

Mr Richard Kirk Iyavoo and Mrs Belinda Davila  
Iyavoo

# TreeTops Residential Care Home

## Inspection report

Overton  
Timber Hill  
Lyme Regis  
Dorset  
DT7 3HQ

Date of inspection visit:  
28 September 2017

Date of publication:  
16 November 2017

Tel: 01297443821

Website: [www.tree-tops.org.uk](http://www.tree-tops.org.uk)

## 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

This unannounced inspection took place on 28 September 2017.

Treetops Residential Care Home is registered to provide accommodation and personal care for up to 18 people in a residential area of Lyme Regis. At the time of our inspection there were 11 older people living in the home.

There was a registered manager in post at the time of our inspection. 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.

People, staff, relatives, professionals and the providers described that the home had been through a challenging period. We found evidence of this in some records not having been updated and formal audits not undertaken or recorded. However, people were happy with their care and they shared appreciation and confidence in the registered manager, owner and staff team.

Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. They also knew how to identify and respond to abuse.

People told us they received the care and support they needed. They also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to on going healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink.

People had support and care when they needed it from staff who had been safely recruited.

People were engaged with activities that reflected their preferences, including individual and group activities both in the home and the local area.

Staff understood how people consented to the care they provided and encouraged people to make

decisions about their lives. Care plans reflected that care was being delivered within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for when necessary.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

## 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. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. Deprivation of Liberty Safeguards (DoLS) had been applied appropriately.

People were cared for by staff who understood their needs and felt supported.

People had the food and drink they needed. Everyone told us the food was good.

People told us that they had good access to health professionals and that staff supported them to maintain their health.

### Is the service caring?

Good ●

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People and their relatives were listened to and felt involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. People told us they were supported to live their life the way they chose to. They told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People were confident they were listened to and knew how to complain if they felt it necessary.

### Is the service well-led?

Good ●

The service was well led.

People and staff had confidence in the management and spoke highly of the support they received.

There were systems in place to monitor and improve quality including seeking the views of people and relatives. These had not been undertaken formally during a challenging period.

Staff were committed to the ethos of the home and were able to share their views.

# TreeTops Residential 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 the 28 September 2017 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. We also reviewed the Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed care practices, spoke with seven people living in the home, three relatives, three members of staff, the registered manager and the owner. We also looked at three people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits, training records and accident and incident forms. Following the inspection we asked the provider to send us information regarding staff training, clarifying the conditions on a Deprivation of Liberty Safeguard and about planned decorative work. We received this information as agreed.

We also spoke with a healthcare professional and a social care professional who had worked with the service and received feedback from a regular visitor and another relative.

# Is the service safe?

## Our findings

People told us they felt safe. One person said: "I feel very safe here." Another person said: "I feel safe - I know they check on me." A relative told us: "I am confident (relative) is safe." People were relaxed with staff and confident when they spoke with them.

People were administered their medicines and creams as prescribed. We observed people receiving their medicines. The staff member ensured they had the information and support each person needed. One person told us: "My medicine is always on time." And another person explained: "I always get my creams." Medicines were stored in a locked cupboard and medicines that required additional security were in an appropriate medicines cabinet. The registered manager told us they were exploring a new storage system and would follow good practice guidance when purchasing this.

Staff who administered medicines understood when they should give medicines that people did not take every day (PRN), however, there were no written protocols in place to support this. This raised the risk that people might not receive these medicines as prescribed. PRN protocols describe the signs and symptoms that would lead to the person taking the medicine. We spoke with the registered manager about this and they assured us they would put these in place immediately. Temperatures in the medicines fridge were recorded and monitored but the room temperature was not. We spoke with the registered manager who assured us they would put this in place immediately.

People were at a reduced risk of harm because staff were able to describe the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity, health and mobility. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were using equipment to assist their mobility and were supported to do so as described in their care plans. People's views about risk were evident in their plans and staff knew which risks were of greatest concern to individuals. A relative described how well their relative's diabetes was managed because staff understood the risks and how to manage them with their relative.

Staff were able to describe indicators that someone may be being abused. They were confident they would notice these and knew where they would get the contact details to report any concerns they had. Staff had supported people through a sensitive and complex situation to ensure they were kept safe and had their rights respected. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example when people had fallen, a range of actions had taken place including seeking input from health professionals and using technology to alert staff if a person got up independently without staff being aware. Staff understood these actions and described them consistently. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. Staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. People told us they did not have to wait for lengthy periods for staff to respond to receive their care. Staff were able to spend time talking with people as well as responding to people's support needs. One person told us: "If I press the bell they come running. "They needed help and pressed their bell and after a pleasant interaction with staff turned and told us: "See how nice and how quick they are." Staffing levels were monitored alongside the needs of people living in the home and this was reviewed as necessary. We heard how staffing had been increased in response to changing needs within the home.



