Dr Rais Ahmed Rajput

# Spring Tree Rest Home

## 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

About the service
Spring Tree Rest Home is a residential care home that was providing personal care to 21 older people at the time of the inspection, some of whom were living with dementia.

The home accommodates up to 30 people in one purpose built building over three floors.

People's experience of using this service and what we found
People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

People received their medicines as prescribed by trained and competent staff.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People were supported by enough staff who were available to assist them in a timely way. Staff had received training which enabled them to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had developed supportive and empowering relationships with those who assisted them.

People had care and support plans which were personal to their individual needs and desires.

People and staff felt Spring Tree Rest Home was well managed and were given opportunities to share feedback about the service. The registered manager and provider undertook regular checks to ensure the quality of care provided was good.

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

Rating at last inspection
The last rating for this service was good (published 02 April 2020).

Why we inspected:
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good

The service was well led.

Details are in our safe findings below.

# Spring Tree Rest 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Spring Tree Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Day one of this inspection was unannounced and day two was announced.

What we did before the inspection
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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and six staff members including two carers, one senior carer, registered manager, area manager and the provider. In addition, we spent time in the communal areas to better understand people's experiences at Spring Tree Rest Home.

We looked at the care and support plans for four people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks. We confirmed the safe recruitment of two staff members.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. That was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us they never had to wait for their medicines and "You can set your clock by them (staff)."
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- The provider completed regular checks to the medicines to ensure staff members followed safe practice.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- Some people took medicines only when they needed them, such as pain relief. There were instructions for staff on the administration of these medicines including the time between doses and the maximum to be taken in a 24-hour period.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Spring Tree Rest Home and with the support they received. One person said, "I have no worries at all. I trust every single one of them (staff).
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority, in order to keep people safe.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to continue to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to diet, nutrition, skin integrity, trips and falls. Staff members knew the individual risks to people and what to do to safely support them.
- The provider completed regular checks on the physical environment to ensure it was safe for people to live in. This included regular fire safety system checks, any potential trip or fall hazards and legionella

checks.  Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella.

Staffing and recruitment

● People were supported by enough staff who were available to safely support them. We saw staff were available to support people promptly when needed but also had time to interact with them in an unhurried and valuing way.

● The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Preventing and controlling infection

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was meeting shielding and social distancing rules.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was accessing testing for people using the service and staff.

● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

● The provider completed regular checks to ensure staff followed the latest infection prevention and control practices. Staff members told us they had received the latest training on the use of personal protection equipment and took part in a testing regime which was overseen by the management team.

Visiting in care homes

● The provider was supporting visits in line with the Governments guidance. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service were fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

● The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

● The provider had systems in place to review any reported incidents, accidents or near misses. For example, the registered manager and area manager reviewed all incident and accident records to see if anything could be done differently to minimise the risk of harm to people. This included referrals to specialist falls prevention services if it was required or a review of individuals mobility equipment.

Good

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider failed to ensure staff were provided with appropriate training and supervision to provide effective care and support. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People were assisted by an appropriately trained staff team. Staff told us they completed an induction which included practical training like moving and handling and safeguarding. Additionally, they worked alongside other more experienced staff members until they felt confident to support people.
- New staff members undertook a probationary period with the provider. Following this they met with the management team to discuss how they had got on and if any further support was needed. Staff we spoke with told us they found this to be a supportive process.
- Staff members completed a rolling programme of training including health and safety updates, fire safety and first aid to keep their skills up to date.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers aspire to in their daily working life.

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

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. People told us these assessments suited their needs and met any requirements they had.
- People were supported by staff who knew them well and how they wished to be assisted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain a healthy lifestyle. The provider and staff worked alongside other healthcare professionals to ensure people's dietary needs were met. This included regular monitoring of what people ate and their weight. Any significant fluctuation in weight was reported to the GP for their advice and guidance.
- People were referred for specialist assessment, regarding their eating and swallowing, when it was

needed. Staff members were knowledgeable about any recommendations made by health professionals and consistently supported people in a way which met their needs.

Staff working with other agencies to provide consistent, effective, timely care
● Staff members had effective, and efficient, communication systems in place. Any changes in people's needs were relayed to the management team who sought appropriate advice and guidance from healthcare professionals. Guidance was consistently written into people's individual care plans for staff to follow.
● Staff members told us about the needs and medical advice of people they supported. Staff were up to date and worked in a consistent way with people to ensure their needs were effectively met.

Adapting service, design, decoration to meet people's needs
● We saw the physical environment at Spring Tree Rest Home had been specifically adapted to support the needs of people living there, whilst maintaining a homely atmosphere. We saw people confidently moving between communal areas and their bedrooms. The design of the premises supported people's orientation with additional signage and personalised bedroom door decorations where needed.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare professionals including dentists, GP's and opticians. Referrals to health professionals were made promptly, and any follow up action was completed without delay. For example, a change in medicine was communicated to the dispensing pharmacy and started without delay.
● Staff members were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes which included, but was not limited to, oral health.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The provider had made appropriate applications in line with the MCA and the provider had systems in place to ensure any expired applications were re-applied for in a timely way to ensure people's rights were maintained.
● We saw people were encouraged to make decisions where they could. For example, one person told us they were offered a range of activities each day and they choose what to take part in.

