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TreeTops Residential 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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 September 2016 and was unannounced. At the last comprehensive inspection on 9 September 2013 we found a breach of regulations. The service did not have an effective system to undertake audits of people's care documentation, accidents within the home or cleaning schedules to ensure all information held was current and completed accurately. A follow up inspection on 10 October 2013 found the service was now meeting essential standards of quality and safety.

Treetops is a residential care home located in Lyme Regis that is registered to accommodate a maximum of 18 older people who may be living with dementia or a sensory impairment. At the time of the inspection there were 13 people living there.

The two providers were very involved in the day to day running of the home. One of the providers was also the 'registered manager' for the service. 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.

There was insufficient evidence to show that quality assurance systems were being maintained, or were effective in identifying risks and areas for improvement. This included audits relating to accidents and incidents, and medicines. A new care planning system had been recommended following a care plan audit; however its implementation was incomplete. This had not been identified by the provider's quality assurance systems. This meant action had not been taken to review people's risks and care plans to ensure information was complete and up to date, and their needs could be met safely.

The service did not notify the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities.

The service was not always safe because risks to people's safety were not always fully assessed, recorded and reviewed, and staff were not consistently following safe practice around recording when giving people their topical medicines.

Staff had not had individual supervision for six months, and some staff told us they did not feel well supported. New staff had shadowed senior staff, but had not had any supervision or training, although they felt well supported by the staff team. They had not had the opportunity to read people's care plans before supporting them, but had a good knowledge of their needs which they had gained from working with other staff.

Several members of staff had left over recent months, some of whom had responsibility for introducing a new care planning system following recommendations by an external auditor. The task had not been properly completed which meant there was inconsistency in the quality and accuracy of care plans and

guidance for staff in how to meet people's needs. Despite this, staff had a good knowledge of people's individual support needs and provided good quality care. This was confirmed by people and their relatives. One person told us, "It's perfect here…it's lovely, there is no problem with the care".

Staffing levels had been reduced because staff had left, however the registered manager assured us current staffing levels were safe. They were themselves 'working on the rota' pending the recruitment of new staff. They told us the home was not fully occupied, with 13 people living there rather than the 18 people they were registered for. During the inspection we observed staff presence in the communal areas was frequent, with staff responding to people's individual needs as required. People told us staff responded quickly to their requests for support.

The providers aimed to protect people from the risk of abuse through the provision of policies, procedures, safe recruitment and staff training. At the time of the inspection a safeguarding process was underway, and the providers were working with other agencies to investigate and determine what action was needed to keep people safe.

Staff knew how to make sure people's legal rights were being protected when they did not have capacity to make specific decisions for themselves. The service had involved people's legal representatives to make sure any decisions were made in the person's best interests. Care plans contained clear guidance for staff to promote people's ability to make decisions. Applications had been made for people to be cared for under the Deprivation of Liberty Safeguards where appropriate.

People were supported to maintain good health and had access to healthcare services. People were referred appropriately and guidance followed. One health professional commented, "My team visits often. I've not heard anything untoward. We are contacted appropriately and when I've been here I've found things very good".

People had sufficient to eat and drink and received a balanced diet according to their needs and wishes. People were extremely positive about the quality of the food. Comments included, "They always ask me what I want for my lunch", "The food, considering the situation, is excellent, I do really enjoy it."

There was an activities organiser employed by the home and a weekly activities programme that people could participate in if they wished.

We saw that staff promoted people's independence and treated people with dignity and respect. This was confirmed by a relative who told us, "I have never seen anyone be treated with anything other than respect, I've only ever seen, politeness, respect and dignity". People's relatives said they were made welcome and encouraged to visit the home as often as they wished. They said the service was good at keeping them informed and involving them in decisions about their relatives care.

We have made a recommendation that the service reviews its bathing and showering facilities, considering the personal care needs of the people living there, in line with best practice.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Risks to people's safety were not always fully assessed, recorded and reviewed.

Systems for ensuring people received their medicines safely were not always effective.

The service had policies, procedures and staff training to protect people from the risk of abuse.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not being adequately supported through induction, training and supervision, and there was a risk they may not have the skills and knowledge to meet people's needs effectively.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People were effectively supported with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

People and their relatives were supported to maintain strong family relationships.

