

Dr Rais Ahmed Rajput

# Spring Tree Rest Home

## Inspection report

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Date of inspection visit:  
18 November 2015

Date of publication:  
23 December 2015

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on the 18 November 2015 and was unannounced. At our previous inspections in September 2014 and May 2015 multiple regulatory breaches were identified and the service was judged to be 'Inadequate' and placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This meant the service would be kept under review and inspected again within six months. We told the provider they needed to make significant improvements in this time frame to ensure that people received safe care and treatment that was responsive to their changing needs, were protected from abuse and not unlawfully restricted. We also told them that they needed to ensure that effective systems were in place to monitor the quality and safety of the service and to drive improvement.

At this inspection, we made the judgement that the provider had made sufficient improvements to take them out of special measures but some further improvement was needed to ensure the quality and safety of the service was effectively monitored.

Spring Tree Rest Home provides accommodation and personal care for up to 30 people who may be living with dementia. At the time of the inspection 19 people were using the service.

The previous registered manager had left since our last inspection. Another manager registered to manage another of the providers services was 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.

Risks to people had not been assessed in relation to their individual needs. Some people were being restricted of their liberty due to the lack of effective risk assessments. People's care was not always based on their individual needs. People's preferences were not always respected and their independence was not promoted.

We found the provider continued not to work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). The (MCA) is designed to protect people who cannot make decisions for themselves and lack the mental capacity to do so. The (DoLS) are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We found that although DoLS referrals had been made for all the people who used the service, people's capacity to make decisions and consent to their care had not been assessed.

Some improvement were seen in the safe management of people's medicines, however people were at risk of not receiving their medicine at the times they needed it due to the lack of clear guidance and protocols for staff.

People were protected from abuse and the risk of abuse as staff knew what to do if they suspected someone had been abused. There were enough staff to keep people safe. The provider had employed new staff to improve the safety and quality of the service provided. Safe recruitment procedures were in place.

Staff felt supported and had received training to be able to fulfil their roles effectively.

People had enough to eat and drink and were supported to have their health care needs met in a timely manner by health professionals.

Staff were kind and compassionate to the people they cared for. Relatives were kept informed and were welcome to visit at anytime.

Hobbies and interests were now on offer for people to engage in. More opportunities to engage with the local community were being explored.

The provider had employed a new management team to support them to make improvements to the service. Systems were now in place to monitor and improve the quality of care being delivered to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. Risks to people had not been assessed based on their individual needs. People could not be sure they would have their medicines when they needed it. People were safeguarded from abuse and the risk of abuse. There were enough staff to safely meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. People's capacity to consent to their care had not been assessed. Staff received regular support and training to fulfil their role effectively. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring. People's independence was not promoted. People were treated with kindness and compassion and their dignity and privacy was respected.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive. People did not receive care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. People and their relatives knew how to make a complaint if they needed to.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led. People's views on their care had not been gained and care was not always delivered based on people's assessed needs. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were now in place to monitor the quality of the service.

**Requires Improvement** ●

# Spring Tree Rest Home

## **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 inspection took place on 18 November 2015 and was unannounced. The inspection was undertaken 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.

Prior to the inspection we reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. For example, serious injuries and safeguarding concerns. We also considered information we had received from other professionals involved with the service and past inspection reports.

We spoke with six people who used the service, five relatives and five care staff, the manager, deputy manager and provider. We observed care and support in communal areas and also looked around the service.

We viewed three records about people's care and records that showed how the home was managed including quality monitoring systems the provider had in place.

# Is the service safe?

## Our findings

Previously people did not have risk assessments for being restricted within areas of the building. We found that although risk assessments had now been put in place for everyone who used the service they were not based on people's individual needs. We discussed this with the management team and they informed us that they were concerned that everyone was unsafe using the stairs. People's individual needs had not been assessed using the stairs. The management team informed us they would seek occupational therapy advice and individually risk assess people on the stairs and the risks associated with them confined to locked areas within the service. This meant that people were not being supported to be as independent as they were able to be through the effective use of risk assessments.

People's risk assessments to support them out of the building in the event of a fire or other emergency did not contain enough detail for staff to be able to get people out safely. Staff were not able to tell us how they would safely evacuate people. Some people required support with mobilising and we were told they would not be able to use the stairs. Systems were not in place to support staff to evacuate these people out of the building in the event of a fire.

Systems to safely manage people's medicines were not been safe. We found that although some improvements had been made, such as the purchase of a medication fridge, further improvements were required. We saw that some people had been refusing their medication on a regular basis. There were no action plans or risk assessments for staff to follow to instruct them as to what to do in these circumstances. There was no guidance or protocols in place for staff to be able to administer 'as required' (PRN) medicines such as pain relief. This meant the systems in place did not give the staff all the information they needed to support people with PRN medicines.

