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Tree Tops Residential Home

Inspection report

27-29 View Road
Rainhill,
St Helens
Merseyside.
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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 

Overall summary

This was an unannounced inspection, carried out over two days on the 25 and 26 of November 2015.

Tree Tops care home provides residential care without nursing for up to 43 older people. People living at the home may be living with dementia. There were 42 people living at the home when we visited. The home comprised of two units, the Tree Tops unit accommodating 30 people and Delphland unit accommodating 13 people with dementia. Tree Tops care home is located in a residential area of Rainhill within walking distance of a train station. Parking is available at the service.

There was a registered manager in post. 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.

At our previous inspection on 16 and 19 February 2015 we found that the registered provider was not meeting seven regulations. These related to medication, complaints, management of risks, training and quality assurance

Summary of findings

monitoring. The registered provider sent us an action plan outlining how they would make improvements. We checked for improvements during this inspection and found that the registered provider had made the necessary improvements to comply with these regulations.

People we spoke with and their visiting relatives told us they were satisfied with the care and support they received from Tree Tops. People told us they had developed good relationships with the staff and told us they were treated with dignity, kindness and respect and they felt safe living in the home.

During this inspection we found that people's risks were identified, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitably qualified staff to meet people's needs and promote people's safety. We saw that staff listened to people and encouraged them to make choices and decisions about their care. Staff sought people's consent before they provided care and support.

Some of the people who lived in Tree Tops did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the

systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People who lived in the home and their relatives said, they were confident that any issues or concerns they raised would be responded to appropriately by the registered manager or the registered provider.

The staff had a good understanding of the needs of people they cared for and were positive about their roles and the organisation.

People were supported to access healthcare professionals whenever they needed to.

Staff recruitment procedures were robust, which ensured that appropriate checks were carried out before new staff commenced employment. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support and care to people. Members of staff also received regular supervision, appraisal and observations of their work practice.

Staff were complimentary about the registered manager and the registered provider and had no concerns about raising any issues.

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 safe.

People's medicines were managed and administered safely.

Staff knew how to recognise and report abuse and potential abuse.

There were sufficient staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective.

Staff received training and support which enabled them to carry out their roles effectively.

People were supported to make choices and decisions. Where people did not have the capacity to make decisions, they were made on their behalf in accordance with the law.

People were provided with a choice of food and were appropriately supported, when needed to eat and drink.

Good



Is the service caring?

The service was caring.

Staff were kind, caring and patient in their approach.

People's wishes were listened to and acted upon.

People were respected and treated with dignity. Staff took time to speak with people and they understood people's needs.

Good



Is the service responsive?

The service was responsive.

People were given choices throughout the day which included choices about activities, food and how they spent their day. People were supported to go out into the community and go on outings.

People's care and support needs were well documented and their assessed needs were met.

People were aware of how to make complaints and voice concerns about the service, if needed.

Good



Is the service well-led?

The service was well-led.

The service was well managed and staff felt valued and supported by the registered manager.

Good monitoring and quality assurance systems were in place.

Good



Tree Tops Residential 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.’

The inspection took place on the 25 and 26 November 2015 and was unannounced. This meant that the registered provider did not know we were going.

The inspection was carried out by one adult social care inspector. We reviewed the information about Tree Tops care home held by the Care Quality Commission (CQC) such as previous inspection records and notifications we had received from the registered manager. Notifications are required to be sent by the registered provider and inform CQC of any significant events about the service or people living at the home.

Before our inspection we spoke with the local authority’s safeguarding team and the contracts monitoring team to check if they had identified any concerns or issues on their monitoring visits to the home. No concerns or issues had been identified.

We observed how staff interacted with people in the communal areas, there was a relaxed friendly atmosphere in the home and people appeared comfortable and at ease with the staff.

We spoke with seven people who lived in the home, the registered manager, the registered provider, six members of staff, a social care professional, an external training assessor, and nine visiting relatives.

We viewed the care plan files of five people, to check if they had received their planned care. We also viewed other associated records about people’s care such as their medicine administration records (MARs), daily notes and accident and incident records. We looked at other records, including quality audits and health and safety inspection checks. We also looked at five staff files, the food menus and the staff training matrix.

Is the service safe?