People's end of life wishes were discussed with them and their

families and recorded.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not consistently provide the up to date information and guidance staff needed to support people.

People told us they received care that was responsive to their needs and personalised to their wishes and preferences.

People were engaged in a variety of activities within the home and in the community.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The providers did not have an effective quality assurance system in place to monitor and review the quality of care to ensure that the service continued to meet people's needs safely and effectively.

The providers had not notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities.

The providers were committed to developing and improving the service for the benefit of people and staff working there.

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 30 September 2016 and was unannounced. It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries.

We looked at a range of records related to the running of the service. These included training records, medicine records and quality monitoring audits. Following the inspection we requested additional information related to staff recruitment and support, and medicine and environmental audits, but did not receive this.

We looked at the care provided to 13 people, observing how they were supported, looking at four care records and speaking with nine of them to help us understand their experiences. We spoke with three visitors and five staff including care staff, the registered manager and cook. During the inspection we also spoke with a health professional who supported people at Treetops.

Requires Improvement

Is the service safe?

Our findings

There was a risk that people may not receive safe care, because risks to their health and welfare had not always been accurately assessed, recorded or reviewed. This meant staff did not have access to up to date written information about potential risks or the actions they must take to reduce those risks. For example, one person's care plan contained a report by the community nurses about a foot ulcer they were treating. There was no other reference to this in the person's care plan which described their skin as 'intact'. Records showed a person with diabetes experienced episodes of low blood sugar. Their care plan contained no guidance for staff about how to recognise the symptoms or how to support the person during and following an episode. Other risk assessments had been completed, for example related to moving and handling, and falls, with a recommendation that they be reviewed monthly, stating, "Care staff to monitor risk management and record any problems in daily care log. To be reviewed monthly". However, it had been six months since the last review. Despite this, existing staff, who knew people well, had an understanding of people's risks; however this would not be the case for new staff or agency staff who did not know people well.

Although there were systems in place to ensure people received their medicines safely, they were not always effective. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer medicines. One person told us, "I'm on all sorts of tablets, don't ask me what they are I couldn't tell you... They give tablets (referring to staff) they are all very good'. However medicines administration records (MAR) for the application of creams and topical medication were not always signed by staff This meant that it was not possible to tell whether the person had received this medication, and they were at risk of not receiving the treatment they needed. One person's risk assessment stated, "I am at risk of developing pressure sores, so I would like staff to ensure that I have my cream applied daily", however there were gaps in the MAR chart where staff had not signed to say the cream had been applied. The registered manager assured us the creams were being given as prescribed, and the issue was therefore about recording on the MAR chart.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

The provider told us that before commencing work all new staff were checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Although references were not present in one of the staff files we reviewed, the provider assured us they had been received and that their recruitment processes were sufficiently robust to ensure people's safety.

At the time of the inspection three members of staff had recently left, and the deputy manager had left two months earlier. This had led to a reduction in staffing levels. There had previously been three members of staff on duty during the day, but now there were two plus the cook and the registered manager who also worked 'on the floor'. Two members of staff were on duty during the night. One person told us, "There are

too many changes in staff, too much change... it is the same in all care homes, basically they haven't got enough carers.' A relative agreed, "There has been a bit of a turnover with staff but this seems pretty standard in care homes". Staff had mixed views about whether current staffing levels were adequate. One member of staff told us they were "expected to clean and provide care at the same time", while other staff told us that although there were less staff, they 'made it work'. The registered manager assured us current staffing levels were safe and they were currently recruiting. In addition the home was not fully occupied, with 13 people living there rather than the 18 people they were registered for. During the inspection we observed staff presence in the communal areas was frequent, sometimes with more than one member of staff. Interaction between people and staff was positive, with staff responding to people's individual needs as required.

People at the service told us they felt safe. Comments included, "As far as I can make out I'm safe". Another person said, "It's perfect here…it's lovely, there is no problem with the care". They told us it didn't take long for staff to come when they rang their bell, "unless they are busy. At night they come as soon as I ring the bell".