# Is the service effective?

## Our findings

When we inspected the service in September 2016 we found that staff did not have the training and support they needed to do their jobs. There was a breach of regulation. The provider told us that they would meet the requirements of this regulation by the end of January 2017. At this inspection we found that improvements had been made and the provider was meeting the regulations.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. People living in the home were able to make a variety of decisions about their care and they did so throughout our inspection. Staff understood the importance of supporting people to make choices in ways that were meaningful to them. One person told us: "They listen to me about what I want." Where people were able to consent to their care they had signed their care plans and were able to discuss this with us. Where people could not make these decisions the service had worked within the principles of the MCA to ensure decisions were made in their best interests.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised when people could not consent to their care. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made when there are no other ways of supporting the person safely. One person had a DoLS authorised with a condition about who should be involved in decisions about their care. This condition was met.

People told us the staff had the skills they needed to do their jobs. One person told us: "The staff are all excellent." Staff told us they felt supported to do their jobs and regular discussion with, and supervision from, senior staff ensured they were kept up to date with people's needs. They spoke competently about the care needs of people living in the home and told us that their training was appropriate. Training reflected national changes such as the introduction of the Care Certificate which ensures that staff who are new to care work receive a comprehensive induction. One member of staff had recently joined the team. People told us how this member of staff was shadowing a senior member of staff so they could "learn the ropes". The registered manager emphasised the importance of a good induction telling us they didn't want staff to

learn to take short cuts with people's care. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to improve staff understanding of how dementia can impact on people. One member of staff described how useful this had been in helping them empathise with people they supported. Staff told us that they received informal supervision from the management team and colleagues. They told us that formal supervisions were also provided and they were able to cover both practice and their own development issues both formally and informally. All the staff we spoke with gave examples of how supported they felt. They told us they loved working in the home and felt valued by the management.

People, relatives and staff all told us that the food was excellent. One person told us that it was: "Brilliant food". Another person focussed on their positive relationship with the cook explaining: "They bring me my breakfast and have a chat." and "They will always do you something different if you want." Lunchtime was a calm and social event for those that wanted to eat together. The table was set with table cloths and condiments. People who needed support to eat and drink received this. People who chose to eat in their rooms were able to do so and received their meals at the time that they chose. The menu offered meals based on people's preferences and alternatives were made available if people did not want these.

People's weights and other indicators of adequate nutrition and hydration were measured regularly. There were systems in place to make sure that action would be taken if anyone became at risk. One person told us that the staff kept a close eye on this telling us with a smile: "I must keep drinking."

People told us they were supported to maintain their health and that they saw medical professionals when this was appropriate. One person described how they received input from a variety of medical professionals and felt supported by staff when they needed it. People told us they saw their doctors and dentists as necessary. Records indicated that people received input for emerging and on going health needs. One person was showing signs of infection when we visited and this had been addressed immediately. We spoke with a health professional who told us that they had been concerned about one person's care. They had liaised with the staff and the nursing team did not have any current concerns.

## Is the service caring?

### Our findings

People told us the staff were kind and that they felt cared for. One person told us, "Staff are nice- very kind and friendly." Another person said: "The staff are all very nice. They have time for people." Another person described the staff as lovely before telling us: "The staff make the place what it is." Some people described how important it was to them that they were able to have fun with staff. They explained that familiarity and humour made the relationships they had with staff positive. All the relatives we met told us the staff were caring. One relative told us they were: "All very friendly and helpful – I come a lot at different times of the day the staff are very good."

Staff took time to build individual relationships with people and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's histories, relationships and habits. Humour was prevalent but staff also spoke respectfully to people living in the home and each other. They sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, other people were spoken with more formally.

People told us they felt respected by staff who made efforts to know them individually. One person told us how staff had been kind since they moved into the home. Amongst the kindnesses we heard from one person that they had recently celebrated an anniversary and staff had enabled them to have a romantic, private meal. Another person described how staff always brought small gifts back from holidays to add to their collection. This had enabled them to continue to build a collection now they lived in a residential home.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I decide when I get up and when I go to bed". Other people described how they arranged aspects of their life and that staff assisted as required. They told us how important this was in maintaining important relationships with people in their community. This ethos of care ensured that people's independence was respected and promoted.

Care plans included information about end of life care where this was known and it was clear that this was only discussed with people who wished to do so. Relatives and friends of people who had died in Treetops Residential Home had written letters of gratitude which valued the kindness and compassion shown by all the staff. One referred to the "warmth, love and care" experienced by their loved one. A regular visitor to someone who had recently died told us: "They were adored by the staff who were wonderful. They were genuinely loved."

## Is the service responsive?

### Our findings

We were contacted by a relative who did not feel the care their relative had received was responsive to their needs. These concerns were reviewed by the local authority and not substantiated. We did not hear similar views expressed during our visit to the home. People told us that they received the care they needed in ways that suited them. One person told us: "You can absolutely do what you want."