Our findings

People who lived at the home said they felt safe, some comments were, “Oh yes I do feel safe here” and “I am settled here and feel safe”. Visting relatives said, “I really feel (name) is in safe hands here, no issues at all” and “Of course we think (name) is safe here, we have full confidence in that”.

At our inspection in February 2015 we found that the registered provider did not have appropriate arrangements for the recording of medicines in place. At this inspection, we looked at the Medication Administration Records (MARs) for five people. We saw that MAR sheets were correct and up to date, with people’s photographs on them, helping to avoid any potential errors. People’s allergies were clearly recorded. We checked the controlled drug register [CD’s] and found that it was accurately managed with two staff signatures for each medication administered. The controlled drugs were safely and securely stored in a separate locked cupboard. We found the storage of all the medicines was well organised and they were safely and accurately stored.

In February 2015 we found that the accident and incident reports did not have sufficient and specific information. At this inspection the accident reports and the accident audits contained more information and detail. This helped the registered provider to identify any trends, for example the time of accidents is now recorded.

There were health and safety inspection checks in place to ensure that people were safe, including up to date and satisfactory inspection certificates such as, Portable Appliance Testing (PAT), Gas inspection certificate, and Electric inspection certificate. Fire alarm safety tests, water temperatures and nurse call system tests were checked on a weekly basis. The checking of people’s individual hoists were carried out every six months.

The registered provider had a safeguarding policy and procedures in place to guide practice on keeping people safe from harm. Staff training records showed that safeguarding training had been delivered to staff. The staff we spoke with told us what action they would take if they were concerned, suspected or witnessed any abuse of a person who lived in the home. We found they had received

up to date training in the safeguarding of vulnerable adults. Flowcharts from the local authority safeguarding team, were displayed in relevant areas throughout the home, giving clear guidance to members of staff of how to raise any concern or allegation of abuse. Comments from staff included, “I would ensure the person was safe and and inform my manager or raise the safeguarding alert with the local authority myself ” and “ I carry a card in my purse with the number for the safeguarding team ,I also have the number on my keyring”.

We found that there were up to date and appropriate risk assessments in place for people, which promoted their independence and also their safety. Staff were familiar with the risk assessments. This helped to ensure that staff would report any changes, in order to review and update risk assessments. Some of the individualised risk assessments we observed, related to falls, nutrition and manual handling.

People received their care and support from skilled and experienced staff. We checked the staff rotas for the previous four weeks and found them to be consistant, with the correct amount of staff on duty, to meet people’s assessed needs.

We checked five staff files and we found there was a robust recruitment and selection process in place. The files included, application forms, two appropriate references, Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check if a person has a criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. This helped to demonstrate that the process for the recruitment of staff was thorough and safe.

We carried out a tour of the premises and we saw that it was clean and hygienic. Cleaning schedules for the home were in place and records of these were maintained by the registered provider. Staff had received health and safety training, including fire safety, prevention and control of infection, first aid and moving and handling. We observed that there was a good stock of personal protective equipment (PPE) including, disposable gloves and aprons. Staff told us there is always enough gloves and aprons, which helps with the management of infection control.

Is the service effective?

Our findings

People told us, “The staff are really good, always help me” and “If I need anything, I just ask, nothing is too much trouble”.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

At our inspection in February 2015 we found that People’s rights were not protected because the Mental Capacity Act 2005 Code of Practice was not always followed.

At this inspection, we saw that all staff had attended training in the Mental Capacity Act (2005). The registered manager demonstrated a good understanding of the principles of the Act. The registered manager had made a DoLS referral for a number of people who lived in the home and at the time of our inspection 14 people had an authorised DoLS in place. Staff were aware of which people were subject to a DoLS and the reasons why. Best interest meetings had taken place as required. We looked at care records and saw that Mental Capacity Act assessments had been completed and best interests decisions had been recorded.

We spoke with a visiting local authority social care professional, who had carried out best interest assessments for people. Comments included, “The manager and staff have a very good understanding of DoLS and the MCA in general. Some homes have a good understanding, this is one of them” and “The registered manager contacts us if she has a query or question. We prefer that, it shows a willingness to get things right”. The registered manager informed us that recent supervision sessions, incorporated MCA and DoLS information to all staff, this included the catering and housekeepers as well as care staff”.

At the February inspection we found that some areas of staff training and competency to check if the training was effective had not always been provided or implemented.