The service aimed to protect people from the risk of abuse through the provision of policies, procedures and staff training. Information about safeguarding people was pinned to the noticeboard in the staff office. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. They were aware of the service's whistleblowing policy and told us they would feel confident to use it. Action had been taken in response to safeguarding concerns, for example relating to a medication error, to minimise the risk of recurrence. At the time of the inspection a safeguarding process was underway, and the provider was working with other agencies to investigate and determine what action was needed to keep people safe.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff were using PPE (Personal Protective Equipment) to minimise risks related to infection control. All the bedrooms we visited had clean individualised bedding and smelled fresh. One person told us the cleanliness was 'quite good', although, "We should have a separate cleaner, carers have to do the cleaning…There was a housekeeper but they have left already, they were only here for a few weeks".

People had individual personal emergency evacuation plans (PEEP's), which took account of their mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate them safely.
In the Provider Information Return (PIR), the provider stated, "The premises conform to fire safety regulation and best practice. Fire drills are carried out and recorded. There is a record of all equipment used by the service users in the service. A service contract is in place for the maintenance of all equipment used by service users including stair lifts and hoists. Staff carry out regular visual safety [checks] prior to use of equipment".

Requires Improvement

Is the service effective?

Our findings

While some staff were positive about the induction and training provided by the service, others, including both new and longer term staff, told us there had been 'very little'. For example, one member of staff who had been at the service for a few weeks had not received any training. They had spent eight hours over two days shadowing another member of staff and "learning the routine, personal care and what's required". They told us they had not been shown how to complete an accident report, and had 'learnt from experience' after a person had a fall. They had been asked to undertake specific personal care tasks which they did not feel adequately skilled or trained to do. They told us they had not had the opportunity to read through any care plans. They had learnt about people's needs from talking to other staff. They had not had any supervision and this had not been discussed with them, they told us, "Nothing's been said".

Staff told us they had not had supervision for several months, which meant they did not receive individual support and their practice and conduct could not be effectively monitored. The provider confirmed supervision was going to be provided by the deputy manager, but they had left the home two months ago. Plans were now being made for a senior member of staff to supervise junior staff.

These issues constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Some staff who had been working at the home for some time spoke positively about the training they had received. This included annual updates of training relating to health and safety topics, including manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One member of staff told us the training provider was 'very good', saying, "The training helps me do my job effectively. It's all face to face. You listen to it more and take it in. It's better when it's practical". A relative had seen paperwork from the dementia training and told us it reminded staff that people living with dementia" might not be able to do all things, but can do some", and that a person living with dementia is "a person who has had a life". The registered manager advised additional training was being arranged in stoma care, diabetes and pressure area care which would enable staff to meet people's individual needs. However while the provider showed us individual training certificates, there was no training matrix to show which staff had completed the training and which were due. Without this oversight there was a risk staff training may not be kept up to date.

Staff, including new staff, had a good understanding of people's complex needs. For example, one member of staff told us, "One person can be a bit aggressive when [being supported]. They can be quite challenging. It takes time and patience. You've really got to take your time and reassure them about what you're doing and why". During the inspection we saw a person who had their coat on and appeared disorientated and confused. A member of staff saw that they were looking 'lost', and asked them if they would like a walk in the garden, which reassured the person and gave them a purpose.

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. We checked to see whether the service was working within the principles of the MCA and found this was the case. Care plans showed that where people did not have capacity to make a particular decision, the service had involved their legal representative to make sure any decisions were made in the person's best interests. Care plans contained clear guidance for staff to promote people's ability to make decisions, for example, "Give me one piece of information at a time to help me make decisions. Approach from the left side to ensure I can see you. I don't like it when there are two people talking at once so please remember this." Staff told us how they offered people choices and respected their wishes, and we saw that they asked for people's consent before assisting them.

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 found applications had been made for people to be cared for under DoLS where appropriate.

