

# Epping Care Home Limited

# Treetops Care Home

## Inspection report

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## 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



## Overall summary

This inspection took place on 27 April 2015.

Treetops Care Home provides care and accommodation for up to 52 people including those who have dementia related care needs. Following our inspection of November 2014, where we identified breaches of regulation, we took enforcement action to prevent the provider from admitting any further people to the service. There were nine people living at the service on the day of

our inspection, although two of these people moved to other accommodation during the day. We were informed after the inspection that as of 1 May 2015 there were no longer any people living in the service.

A new manager had been appointed on 25 September 2014. The manager had commenced, but not progressed, their application to register with the commission as required. The manager is no longer at the service. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service.

# Summary of findings

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.

Improvements were needed to the management of risks to ensure people's safety. People's personal dignity and privacy was respected, however the confidentiality of some records as well as environmental opportunity for private personal space needed improvement. People were supported by staff who had received training in basic safety areas and further training was planned to include conditions associated with older people. Appraisals had commenced to assess staff competence so as to support their development.

People had individual written plans on how their needs were to be met. Improvements were needed to these records to provide staff with clearer guidance on responding to people's needs effectively. Staff approach to people overall was kind and caring. People were supported to participate in basic social activities.

Systems to monitor, identify and manage the safety and quality of the service were improving. A recovery action

plan to address shortfalls was in place and work had recently commenced to systematically improve the service. This included planned development of new policies and procedures to guide improvements to all aspects of the service to support safety and good practice.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. People were supported by sufficient numbers of staff to meet people's needs. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Staff had a basic understanding of the Mental Capacity Act 2005 and the manager had begun to implement it in line with current guidance.

An improved choice of food and drinks was available to people that reflected their nutritional needs and took into account their personal lifestyle preferences. People had regular access to healthcare professionals.

# Summary of findings

## 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. People were not always protected where risks had been identified.

Staff knew how to recognise and report abuse to safeguard people. There were enough staff to meet people's needs safely. Medicines were safely managed.

Requires improvement



### Is the service effective?

The service was not consistently effective. The environment was not supportive to people living with dementia. Actions to safeguard people's human rights and comply with current guidance had commenced.

People were supported by staff who had received basic training. Appraisal of staff performance had begun to ensure staff were competent in their role. Action plans were in place to develop this further.

People were supported to have nutritious food and to access health care professionals when they needed to.

Requires improvement



### Is the service caring?

The service was not consistently caring. People were not always involved in the planning and reviewing of their care.

People were treated with kindness by staff, who offered people reassurance and emotional support. People were treated with dignity and their private personal information generally respected.

Requires improvement



### Is the service responsive?

The service was not consistently responsive. The care needs of people were not always properly assessed and planned so as guide staff to best meet the needs of the people they supported.

Action was on-going to review the provider's management of complaints that ensured people's views and comments were listened and responded to.

Requires improvement



### Is the service well-led?

The service was not consistently well led. Some systems to assess and monitor the quality and safety of the service needed further development.

Improvements had been made to providing a more open culture and involving staff.

The provider had also taken recent steps to put a detailed and resourced recovery action plan in place to improve the service and comply with regulation.

Requires improvement



# Treetops Care 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 27 April 2015 and was unannounced. The inspection team included two inspectors.

Before the inspection, we looked at information that we had received about the service. This included any notifications from the provider. Statutory notifications include information about important events which the

provider is required to send us by law. As part of the inspection process, we also gathered information from the local authority safeguarding and quality improvement teams.

We spoke with four people who used the service. As well as generally observing everyday life in the service during our visit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the deputy manager, the registered provider's representative and three care staff.

We looked at four people's care records, seven people's medication records and the files for three staff. We also looked at the arrangements for staff recruitment, training, supervision and appraisal, complaints management and quality assurance and risk management in the service.

# Is the service safe?

## Our findings

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of insufficient numbers of appropriate staff to meet people's needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered provider they must take action to ensure people received a safe service.