At this inspection we found that the registered provider had ensured that all staff had received appropriate training, and

where necessary carried out competency checks, for example, staff administering medication had been regularly checked to ensure that they maintained their competency to carry out this task. The registered provider had also liaised with other health professionals, in order to fully address the previous issues for example, with the NHS Medicines Management Pharmacist and GP regarding the medication issues. This demonstrated that the registered provider had been proactive in accessing relevant and appropriate advice and guidance from health professionals.

We spoke with a visiting assessor from an external training organisation, comments included, “I am presently assessing four members of staff, who are doing their Health and Social Care Diploma” and “The training covers all aspects of care. They are really good. No problems at all”.

We were provided with a copy of the training matrix, we saw that staff had received appropriate training and support relevant to people’s needs and their roles and responsibilities. All new staff had completed an induction programme and received ongoing training specific to their roles and the needs of people who lived in the home.

The dining room tables were neatly set for the lunchtime meal and the notice board clearly displayed the menu for the day. The lunch mealtime was unhurried, with people receiving the support they needed to eat and drink. We found that staff had a good understanding of people’s nutritional needs. People who were at risk of poor nourishment had been referred to dieticians and nutritionists and appropriate care plans were in place.

People were also offered alternative meals at each mealtime. Staff informed us that people were always offered a choice of meals. Comments from some of the people who lived in the home were, “The food is excellent” and “Never had a bad meal yet”. We were informed by the registered manager that, “some people have diabetes, which is managed according to their needs. One person is on insulin and other people eat food, which is relevant to people with diabetes” and “We use sugar replacement, like canderel”. Each person had an assessment of their nutritional preferences in their care file.

We spoke with the kitchen staff, who had a good understanding of people’s nutritional needs. There was a list of all the residents, with their likes and dislikes as well

Is the service effective?

as any allergies clearly recorded, for example one person was allergic to eggs. Staff demonstrated a good knowledge of people's nutritional needs, which helped to show that people's health and welfare was promoted.

Is the service caring?

Our findings

People who lived in the home and their visitors were very complimentary and positive about the care provided by the staff team. Comments included, "I am always treated with dignity and respect" and "The girls (staff) are fantastic, I can ask them anything".

A visiting professional told us, "I have been here at all hours of the day, including early morning and it is always the same. Very friendly staff and people who live here are always well presented and look really well cared for".

Throughout the two inspection days, we observed members of staff caring and supporting people in a dignified, respectful and appropriate way. We saw staff knocking on doors before entering and continually encouraging people. There was a good rapport between the staff and people who lived in the home. We spoke with staff members and asked how they would ensure that a person is treated with respect and dignity. Comments included, "If I walked into the lounge and saw that someone needed personal care, I would discreetly accompany them to the bathroom and constantly reassure them all the time" and "I always ask the person if it's alright to help them get dressed or washed, I never just do it. Reassure and encourage all the time".

One person was a little confused and upset. A member of staff sat with the person, comforting and encouraging them. Compassion and understanding was demonstrated by the member of staff.

We looked at a number of people's bedrooms and found them to be comfortable, warm, well decorated, bright and individualised, with their own personal belongings, including photographs and paintings. We saw fresh flowers in one room, knitting on the bed and a magazine on the armchair. One relative said, "(name) room is lovely, really well decorated and the home is well maintained".

Some people were in their bedrooms and we observed staff regularly checking on these people and asking if they required anything. We also saw staff sitting with people in their rooms. People received personal care in the privacy of their bedroom and bathrooms.

During our inspection a number of relatives visited the home. We saw that they were welcomed and offered drinks. We spoke with nine relatives and some of the comments were, "(name) likes it here, considers it to be his home", "The staff are very friendly, welcoming and always offer a cup of tea", "(name) loves it here, I know she gets well looked after" and "(name) is happy, settled and content".

Information was provided to people and their relatives about the service. The information included, what to expect from the service, information about the registered provider and the registered manager, the aims and objectives of the service and the facilities available. There was also guidance if you needed to raise any concerns.

Is the service responsive?