People's individual nutritional requirements were assessed and documented to ensure they received a diet appropriate to their needs and wishes. This information was on a whiteboard in the kitchen to remind the cook. The service was able to cater for any special dietary needs, for example diabetes or a soft diet. One person's care plan stated, "I would like kitchen staff to ensure I am given a diabetic choice daily". The cook told us, "There are plenty of choices available and plenty of fresh vegetables… People can eat in their rooms if they want to and have breakfast in bed". They discussed the menu with people every morning and asked them what they would like to eat that day. On the day of the inspection people had a choice of cod, plaice or scampi. Overall people and their relatives were positive about the food and the choices available. Comments included, "They always ask me what I want for my lunch", "The food, considering the situation, is excellent, I do really enjoy it" and, "'I only have cornflakes for breakfast, I could have a cooked breakfast if I wanted it…They tell you what's on for meals". One relative told us their family member had lost weight before moving to Treetops, but had now gained half a stone. Another relative said, the food was 'absolutely delicious.' The person's family were invited to have lunch when they visited the previous week and reported it was 'delicious and tasty'. There was a selection of juices set out on a tray in the lounge for people to help themselves to, and hot drinks were offered frequently throughout the day.

People were supported to maintain good health and had access to healthcare services. The provider told us, "Staff are on the ball with the doctors, they don't hesitate to call doctors and nurses". During the inspection a person was feeling unwell. The GP had been called, with their agreement, and was due to visit later that day. Care plans recorded visits from a range of health professionals including a chiropodist, occupational therapist, dietician and physiotherapist. One health professional told us, "My team visits often. I've not heard anything untoward. We are contacted appropriately and when I've been here I've found things very good". Written feedback from a GP described a …" caring attitude, especially from home owner and lead carers. A homely atmosphere appreciated by our patients who are residents there". Relatives told us they were kept informed about their family member's health, and staff followed any instructions given by health professionals.

Good

Is the service caring?

Our findings

When staff discussed people's care needs with us they did so in a respectful and compassionate way, however during the inspection the registered manager did not always respect people's confidentiality, and spoke about people in front of other people. Once they had been made aware of this they acted quickly to ensure people's individual circumstances were discussed where other people could not overhear.

People told us they were supported by kind and caring staff. Comments included," The staff are so kind they could not be kinder" , "If I want to go to the loo, I ring and staff come straight away", "It is a very happy home here, nothing is too much trouble", and " I am very spoilt here, I have no grumbles". This view was shared by relatives who told us, "I have never seen anyone be treated with anything other than respect, I've only ever seen, politeness, respect and dignity". During the inspection one person accidentally spilled their tea. Staff reacted instantly and reassured them that it was "an accident", and, "Not to worry, it's ok". The table was cleared up quickly and a clean blanket provided for the person's lap. A fresh cup of tea was given. The person and member of staff shared a joke, saying, "It was the spoon's fault!"

People were supported to make choices, and told us their choices and preferences were respected. The provider told us, "We try to make it as homely as possible. They get up when they want to". A member of staff said, "We give them options. If they want to stay in their pyjamas, that's their choice". We saw this was the case, with people sitting comfortably in the lounge in their nightclothes during the morning, and getting dressed when they chose to later in the day. People's newspaper preferences were pinned up on the wall in the staff room. One person's care plan said the person, "…likes to read the paper after breakfast, the Daily Mail". The person was reading the Daily Mail in their bedroom when we visited them during the inspection.

Staff were committed to promoting people's independence. One person told us they were able to do some things for themselves, and gave the example of their morning care routine. "They bring you tea and biscuits, then return to help you get ready. I do some of my washing myself with a flannel" .A relative told us how their family member liked to do their own laundry, so washed their own flannels.

Staff respected people's privacy and all personal care was provided in private. Staff knocked on doors and asked permission before entering. They told us how they closed people's curtains before supporting them with personal care, and covered them so they weren't exposed while the support was being provided. During the inspection one person was sitting in the lounge with their legs in an elevated position and a blanket over them to respect their dignity and keep them warm.

People were supported to maintain ongoing relationships with their families and were able to have visitors at any time. Each person had a single room where they were able to see personal or professional visitors in private. One relative, who visited daily, told us they were welcome at any time, and were treated, "as if this is [family member's] home. I can make drinks any time". Relatives spoke very positively about the communication with the home. One relative told us the registered manager kept them informed about their family member's well-being saying, "They will tell you the good with the bad". They described a situation where the registered manager had phoned to tell them, "[Person's name] seems a bit out of kilter today' and

explained that the doctor had been asked to call. The relative had gone to the home and slept in their family member's room at their request, supported by the registered manager and staff.