Good

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- Throughout this inspection we saw people were treated well and with respect by a staff team who understood and supported their dignity. One person said, "They staff) are all diamonds. I can't praise them enough."
- People were supported by staff members who knew and respected them as individuals and assisted them to continue to lead a life which was fulfilling. For example, we saw one person making bird boxes with the support of a staff member. They were engaged throughout the activity and were encouraged to talk about what mattered to them. They made decisions about what paint to use and where to put the finished product. Staff members valued the person and the skills they brought to the activity.
- All staff members recognised people as individuals and treated them with respect and dignity. All staff we spoke with talked about people they supported with fondness and respect. We saw one member of the domestic team walk through the dining room and spot a person across the room had some difficulty with the placement of their crockery. The staff member responded to this by offering support and direction without highlighting the difficulty the person had experienced. This demonstrated all staff members, regardless of their role, supported people individually and with respect which promoted their dignity.
- People were supported at times of upset. We saw one person started to show they were upset about something. This was responded to immediately by a staff member who sat with them and encouraged them to express how they were feeling. We saw this person start to relax and the staff member stayed with them until the person felt comfortable for them to leave. We later saw this staff member check in several times with this person to see how they were.
- People were encouraged to retain their independence. For example, one person had a little difficulty with their meal. A staff member supported them but did not take over. They encouraged the person to do what they could for themselves and only supported with the permission of the person. One person told us, "I mainly wash myself but as I am getting on a bit, there are places which I find it hard to reach. These are the things I need a little help with but everything else I do myself."
- We saw staff members kept information confidential and ensured only those with authority had access to it.

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

- People were supported to make choices and decisions regarding the care and support they received. For example, throughout this inspection we saw staff members asking permission before supporting people and if someone did not feel like assistance, they arranged a time for them to return. One person told us, "I can

decide just about everything I want. What to do, where to go, what to eat. You name it it's me who is the one who decides."

● When people were unable to be involved in decisions about their care the management team followed best practice guidance for making decisions in people's best interests.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and, when needed, relatives were involved in the development and review of their care and support plans. These plans gave the staff information on how people wanted to be assisted. One person said, "When I first moved here, they (staff) went through what I needed help with and asked me about what I used to do. I liked the fact they took an interest in me."
- Staff members knew those they supported well. Staff could tell us about people's lives so far, including likes and dislikes, interests, personal and family history, health needs and preferences.
- People's care and support plans were regularly reviewed and changed when people's personal or health needs changed. These plans also reflected advice and guidance from visiting healthcare professionals.

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 were 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 carer's.

- People had information presented in a way that they found accessible and, in a format they could easily comprehend. For example, where information was displayed this was also supported by pictures to support people's understanding. This included pictures of meals and an easy to read complaints policy.
- When people needed sensory support in the form of glasses or hearing aids, staff knew how to support people with their personalised equipment.

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 encouraged and supported to develop and maintain relationships with those that mattered to them to avoid social isolation. People were supported to receive visits from those close to them or to engage in social occasions outside of Spring Tree Rest Home.
- We saw people took part in activities they found interesting and stimulating. At this inspection we saw people taking part in arts and crafts, singing, dancing, word puzzles or just relaxing. One person said, "There is always something going on. It's just up to me what I want to get involved in. Suffice to say I am never bored."

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern.

● Everyone we spoke with told us they knew how to raise a complaint or a concern, but no one had felt the need to voice an issue.
● The provider had systems in place to receive, investigate and feedback any concerns raised with them.

End of life care and support
● People had end of life care plans in place. These were individual to the person and took account of their individual needs and wishes.

Good

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective quality monitoring systems in place to identify improvements and drive good care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider and management team had effective quality monitoring systems in place. These included, but were not limited to, checks of people's care plans, medicines and the physical environment. Where changes were identified the provider took action to improve people's experience of care. For example, following a medicines quality check the management team noted one person was declining their medicine on a regular basis as they were sleepy. With the agreement of the person they approached the prescribing GP to see if the medicine times could be changed, which they were. This resulted in a positive outcome for the person.
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed at the home in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt the home was well managed and felt their input and opinions were valued. One person said, "I am asked how things are on a regular basis. I keep telling them everything is fine, which it is."
- The management team was in the process of completing an annual residents and relatives survey to gather the views of people and those close to them. As this was still in progress at the time of the inspection the results were yet to be formulated. However, the responses we saw were all positive.
- Staff felt their opinions were valued and they were able to contribute to the care and support at Spring Tree Rest Home. One staff member told us they attend regular staff meetings where they can express any views they have freely and if they are not able to attend notes of the meeting are made available.

● People and Staff members found the management team and provider approachable and supportive.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

● The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.

● The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.

Working in partnership with others

● The management team had established and maintained good links with other health care professionals. For example, GP, district nurses, dieticians, social work teams and physiotherapists.