Our findings

People who lived in the home told us, the staff were always attentive to their needs and wishes and they were content with the level of support and care that was provided. People said, "Lots of things going on" and "I think it is an excellent home, the girls are great". Relatives told us, "If there are any concerns, they (staff) phone straight away. One time (name) was upset and confused and we spoke on the phone to (name). The staff are brilliant like that" and "I am kept abreast of everything, no issues at all. The staff are truly excellent. It's really good here, if there is anything I need to ask, I always get a response"

At our inspection in February 2015 we found that the registered provider did have not have proper

arrangements in place to assess, monitor and plan effectively, in meeting the individual needs of people who lived in the home.

At this inspection, this issue had been satisfactorily addressed. We checked the care files of five people and found they contained individualised initial admission assessments, including the commissioning body and the homes own assessment of the person's needs. Care plans had been drawn up from these assessments and they gave specific information and guidance for staff to deliver people's needs. The care plans had a front cover with a photograph of the person. A consent form was in place giving permission for the use of the photograph. Plans included information regarding people's likes and dislikes, their wishes and any preferences. Some of the preferences included what time to go to bed and what time to get up. There was guidance about how to meet people's individual spiritual needs and details of people's hobbies and interests.

The information in the background and social history section was a little limited. The registered manager told us that they would review the care plans and gather more

information regarding this section. This would help staff to be able to reminisce with people about their school days, employment and their lives in general. This would be particularly useful for new members of staff.

In February the registered provider did not have proper arrangements in place to recognise and investigate complaints. At this inspection we found that this issue had been satisfactorily addressed. People who lived in the home and their relatives knew how to complain and they told us they would not hesitate to share concerns or make a complaint. There was a complaints policy and a satisfactory complaints procedure in place. There was a complaints book, with any complaints recorded with the action taken and the outcome. There had been no complaints recorded since before the previous inspection visit.

People who lived in the home and visiting relatives told us they felt they were consulted about the service. Residents and relatives meetings were held regularly. The registered manager provided us with copies of minutes for the recently held residents meeting (28/10/2015). Items that had been discussed included the trip to Blackpool and how people had enjoyed it. A number of other forthcoming activities and events were discussed, including a fashion show, the local school choir visiting and a Christmas pantomime. Group and one to one activities were offered to people. There was a range of activities including, art and crafts, reminiscence sessions, bingo, hoopla, skittles and chair basketball, which we observed on our inspection. People were actively taking part and it was clear that they were used to this activity. People were laughing and enjoying the activity. We observed one person knitting and other people reading, one a magazine the other a daily newspaper. Throughout the home there were daily newspapers, books and magazines. We saw photographs of outings that had taken place in the past year, including trips to Southport, Knowsley Safari Park, Blackpool lights and Granada Coronation Street studio. The registered manager said, "We use a local mini-bus company, who have ramps and room for wheelchairs. They are absolutely fantastic". This means that anyone can go on the outings.

Is the service well-led?

Our findings

People told us, they knew and liked the registered manager. Comments included, “The manager is great, always available” and “You can speak to her about anything”.

The registered manager had worked at the home for 13 years and for the past 10 years had been the registered manager.

Members of staff spoke highly of the registered manager and of the registered provider, “Both are very approachable, I wouldn’t hesitate to go to either of them”, “I have worked here for a long time, It’s like one big happy family. The manager is always willing to help out and to listen” and “If I need time off, they go out of their way to let me have it off”. A visiting social care professional said, “The manager is one of the longest serving in the authority. There is a stability here and I believe that comes from the manager”. Another visitor said, “The management are very approachable and always extremely helpful”.

We spoke with the registered manager and the registered provider, we found their first priority was to ensure that the people who lived at Tree Tops received the best possible care. The registered provider said, “We know there is always room for improvement and all we want is to be told if we are not getting things right”.

All of the staff we spoke with were positive and motivated about the home and felt valued and supported.

At our inspection in February we found that care plan reviews were not taking place.

At this inspection we found that regular reviews of care planning documentation had taken place. The registered manager said, “We are now reviewing care plans on a monthly basis and we carry out audits/ checks on all aspects of care”. We observed audits for accidents, medication, health and safety, the environment, mattresses and care plans. This helped to demonstrate that the registered provider was actively monitoring the service delivery and acting upon any identified issues or potential risks to people’s safety.

We checked the homes policies and procedures and found them to be up to date and accurate.

We saw the recent report from the local authority’s monitoring unit and found that no issues for improvement were identified.

The registered manager had notified CQC promptly of significant events which had occurred at the home. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.