People's end of life wishes were recorded in their care plan. This meant staff and professionals would know what the person's wishes were and could ensure they were respected. The registered manager told us how well staff had supported people at the end of their life. They said, "The way they are with the family... it's nice. They can go and sit with the person. I think they do it well."

Requires Improvement

Is the service responsive?

Our findings

At the time of the inspection a new care planning system was being introduced following recommendations by an external auditor. However, the staff who had been designated this task had recently left the service, and the registered manager had since become aware that it had not been properly completed. In addition, the registered manager told us the care plans should be reviewed on a monthly basis, but this had not been done so these issues had not been picked up. This meant care plans did not consistently provide the up to date information and guidance staff needed to support people. They included sections on people's personal and medical history, physical and mental health needs, routines, strengths and abilities, mobility and sensory needs, but some sections had not been completed, or were completed but not dated or signed so it was not possible to tell if the information was current or the person had consented to the support provided.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

In contrast, some older care plans were signed and dated, and contained comprehensive and relevant guidance, for example, "When I become agitated you can try helping me to remain calm by offering me a cup of tea. I also will respond better when I am encouraged to undertake tasks for myself… Don't overload me with information. I prefer quiet surroundings but this also helps my communication". Despite the lack of detailed information in some care plans, we found staff, including new staff, had a good understanding of people's individual support needs. For example, one person sitting in the lounge was becoming agitated and restless. A member of staff sat with them calmly and held their hand until they had settled. Staff were informed about immediate changes in people's needs at the staff handover, and significant events, like visits from health professionals, in a staff communication book.

People told us how much they liked their bedrooms. They looked homely and comfortable, and were decorated according to the person's needs, tastes and preferences with their own furniture and possessions. However one person, who had an en-suite toilet, told us, "Here there isn't a proper shower. I don't like baths; I have a lot of skin trouble. To have a shower I have to use a hoist and then a hand shower, that is poor for a care home. It's a pity when extensions are built these things aren't thought about".

People told us they received care that was responsive to their needs and personalised to their wishes and preferences. This was confirmed by relatives. One relative told us the registered manager worked with them to improve the support provided to their family member. For example, the registered manager had made them aware that their family member became unsettled if their relative visited them in the morning, so visiting times were changed to the afternoon which meant the person was more settled. They said, "[Manager's name] encourages feedback or concerns to be raised both verbally and in writing. They are very pro-active".

Before moving into the home, the manager completed an assessment with people, families and health and social care professionals to determine whether the service was right for the person and able to meet their needs. The registered manager highlighted the importance of ensuring any potential new resident had the

opportunity to visit Treetops first to see whether they would 'fit in'. They told us, "It's best if they come and make sense of the place. They can talk to the other residents beforehand and see how they feel about living here".

There was an activities organiser employed by the home. A weekly activities programme was on display in the lounge, and people had their own copy in their room. Activities included yoga, 'singalongs'(which were an opportunity to socialise with people living in other residential homes), and 'sherry and nibbles'. The activities co-ordinator also supported people individually with hospital appointments, bird watching or trips out for coffee. The registered manager showed us photographs of a party they had organised to celebrate the queen's birthday, when the dining room had been decorated especially for the occasion. Some staff expressed concern there were not enough activities or social stimulation for people; however overall, this concern was not expressed by people or their relatives. One person told us, "If I want to know [what activities there are] I look at the notice…Here in the home they have exercise, I do it. It's up to you whether you join in… They had a person here with a harp. That was very nice". Other comments included, "I go downstairs sometimes. I ask someone to take me down when the musician comes", and, "There are activities on and I can go down if I want". A relative told us their family member, "always chooses to be downstairs…there are trips out sometimes on Tuesdays and Thursdays, which [person's name] enjoys". We observed one member of staff undertaking a manicure with a person, discussing the process and providing a choice of varnish. The person was smiling and chatting throughout, and the member of staff included other people, asking, "What do you think?"

People were aware the service had a complaints procedure, but did not have a copy. They told us they would be able to complain if they had any concerns. One person said they would go to, "no particular person, anyone would sort it out", and "If I wanted help I would ask for it". Despite this several people told us about personal items that had gone missing. They had not reported this at the time, and the registered manager expressed concern that they had not done so, acknowledging this was an issue they needed to address.