At this inspection, we observed that there were sufficient numbers of staff available who were appropriately deployed to meet people's needs. The service had recently completed an assessment of the risks related to staffing in the service. This identified the required number of staff to be on duty throughout the day and night, taking factors into account such as the potential to manage emergency situations safely. We found that the identified and recently increased number of staff were on duty at the time of our inspection. Staff were aware of the safe minimum safe staffing levels required and confirmed that these were appropriate to meet people's needs safely and were in place. This was also confirmed in the staffing rosters. The manager told us that staff were deployed to monitor areas of the service to ensure people were safely supervised. Staff were aware of areas of the service they were allocated to be working in and we saw that this was checked by the manager and associate consultant throughout the day.

At our last inspection of 18 and 19 November 2014, we identified areas for improvement in relation to recruitment procedures at the service. The manager confirmed that no staff had been recruited at the service since our last inspection. The recovery action plan for the service demonstrated that action would be taken to ensure the provider's recruitment procedure would be robust to ensure it protected the safety of people living at the service.

The service had completed an assessment of risks in the environment and had provided an action plan for the

manager to limit the risks. We saw some immediate improvements, for example, a number of unused rooms had been locked and identified as out of use and trip hazards were temporarily made safe. We found that some concerns remained however, for example, the water temperatures in some bedrooms and a bathroom sink being used by people were a potential risk both in relation to burns and infection from Legionella. The service took immediate steps to arrange re-adjustment of the water temperature until a more permanent refurbishment of the system could be completed.

People felt safe. People indicated in conversation that they felt comfortable and at ease in the service. We saw from their facial expressions and communications that they were relaxed in their environment and in their interactions with staff.

Staff had attended training in safeguarding people. They were able to tell us how to recognise abusive practice and confirmed that they would report it to protect people living in the service. We reviewed with the manager safeguarding alerts that had been investigated since our inspection in November 2014. The local authority confirmed that all safeguarding investigations at the service were complete and a number had been upheld. The service had requested a summary of any outstanding actions from the local authority and reassured us that any necessary steps would be taken to ensure that people were provided with a safe service.

People received their medicines in a timely and safe manner. Medicines were safely stored and recorded. Clearer guidance was in place to support staff to manage medicines safely where prescribed to be given on an 'as required' basis, such as for pain relief. Records showed that people received their medicines in line with the prescriber's instructions. This included prescribed creams, which were recorded on people's medication administration records. The provider's representative had recently completed a review of the medicines management in the service and re-introduced daily checks by the manager and deputy manager to ensure that safe practice was maintained.

# Is the service effective?

## Our findings

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of receiving care from staff who had not been appropriately trained, supervised and appraised. This was in continued breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff told us they had had improved access to training such as moving and positioning, the Mental Capacity Act 2005 and safeguarding people. The manager's records identified that most staff had not yet been trained in topics such as person centred care, continence support, diabetes or pressure area care, however plans were in place to address this. Staff felt better supported and told us they met with their supervisor regularly. Records of supervision showed that the meetings were used more effectively to support staff progress and morale by providing feedback on practice. In response to our previous inspection, the manager told us that all staff would receive an annual appraisal. There was a written action plan to show the arrangements made, with the support of the registered provider, to implement further improvements and to provide staff with effective induction, mentoring, training, supervision and appraisal.

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of receiving care and treatment without consent of the relevant person. This was in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that some improvements had been made. Staff had recently attended training in MCA and the Deprivation of Liberty Safeguards (DoLS). Staff had a better understanding of the MCA and how this might impact on their day to day care of people using the service. Staff did routinely ask for people's consent throughout the day. However, records were not available to show that some people had had their capacity to make decisions

assessed in line with the Mental Capacity Act 2005 (MCA). No recorded decisions were in place, for example, to demonstrate and protect people's wishes on whether they wished to be resuscitated in appropriate circumstances.

The manager confirmed that they had not as yet made applications to the local authority to ensure that any restrictions on people were lawful. The manager was however in the process of completing an application during our inspection in line with current guidance. Records showed that the local authority had accessed an Independent Mental Capacity Assessor for one person. This was part of the best interest decision making process relating to the person moving to another care service and ensured the person's human rights were protected.

