

Epping Care Home Limited

Treetops Care Home

Inspection report

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Epping

Essex

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 and 19 November 2014. Breaches of legal requirements were found. On 5 December 2014, we placed the condition on the provider's registration. That meant they could not admit any further people to the service without our agreement for a specific timeframe. We undertook a focused inspection on 27 April 2015 where some further improvements were noted. The provider told us that from 1 May 2015, there were no people living in the service. On 7 May 2015, we extended the condition we had applied to the provider's registration so that no further people could be admitted to the service while improvements were made in line with the provider's action plan.

As there were no people living in the service at the time of this inspection on 9 October 2015, we looked at aspects of the service that needed improvement in relation to its safety and to the way it was led. This report only covers

our findings in relation to those requirements. You can read the report of our last comprehensive inspection by selecting the 'all reports' link for Treetops Care Home on our website at www.cqc.org.uk

A new manager for the service had been appointed on 28 September 2015. They had commenced the process to enable them to apply to be registered with the commission. However no application for registration had been received by the Care Quality Commission at the time of this inspection. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

As the provider is a limited company, we met with the provider's representative during the inspection. We looked at the actions the provider had made to limit risks to people. Improvements had been made in relation to the laundry and kitchen which improved the management of infection control and food hygiene processes. Tripping hazards had been reduced and equipment to support them had been made more prominent which meant people were less likely to fall. Safer processes were in place in relation to recruiting staff.

However, at this inspection, further work was identified by the provider as needed. The provider's representative provided evidence that this was planned for, with the new manager in post and once people were admitted to the service, to ensure that the processes and systems continued to improve the care people to be provided to people on an on-going basis. Due to the previous non-compliance of the service and the need to demonstrate that improvements will continue so that compliance is achieved, the judgements and overall rating of the service will not change at this time.

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 had improved arrangements in place for the safe management of risks. Plans were in place to complete additional works such as to the hot water and heating systems.

Requires improvement



Is the service well-led?

Improvements had been made to the systems to support the running of the service. Procedures were in place to support effective leadership and monitoring of the quality and safety of the service. Further improvements were needed such as to providing the manager with suitable equipment to complete their role effectively.

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 9 October 2015 and was undertaken by two inspectors. As there were no people

living in the service, the provider was given 24 hours' notice. This was to enable arrangements to be made for the manager and the provider's representative to be present in the service to enable us to complete the inspection.

Before the inspection, we looked at information that we had received about the service. This included information we received from the provider and their representative.

We looked at the provider's arrangements for reducing risks, monitoring and assessing the quality of the services provided and the progress achieved with their action plan.

Is the service safe?

Our findings

During our inspection of the service in April 2015 we found the provider did not have suitable arrangements in place to protect people from the risks associated with, for example the water system, the recruitment of staff and the risk of trips and falls.

During this inspection, on 9 October 2015, a current certificate of inspection was in place in relation to Legionella. Records showed that all water outlets were flushed regularly to reduce the risk of infection. Additionally, the laundry and kitchen had been completely refurbished and refitted, including with appropriate hand washing facilities. The refurbishment provided surfaces that were easier to keep clean and provided equipment such as washing machines and dishwashers that supported the effective management of infection, so reducing the risk.

The provider's representative told us that all hot water valves had been checked and replaced as necessary to reduce the risk of burns from hot water. We found however that hot water still came from a tap that would normally be expected to deliver cold water. A problem had been identified with the boiler when it was recently switched on at the onset of colder weather. In response to this, a new boiler was to be fitted following our inspection, so as ensure there would be sufficient heat and safe levels of hot water in the service.

A business continuity plan had not been developed to support the provision of safe and effective care to people in the event of an emergency. It was provided by the manager shortly after our inspection.

Apart from the manager, the service has not recruited and appointed any new staff since the last inspection. This meant we were unable to fully assess the provider's recruitment procedures in practice. The newly appointed manager was recruited through an agency. Records were not available when requested. They were subsequently made available to us to show that that suitable procedures had been followed. The manager told us that they had made an application for the required criminal history check to be completed and were awaiting its receipt.

New flooring had been fitted in a number of rooms. Handrails had been painted red so that they were clearly visible and would enable people to see and use them more easily. This was to help reduce the risk of trips and falls.

The provider's representative was able to tell us about the medicine system that was to be introduced and show us the revised policies and procedures in relation to care planning and risk management. The provider's representative advised us that provider had retained sufficient competent staff to enable them to offer safe care in a strictly planned and phased admission of people to the service.

As there were no people living in the service at the time of our inspection, we were unable to assess the safety of systems in relation to medicines or staffing levels. Additionally, we were unable to assess whether appropriate procedures were in place to mitigate risks that might be identified for individual people.

Is the service well-led?

Our findings

During our inspection of the service in April 2015 we found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. Subsequent to that inspection, the provider sent us an action plan to tell us how they were going to improve the service.

At this inspection, on 9 October 2015, we found that some improvements had been made. An experienced manager had been recruited and had recently taken up post. The provider's representative told us that this procedure had taken longer than expected, but that time had been taken to select a person with suitable level of skills, experience and competence to continue to implement the improvements that were needed to the service. We subsequently received information that the manager had been provided with identified equipment, such as a computer, a further improvement. This was to enable the manager with effective communication and to maintain and promptly access a range of records and systems to help them to manage the service efficiently. The manager told us they expect to be involved in hands-on care so that they know all about the service and so they can be available to staff and people who use the service.

A new quality assurance policy was in place. This included clear systems to gain people's views and involve them in

the care they experienced. It also included some information on procedures to complete a range of audits and checks of the service and to assess and analyse the information to improve the quality and safety of the service provided.

The provider had retained the contracted services of a professional consultant to support them to continue with the improvement plan for the service. This would include external monitoring of the service to be shared with the provider to enable them to know the quality of the service they were providing and take prompt actions to continuously improve it.

Staff training, development and supervision had continued during the period while there were no people living in the service. Opportunities had been set up for staff to obtain further qualifications, when the service is operational. New policies and procedures were in place including those relating to care planning, risk assessment and review. As there were no people living in the service at this time, we were unable to judge their effectiveness in practice.

We found that the service had developed more robust quality assurance processes to ensure an improved quality of service provision. However, further work was needed to ensure that processes and systems were embedded and continued to improve the care people received at the service, once the service started to re- admit people.