At our previous inspections the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 as we found that people were not safe guarded from the risk of abuse, when there had been incidents of alleged abuse they had not been reported and investigated. At this inspection we found that improvements had been made. People we spoke with all told us they felt safe and all the staff we spoke with knew what constituted abuse and had received training in safeguarding people. One staff member told us: "If a person has been harmed or abused I would raise it with my manager, if they don't do anything I would contact social services or CQC". Staff told us there was a new flow chart on the wall informing them of the step by step safeguarding process.

We found that the lift was out of order and a plan had been put in place to maintain people's safety as they were unable to come downstairs until it was repaired. A member of staff had been allocated to each floor and remained in these areas at all times to support people. One person had been falling on a regular basis, we saw that at a referral to the falls team had been made and equipment had been put in place to minimise the risk of further falls. We observed that the person was supported by staff and their frame to mobilise to ensure they remained safe around the service.

Since our last inspection the provider had employed a designated laundry assistant and an activity

coordinator and the staff told us this helped them concentrate on their care duties. The laundry assistant was also able to support with caring for people because they had experience and were trained as a carer. A relative told us: "I feel there is enough staff, when they've not known I'm here, they're popping in to see if me relative wants tea". We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made.

## Is the service effective?

### Our findings

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. We saw records that the manager was going to ask relatives of people who used the service to consent to their relatives having a flu jab as requested by their GP. People's capacity to consent had not been assessed and unless relatives have power of attorney they are also unable to consent to treatment to their relative. This meant that the provider was not working within the guidelines of the MCA as people were not being supported to consent to their care and treatment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The provider had previously been in breach of Regulation 13 of The Health and Social Care Act 2008 as people had been unlawfully restricted of their liberty through the use of locked doors and the staff refusing to allow people to leave certain areas of the service. The provider was not following the guidance of the MCA and the DoLS to ensure that decisions to restrict people's freedom were done so in their best interest. At this inspection we found that DoLS referrals had been made to the local authority for everyone who used the service although these had been completed without people's capacity to consent having been assessed. The referrals were not based on people's individual risks to leaving the locked areas but were generic. This meant that people were not consenting or being supported to consent to their care.

These issues constitute a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had confidence in the staff. One person told us: "Yes. They know what they're doing. They're confident they're doing the right thing", and a relative told us: "Certain carers I feel are brilliant, very good with my relative". Staff we spoke with told us that improvements were being made and that they were supported to fulfil their role effectively. One staff member told us: "There have been lots of changes and the manager will always do her best". New systems to supervise and appraise staff performance were in place. Staff were receiving on-going training and the manager told us that new staff were being enrolled on the new care certificate as part of their induction.

Previously people were not being offered a choice of main meal. We saw that choices were now available. One person told us: "We just chose our own meal". If people required supplements or a soft diet we saw that this was available. We saw in records that one person had experienced difficulty whilst eating and the speech and language therapist had been and assessed them whilst eating. People's food and fluid intake was being monitored and action was being taken if issues were identified. For example one person was refusing to eat on regular occasions, we saw that a referral to a dietician had been made for support and advice.



Previously the provider had been in breach of Regulation 12 of The Health and Social Care Act 2008 as people's health care needs had not always been met. We saw that when people required health care support they now received this in a timely manner. For example one person had become unwell and the staff had called the paramedics, who advised that the person's GP was called in 24 hours'. We saw the staff had followed the instructions and called the GP and no further treatment had been necessary. Records confirmed that people received support from other healthcare professionals.

## Is the service caring?

### Our findings

People who used the service told us that staff were caring. One person said: "Yes, if you want anything doing, they'll do it". A relative told us: "I do feel the staff know him and their looked after as well as anyone could". However, we found that people did not always receive care that was based on their individual needs and preferences. Routines and people's risk assessments meant that everyone whose bedrooms were upstairs still had to access the lounge area during the day. We were informed that this was to keep people safe, however people's preferences had not been sought. There was a disparity between people who resided on the ground floor who could come and go freely to their own private bedrooms and the people whose bedrooms were upstairs who could not. A member of staff told us: "We can take someone to their room upstairs but we have to wait and bring them back". This meant that some people's privacy was not being respected and their independence was not being promoted.

People were not able to be as independent as they were able to be. People's ability to access the stairs or other areas within the service or grounds had not been assessed. People remained within the one area of the service under constant supervision. A person who used the service told us: "We have to ask before we go anywhere and tell them [the staff] what we are doing".

