patient in their approach when encouraging people in their day to day activities or personal care.

Staff understood the importance of celebrating important milestones with people such as birthdays, family's birthdays and anniversaries. They tried to make these events special through giving cards, gifts, parties, cakes and correspondence with loved ones. The provider had 'open visiting hours' for families and encouraged them to stay for meals or events taking place at the home. This demonstrated that people were supported to maintain links to important people in their lives.

People were involved in making decisions about their care. People were invited to contribute towards developing their care plan and take part in regular reviews of their ongoing care arrangements. People had a 'This is me' document. This was developed by people and their families which detailed people's background, histories and things that were important to them. This information was used to help develop care plans and helped to ensure people had input into how their care was planned.

People were treated with dignity and respect. The provider held dignity themed staff meetings, where best practice was shared about how staff could uphold the dignity of people they looked after. One member of staff said, "Dignity is basically treating people how you would like to be treated." Another member of staff reflected, "You want to make the care good enough for your own mother by treating people with dignity and respect." Staff gave practical examples of how they promoted people's dignity. This included, knocking on people's doors before entering, respecting people's right to privacy and checking on their wellbeing if they were confused or unwell. This demonstrated that staff understood how to promote people's dignity.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics including age, sex and disability.

Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. This included considering any cultural or spiritual considerations that may be relevant when supporting people with their daily routines and personal care. The registered manager told us, "Educating staff on equality and diversity enables them to treat everyone with dignity, equality, respect and fairness." In one example, the provider had demonstrated an awareness and sensitivity to a person's religious beliefs. They had adjusted the way care was delivered to help the person respect a specific religious custom they were following. This demonstrated

that the provider understood how to adjust care to meet people's diverse needs.

Is the service responsive?

Our findings

People's care plans documented their preferences and routines around their personal care. Care plans detailed how staff could encourage people to engage in their personal care and guidance to help people feel comfortable if they were anxious about receiving this support. In one person's care plan it detailed how they could be reluctant to receive personal care. There was guidance for staff to follow about specific approaches and routines which the person was happy and familiar with. By adopting this approach, staff were successful in creating a routine which the person was comfortable with and regularly engaged in. The registered manager told us, "Residents are supported to make choices and have control of their lives. Individual choices and preferences with daily living and night time are respected so that residents receive a responsive service."

There were a range of activities organised by the provider which people could participate in. The service had a designated 'activities co-ordinator' whose role was to organise activities in line with people's interests. Activities took place daily and ranged from games, quizzes, crafts to exercise. People told us they were happy with the activities on offer. One person said, "I personally like the bingo." Two people told us they preferred not to join in with group activities but said that staff provided support for them to follow their own personal interests. One person said, "I prefer to do my own thing. I like being outside in the garden if possible and I get the chance to do this."

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. People's specific communication needs were identified in their care plans included the adjustments staff needed to make to meet these needs. In one example, one person chose not to wear hearing aids which had been recommended. Staff ensured they tailored their communication to the person to ensure they spoke clearly with direct eye contact to help the person's understanding. There were examples where the provider had produced documents and correspondence in adapted form to meet people's needs. Where people may have difficulty reading or understanding documents, staff were designated to help them go through these areas.

There were systems in place to deal appropriately with complaints. The provider had a complaints policy. The policy outlined how people could make a complaint and how concerns would be investigated and responded to. There were also contact details for external agencies, such as the Local Government Ombudsman who people could escalate concerns to. The policy was prominently displayed throughout the service, which meant people and visitors would easily be able to identify how to raise concerns. The provider had not received any formal complaints since our last inspection, however, the registered manager understood the principles of applying the provider's policy to help ensure complaints were dealt with appropriately.

Staff understood the principles of providing empathic and responsive care at the end of a person's life. People had care plans in place which documented people's preferred wishes around how they received care at the end of their lives. The provider worked with people, families and other stakeholders to provide care as

people's needs changed. This included monitoring, recording and responding to changes in their health and ensuring people had appropriate equipment and pain relief to help ensure their last days were as pain free as possible.

Is the service well-led?

Our findings

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 '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 registered manager was supported by an assistant manager.

The provider had systems in place to assess the quality of care and drive improvement. The registered manager conducted a monthly quality audit which helped them update their ongoing 'service improvement plan'. The audit helped the registered manager assess how, safe, effective, responsive, caring and well-led the service was. Information about safeguarding, incidents, complaints and compliments, CQC notifications and staffing issues were used to identify if the service was providing a good standard of care. The registered manager carried out additional audits on medicines, infection control and health and safety. The audits and checks were effective in helping the registered manager monitor the quality and safety of the service

There was a positive, relaxed atmosphere between staff and managers. This was reflected by well-organised systems in place to manage the service which supported staff in their work. The registered manager used a variety of methods to gain staff feedback and share good practice with staff. This included staff meetings and surveys. Staff told us they were encouraged to raise issues with the registered manager, who was open to receiving their feedback.

The provider had a whistleblowing policy in place. A whistleblowing policy details external bodies staff can report concerns to if they were not comfortable doing so to the provider. Details of the whistleblowing policy were clearly displayed throughout the home and information about whistleblowing was included in the induction for new staff. This helped to ensure that staff understood how to raise concerns if required.

The provider had established good links with the local community to provide activities and resources for people. The registered manager had arranged for local school children to visit the home at regular points in the year to provide companionship to people. The registered manager also invited members of the local community into the home for regular meals and events. This helped to keep people connected to their local community.

People were involved in feedback about the service. The provider held residents' meetings, most recently in August 2018. This was attended by seven residents who discussed activities, food and staffing concerns. Actions taken forward from this meeting had resulted in changes in line with people's suggestions. The provider conducted residents' surveys, the last of which was in April 2018. The results of which reflected positive feedback about the overall care that staff provided.

The provider worked in partnership with other agencies and stakeholders to promote good outcomes for people. Notrees is owned by West Berkshire Council and consequently, had many of the council's resources at hand to provide support. This included specialist teams in relation to training to meet people's specific

needs and analysing incidents that took place. This demonstrated that the service was open to working with different stakeholders to improve the quality of care.