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of receiving care in a premises not suitable for their purpose. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that some improvements had been made to signage, such as telling people about activities or menu choices available. Limited adjustments had been made to the environment overall to better meet the needs of people with dementia associated needs. The provider's recovery action plan for the service included changes and improvements to the environment to ensure that people would have access to premises suitably designed and adapted to meet their needs.

People confirmed that they enjoyed the meals and drinks provided. The menu offered people a choice of two main meals which we saw were available. Improvements had also recently been made to the quality of food and drinks provided, such as the use of fresh rather than powdered potatoes and to the brand of tea used in the service. We also saw that people were provided with fresh fruit and home made cake to better support nutritional intake and enjoyment. Additional catering staffing hours had recently been implemented so that people were now also offered a choice of suitable meal at teatime.

Staff encouraged and supported people to eat and drink well. One person did not eat their meal. A staff member offered them a range of alternative foods to tempt them to

## Is the service effective?

eat. The person agreed to have toast, which they ate promptly and confirmed that they enjoyed. Records showed that people's health care needs were monitored and they were referred to relevant healthcare professionals, such as district nurses, when their needs changed.

# Is the service caring?

## Our findings

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not treated people with dignity and respect. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found overall that people were treated with dignity and respect. We noted that staff asked people quietly if they would like assistance with personal care. When asking other staff to stay in the room to ensure the lounge was supervised, they explained the reason discreetly to promote people's dignity. Staff made sure that doors were closed while personal care was supported.

People's private personal information was securely stored and respected overall, a notable improvement from the last inspection. The provider's initial report had identified a risk to people's archived information. Actions were in place to manage this securely until more formal arrangements could be implemented. At times during the day we were able to access records stored in the main office that contained confidential information about people. The premises did not fully support people's privacy. There was

only one large communal space available. Apart from people's own bedroom, there were no private areas for people to meet with their visitors or to spend quiet social time. Part of the improvement plan we received from the provider included creating more private spaces for people to access in future.

People indicated that staff were caring and kind. One person told us, "They are lovely, all of them, ever so friendly. We have a lark." Another person said of staff, "They are lovely, lovely, lovely." During the six hours we spent observing everyday life in the home, we saw overall that people were treated with kindness. Staff showed a caring concern for people. While staff told us they were upset to say goodbye to the people who were leaving the service, we saw that staff remained positive and encouraging, reassuring people as they left that all would be well. We saw people and staff share hugs and good wishes. Staff addressed everyone by their preferred name and looked at people when they spoke with them.

People were not clearly involved in decisions on planning or reviewing their care and treatment. People's records did not always show reference to their involvement or that of people who acted on their behalf. One person however was being supported by an independent advocate in the decision about going to live in another care service.



# Is the service responsive?

## Our findings

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of receiving care and support that was unsafe and did not meet their needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of 27 April 2015, we found that staff generally responded effectively to people's day to day support needs where these were known to staff. We saw, for example, that staff understood a person's particular way of communicating and that staff responded to the person's needs in line with this. However, on one occasion staff did not respond to a person's needs effectively. We saw that the person had been sitting in a chair all morning without staff offering the person an opportunity to reposition themselves or to mobilise. When staff served the person's lunch, the person was slumped down in their chair. When we queried this, staff agreed that the person would be able to eat more comfortably if they were in a proper sitting position and helped the person to reposition.

Care records showed that the person was assessed as being at risk of developing pressure ulcers and should mobilise regularly. There was no care plan to tell staff how to safely support the person's skin integrity. We noted that the risk assessment stated that, due to continence issues and sitting for long periods, the person had broken skin on their sacrum and the district nursing team were providing treatment. We also noted that the care plan identified that, while the person used incontinence support equipment, they were able to use the toilet. The plan of care did not suggest a routine to guide staff to support this. We noted that they had also not been supported in this time to use the toilet. We raised this with the management team who immediately arranged for staff to support the person to stand up and walk to the bathroom. The person has since moved to another service.