We recommend that the service reviews it's showering and bathing facilities, taking into account the health and personal support needs of the people living there, in line with best practice.

Requires Improvement

Is the service well-led?

Our findings

Some aspects of the service were not well led. The provider did not have an effective quality assurance system in place to monitor and review the quality of care and ensure that the service continued to meet people's needs effectively. The provider had commissioned an audit by an external auditor two months earlier, which had recommended a new care planning system. However, the implementation of the new care planning system was incomplete, care plans had not been reviewed and did not always contain the information staff needed to support people safely and effectively. This had not been identified in the provider's quality assurance systems which meant action had not been taken to mitigate risks to people or to improve the quality of service. Gaps in people's topical medicine administration records (MAR) had not been identified. Without accurate auditing there is a risk that people may not receive medicines as prescribed. The registered manager told us accident and incident records should be reviewed and analysed every three months, but this had not been done for eight months. This meant it was not possible to identify any causes, wider risks, trends and preventative actions that might be needed to keep people safe. An annual quality assurance questionnaire, which invited people and their relatives to provide formal feedback about the quality of the service, was three months overdue.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We found the providers had not notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities. This also meant they did not reflect the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014: Notification of other incidents.

The home was run by two providers who were very involved in the day to day running of the home. One of the providers was registered with the Care Quality Commission as the registered manager for the service.

People and their relatives were complimentary about the providers. One person told us, "The people who own the home are delightful…I couldn't be better treated, this starts at the top and works its way down". A relative commented, "This home was chosen due to its size, homeliness and from the word go I took to [managers name]".

The registered manager provided 'hands on' support to people living at Treetops, covering shifts and working alongside staff. It was evident they knew people well, and had developed a positive trusting relationship with them. They told us, "I love this place to bits. We should treat people with dignity. They've paid their share, this is their home. If they want their supper at six, not five-thirty, that's fine". The registered manager told us the staff were 'excellent', and full of willingness and positivity. They said, "Staff know our standards and how to put the resident first. We discuss it at the staff meeting". They wanted to focus on

building the staff team and developing their confidence, after several members of staff had left. They also wanted to develop the activities programme. This was proving difficult however, because they were 'on the rota', in order to maintain staffing levels. They told us, "I shouldn't be, as I don't have the time to make sure everything is running smoothly".

We had mixed views from staff about the management of the home and whether it was well led. Some staff described the home as 'chaotic', and the providers as 'stressed and shouting'. They told us they did not feel well supported. In contrast other staff told us, "I feel supported by the manager. I wouldn't hesitate to talk to them for support", and, "It's relaxing, there's no tension. I enjoy coming to work. It's quite homely. It's their home and that's what I like". Staff told us they attended staff meetings, where they were able to make suggestions about how the service could be improved. For example they had suggested that staff supported one person, who was often disorientated on waking, to make a scrapbook with pictures of their family, to ground and reassure them. This idea had been followed up with the activities co-ordinator and there were plans to offer this to other people living at Treetops.
Prior to the inspection concerns were expressed anonymously about the safety of the environment. Following the inspection the provider sent copies of environmental audits which gave assurance they had carried out health and safety risk assessments to identify risks associated with their premises and that they were managing these risks.

The registered manager told us they kept up to date with best practice through training and links with organisations such as: 'Skills for Care', an organisation which supports employers develop and lead their workforce; and the 'Social Care Institute for Excellence', which provides training, research and resources for the social care and health sectors. They were also developing strong links with other residential homes in the area through shared social activities.

The registered manager worked to foster links with the local community. For example, the home took part in the National Care Home Open Day, an initiative inviting care homes to open their doors to local communities. There were also links with the local church and town, particularly around Christmas and Easter time when people participated in Christmas tree festivals and an Easter bonnet parade.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The providers had not notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive the appropriate support, training and supervision to enable them to carry out the duties they are employed to perform. 18(2)a

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems in place to assess, monitor and improve the quality and safety of the service. 17(2)a The service did not assess, monitor and mitigate the risks related to the health, safety and welfare of service users. 17(2)b The service did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided and decisions taken in relation to this.17(2)c

The enforcement action we took:

Warning notice