People told us they felt well cared for, one person told us: "They couldn't do a better job." Staff told us they reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. The registered manager highlighted the importance of this with us. They explained that they expected all staff to know how each person needed and wanted their care. Staff knew people well and were able to describe recent changes in the support needs with confidence. For example one person was more confused and staff spent time quietly talking to them offering reassurance.

People were involved in developing the care and support they received at Treetops Residential Care Home. They told us they were able to decide how and when they received care. One person told us: "You can do what you like. They encourage you but you could stay in bed all day if you wanted to." People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. One person had recently moved into the home without time for a detailed assessment. Information was being sought from the local authority and care was being provided by senior staff as they developed an appropriate care plan with the person.

Records showed that people's needs were usually reviewed monthly and reflected changes. For example one person had a mobility care plan that had been changed when their health deteriorated. Some care plans had not been reviewed for a number of months. We spoke with the registered manager who explained that this was due to a challenging period in the home. They assured us care plans would be reviewed and explained the measures in place to ensure staff understood people's needs. Care plans reflected people's needs at the time of our inspection. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. Staff told us that by encouraging people to direct their own care they were able to provide personalised and responsive care. Records indicated that relatives were kept informed and their knowledge about their relative was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately.

The staff kept records which included some references to personal care people had received; how they had spent their time and physical health indicators. They also kept records associated with specific parts of people's care plans or as part of on going assessment. A sensitive and complex situation had been monitored discretely by staff and this information shared with professionals to ensure safe and respectful care.

People told us they felt listened to and were able to approach all the staff. They talked about feeling at ease with all the staff and particularly the registered manager should they need to complain. One person told us: "I would be comfortable to complain." Another person told us about how they would talk with the registered

manager: "She is a lovely lady. I am happy to talk with her and she would have it all sorted out. She doesn't hang about." Relatives we met in the home told us they were comfortable discussing any concerns with any of the staff.

Activities were planned for groups and individuals. During our inspection some people chatted with each other or spent time engaged in their own choice of activity in their rooms. Two people read the paper together supported by a member of staff when necessary and a ball game with help from a visiting small child brought smiles and concentration to those who took part. Staff and people told us that a range of activities were offered including music, discussion, and trips out. One person told us: "We have music, a sing song, dogs came in yesterday and we talk about films, I like films." People also spent time carrying out everyday tasks, with support, such as picking apples in the garden. One musical entertainer was booked regularly because they were loved by one person living in the home. The person told us: "I like it in my room but I go downstairs for the music." People were supported to maintain links with the community and many of the people living in the home were from the local area. They told us they were able to welcome visitors and relatives confirmed they were welcomed throughout the day.

## Is the service well-led?

### Our findings

At our last comprehensive inspection in September 2016 we found that the Care Quality Commission had not been notified about significant events. There was a breach of regulation. At this inspection we found that although one notification had not been submitted due to the confusion resulting from a delayed diagnosis, improvements had been made. The notification was submitted immediately that the error was identified.

The home was run by two providers who were involved in the day to day running of the service. One of the providers was registered with the Care Quality Commission as the registered manager of the service. We heard from people, staff, visitors, professionals, the registered manager and the owner that Treetops Residential Care Home had been through an unsettling and challenging time. We discussed this with the owner and registered manager. They described their learning from the experience and a current emphasis on stabilising and supporting people and staff. Staff and people reflected their appreciation of this approach and told us they were happy with the current arrangements under the leadership of the owner/registered manager and the owner.

Treetops Residential Care Home was held in high esteem by the people living there, relatives, and staff. People told us they thought the home was: "Excellent", "Homely" and "Lovely" and made comments like "I could not ask for a better place.", "It is lovely. Everyone is lovely. The food is lovely." and "It is beautiful here you can't fault it." Staff also said they loved working in the home, one member of staff described it as: "A supportive place to work". Everyone identified the registered manager and owner as being important. People told us the registered manager was kind and efficient. One person said: "She is very good indeed." People also commented on the commitment and availability of the owner.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included gathering the feedback of people and visitors, checks on medicines, health and safety and care plans. Whilst some of these audits had not been formally recorded due to recent challenges informal measures had been effective in securing change. Staff felt confident that plans to develop the service were underway and the registered manager spoke with passion and enthusiasm about the next steps they wished to take and the professional groups they attended to gather and share ideas. We noted that in places the home needed decoration and whilst we were told of plans to achieve this we asked for these to be formalised and sent to us. We received this information as requested. It is important that formal monitoring of the quality and safety of the service resumes and we spoke with the provider and registered manager about this. They assured us that they were now in a position to do so.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We work together to create a homely home." They described both individual and a team commitment to ensuring that this was how people experienced moving into and living at Treetops Residential Care Home and feedback from people was that they were being successful in this aim. Staff meeting minutes reflected discussion and a staff team who sought to improve the experience of people living in the home through team work.