New evaluation forms had been put in place for relatives to leave comments on the quality of care their relative received, and regular relative meetings had taken place. We saw that they were making suggestions in how the service was run. However all the people who used the service told us that they had not been asked about how they felt about their care and support. One person told us: "I've never been asked" and another said: "No, I don't think they're very interested really". This meant that people who used the service were not being involved in the planning of their care.

These issues constitute a continued breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the staff spoke with people who used the service in a kind and caring manner. One person became a little anxious due to not knowing where they were, we observed staff explain and reassure the person until they became calm. Staff knocked on bedroom doors before entering waited for a response before entering. One person told us: "The staff always tap the door before coming in".

Relatives and visitors were free to visit at any time and they told us they were made welcome. One relative told us: "They're good about visiting and they're always welcoming".

## Is the service responsive?

### Our findings

We saw that people's movements were restricted within the service and assumptions had been made that people lacked capacity to consent to their care. The manager told us that everyone had been assessed as having dementia and needing full support and restrictions prior to coming to the service. This showed that Individual assessments of people's needs had not taken place to ensure that care was being delivered in a personalised way that met the person's individual needs and preferences.

The manager told us that since our last inspection an activity coordinator had been employed and we were informed that more social activities within the service were taking place. Some people were engaged in one to one activities such as jigsaws and board games and others sat in the lounge with music playing. There had been a barbeque in the summer and a relative told us how much everyone had enjoyed it.

A key worker system had been implemented. Each person had a key member of staff whose function was to take a social interest in them and develop opportunities and activities for them. They were helping to develop support plans that met the person's needs and preferences. Staff talked positively about this role. One staff member told us: "I am a key worker for five people and it's working well, I make sure they've got what they need".

We saw that there were improvements at meal times. Condiments and menus were available on the table for people to make choices. We observed that people were offered choices and offered encouragement to eat. One person didn't want what was on offer at lunchtime so was offered something else, which they enjoyed. One staff member said: "Are you going to eat a little bit more?". Another person was offered seconds as they had enjoyed their meal, this was promptly delivered when they replied 'yes'.

Previously relatives told us that they did not feel their complaints were listened to. People and relatives we spoke with told us that the new manager was very approachable and would now respond if they had any concerns. One person told us: "I'm sure they would respond if I had a complaint, they are all so nice". A relative told us: "If you've got any queries, the manager has always got time to talk to you".

## Is the service well-led?

### Our findings

The provider had put in place a new management team since our last inspection. Relatives and staff told us that there had been improvements in the service since the team had been put in place. Relatives told us that they had more confidence in the new manager. One relative said: "They are [the manager] committed, and they engage as opposed to sitting in the office", another relative said: "They [the manager] are working really hard. It was so bad when she got here". The provider had now employed a human resources advisor and consultants in dementia care to help to make the improvements required following our previous inspections. We saw they had begun to put systems in place to support staff and improve the quality of service.

Previously the provider had been in breach of Regulation 17 and 20 of The Health and Social Care Act 2008 as systems were not in place to ensure a quality service was delivered and the provider had not sent us statutory notifications. We found that improvements had been in these areas however there continued to be areas that required further improvement. Care plans and risk assessments were not always in place for people. Some were not clear or comprehensive. People's capacity to consent had not been assessed and the manager confirmed that assumptions were being made on behalf of people. Care was not delivered to meet some people's specific needs or preferences and we found breaches in two Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that the management team had prioritised risk and safety of people in their plan to improve and they were now putting systems in place to continually improve and monitor the quality of the service. Personalised care was being encouraged within the staff team and a new programme of training made available.

Staff and the manager told us that the provider had been more visible at the service, attending weekly management meetings and conducting inspections of the building. The provider told us: "I check that things are getting done now, I don't just assume they've been done". Each week at the meetings, safeguarding issues, staff performance and quality issues were discussed.

Policies and procedures were being implemented and audits were being completed internally and by external agencies. This included a medication audit which had identified issues with staff performance and this had been dealt with, with support from the HR advisor. The manager told us that they felt that the service was more organised and structured. They said: "I've got all the support I need now, I've got people to ask if I need advice".

Supervision and appraisals for staff were in place to support staff to develop and meet targets in their performance. Staff told us that they felt that things had improved and that they felt supported by the management. They told us that there was always someone on call for help and advice. Staff told us that they had regular staff meetings. One member of staff told us: "We can voice our concerns and opinions at the meetings".

There was a service improvement plan. The manager told us that they were due to have an appraisal shortly where they were due to discuss the plan, the progress made and any improvements that were outstanding. This meant there was a plan for continuous improvement and it was being monitored by the management team and provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People were not receiving care and treatment that met their needs and reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Care and Treatment was not provided with the consent of the relevant person.