Another person's care plan, for example, stated the person liked small meals and could eat independently with encouragement. Their dietary assessment did not concur with their care plans and stated that the person had a poor appetite. The appropriate score was not recorded in the assessment tool to gauge and inform the level of risk. The person's weight record showed a monthly weight loss. The person's care plan review did not identify that the person had lost weight or indicate the actions to be taken to support the person's nutrition and well-being. This meant there was a risk that the person would not receive the care and support they needed.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. People's care was not planned and assessed to ensure their safety and welfare.

At our inspection of 18 and 19 November 2014, we were not reassured that people's complaints were responded to properly as complaints management had not clearly recorded the process of investigation or outcome. At this inspection we saw that information on the provider's complaints policy was displayed in the main reception area. A system was in place to record any complaints received and identify timescales for actions to be taken and outcomes and learning to be noted. The manager told us that no complaints have been received since our last inspection. The provider's recovery action plan for improving the service included review of policies and procedures in relation to complaints management to ensure that people's views were listened and responded to.

People's received improved support to maintain their social care needs and interests. We saw that staff spent some time sitting talking with people, reading to them and completing puzzles. One person had very recently been taken shopping locally and another person had been supported to go to the pub.

# Is the service well-led?

## Our findings

At our inspection of the service in November 2014, we found that the registered provider had not protected people against the risks of inappropriate or unsafe care as they did not have an effective system to assess, monitor and continuously improve the quality and safety of the service people received. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the registered provider with a warning notice in February 2015, requiring them to comply with regulation. We visited the service on 10 March 2015 to check if compliance had been achieved. We found that improvements had commenced and further work was needed to embed the systems and processes to ensure continued improvements.

At this inspection, we found that effective work to improve the service had been initiated. However, some aspects of the provider's quality monitoring systems had not yet fully improved. The provider's monitoring system did not include an audit of care records and had not identified the failings in some care records regarding risks. Care records did not always have clear detail on how staff were to support people in the way they needed and to help them to manage risks safely, for example, when a person had lost weight.

Staff had been instructed to check on people who chose to stay in their bedroom and who were unable to call for assistance. Clear guidance was not available for staff on how often individual people should be checked and staff gave us different views on how often they understood they should complete the checks. No system was in place to monitor that the checks actually took place so that the information could be used to identify risks to people and inform staffing levels to ensure that people received quality, safe care.

The provider had employed a new consultancy firm and had worked with them to provide a clear and detailed

action plan to improve the service. This included new audit and monitoring tools. The action plan was supported by resource commitment and initial measureable timescales. In line with the action plan initial assessments of the quality and safety of the service had been undertaken. This was to identify risks and assess their priority so that changes could be effectively targeted. We saw that some of these changes, such as to safety in the service, confidential storage of people's personal information and the choice and quality of food available to people had already been positively implemented. Records showed that the registered provider and the associate consultant had met with staff to inform them of the proposed plans for improving the service. This demonstrated a more open and supportive culture in the service.

At our inspection of the service on 18 and 19 November 2014, we found that the registered provider had not protected people against the risk of poor quality and safety of service provision. This was in breach of Regulation 8 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered provider had consistently failed to recognise their responsibility to address concerns identified by us and others such as the local authority.

At this inspection the provider demonstrated through the newly appointed consultancy firm supporting them that they had better recognised their responsibility to provide a safe, quality service. A clear written organisational recovery plan for the service was in place, with demonstrated commitment for funding and resources to enable it to be achieved. We were reassured us that all people living in the service at the time of the inspection visit were moving to live in new care services and that the recovery plan would be fully implemented before application was made to start admitting people to Treetops Care Home. Following our inspection visit the service informed us that there were no longer any people living in the service. This information, along with the demonstrated commitment of the registered provider reassured us that risks to people were reduced while the registered provider made suitable improvements to the service to comply with regulation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person did not take proper steps to ensure that people's care and treatment was appropriate, met their needs and reflected their preferences.