R J Francis Care Homes Limited

Trees Nursing Home

Inspection report

12 Candlers Lane
Harleston
Norfolk
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Tel: 01379853919

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Trees Nursing Home is a residential care home providing personal and nursing care for up to 21 people in one building. The service provides support to older people. At the time of our inspection there were 20. people using the service.

People's experience of using this service and what we found
Feedback from relatives, people using the service and staff was the registered manager and nominated individual were approachable and helpful. People, relatives, and staff consistently referred to a family atmosphere.

Some aspects of the management of the service needed improvement. For example, processes for staff to escalate clinical concerns were not always clear, and the electronic care planning system was not being used to its full effect. The nominated individual told us about improvements planned to the service, but these had not all been formalised into the service action plan.

People's care plans did not always contain detailed information about people's needs and preferences. However, a consistent staff team knew people and their preferences well.

Staff understood their safeguarding responsibilities and how to protect people from poor care and abuse. Care staff were recruited safely.

Staff enabled people to access health and social care support. We received positive feedback from health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt able to raise concerns and were confident they would be listened to and action taken. People had access to a range of activities and social opportunities

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for the service under the previous provider was good, published on 13 September 2019.

Why we inspected
We undertook this inspection as the provider had become a limited company.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Trees Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 inspector, and a specialist advisor in nursing.

Service and service type
Trees Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trees Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who live at the service and 2 relatives. We spoke with 8 staff members including the registered manager, a nurse, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 3 care records and a range of documents relating to the health and safety of the service, medicines, and staff recruitment. We received feedback by email from 8 members of staff and 1 relative.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of the service following a change of name by the provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. A member of care staff told us, "I do feel like I have adequate training in order to do my job safely. I do know how to whistleblow and I am comfortable with the home's policy and procedure on this."
- Policies and procedures were in place for whistleblowing and safeguarding adults from abuse.
- People told us they felt safe and knew who they could speak with if they had any concerns. A relative told us, "It is safe [relative] feels safe. They meet all [relative] needs."
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the manager or appropriate authorities and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks in relation to people's care were identified and managed to keep them safe. Care plans had individual risk assessments which guided staff how to provide safe care.
- Accidents and incidents were analysed, and actions put in place to address any identified risks. There were systems in place to analyse accidents and incidents for trends across the service.
- We observed people were supported to mobilise and transfer using safe techniques.
- Environmental safety checks were carried out to ensure the safety of the premises.
- Personal emergency evacuation plans were in place outlining the support each person would need to evacuate the building in an emergency.

Staffing and recruitment

- During our inspection we observed staff visible in the service with call bells answered promptly.
- A relative told us, "There is enough staff. If I want to speak to somebody there is always somebody around."
- The nominated individual told us how they matched staffing levels to the needs of people. They gave an example of introducing a twilight shift so that a person could go to bed at the time they wanted with the support they required.
- Staff were recruited safely with checks carried out to ensure they were suitable to work in the care sector. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer

Using medicines safely

- Medicines systems were well organised, and people were receiving their medicines when they should.

People said they got their medicines on time.
● MAR charts were complete with no gaps.
● Medicine rounds were observed, and staff followed good practice guidance before and during medication administration.
● Medicines were stored safely and regular medicines audits were carried out.
● Where people required topical medicines such as creams these were stored and recorded appropriately.
● The service was supported with medication management by a pharmacist from the local GP surgery.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● Relatives told us they did not have any concerns about visiting. A relative said, "I visit once or twice a week. Never had any problem."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of the service following a change of name by the provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risks in relation to people's care were identified and managed to keep them safe. People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who identified at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST).
- People's care needs were assessed before they moved into the service to ensure they could be met, and most had been regularly reviewed to reflect any changes in support.
- Care plans detailed people's needs and choices, including communication, moving, and handling, eating, and drinking, oral health and continence needs.

Staff support: induction, training, skills, and experience

- Staff completed an induction and received training in courses relevant to their roles. They said this helped them feel confident in their work. A member of care staff told us, "I do feel that I have the training and support to do my job safely and professionally."
- Staff completed a comprehensive package of e-learning modules including safeguarding, mental capacity, infection control and fire safety. They also attend moving and handling and first aid training.
- Staff were accessing vocational qualifications and the nominated individual is looking at further Skills for Care courses to enhance staff knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us the food was good. However, we were also told that some of the food was very bland, one resident had asked to see the chef and explained how they liked swede to be cooked. They told us their suggestions were followed and the taste improved.
- Some people used adapted cutlery and crockery to support their independence. This included high sided plates, two handled cups and light weight beakers, spouted beakers, and non-slip mats.
- People were supported to be as independent as possible as staff supervised and prompted where needed. Those who required assistance were supported by staff to eat and drink at their own pace and with dignity.
- The mealtime was a social occasion with people and staff enjoying conversation and music. People knew each other's musical preferences and enjoyed encouraging each other to sing along.
- Where people were identified as being at risk of malnutrition and dehydration care plans stated they should be monitored but not all plans had corresponding food and fluid charts and not all daily log entries described quantities taken so it was not always possible to see if people were reaching their target intake. However, nobody was seen to be losing excessive amounts of weight.

●People were offered a choice of drinks and snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked with a range of health and social care professionals, including dieticians, physiotherapists, speech and language therapy and GPs
● We received positive feedback from a visiting professional who told us, " I have always had a very good working relationship with management and staff."
● The local GP practice also provided positive feedback saying, "We feel we have a good relationship with the service, with regular weekly rounds, visit requests, when necessary, good planning for any vaccination rounds or planned chronic disease work."
● The service was struggling to access dental support for people in the local area and was exploring dental providers further a field.

Adapting service, design, decoration to meet people's needs
● People and relatives told us they liked the environment at Trees Nursing Home. A relative said, "It is so quiet and friendly. It is all on one level no narrow corridors."
● The nominated individual told us that one person's room had needed the window replaced. They had worked with the person, and they had chosen to have a bay window instead of a flat window which had needed some building work. We saw that this had been completed and the person was using the bay window for their computer.
● Some areas of the service had become a little shabby, for example, some carpet had been repaired with duct tape. The nominated individual told us that there were plans to improve the environment and this included new carpets and redecoration.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty
● Staff understood the importance of gaining consent from people and what actions to take if consent was not given. We observed people being asked how they wished to be supported. When people refused care,

staff were respectful of their choice and offered an alternative or came back later to check if the person was ready.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection of the service following a change of name by the provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. Relatives and staff consistently referred to a family atmosphere in the service.
- Staff knew people well and engaged them in conversations about their interests, hobbies, families, and things that were important to them.
- We observed a person living with dementia asked repetitive questions and required regular reassurance. Staff responded to every question and all staff used a consistent answer. This helped the person feel reassured and safe.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and what they wanted to do day to day. A person told us how they regularly went into the local town in their electric buggy.
- There were 3 monthly resident and relatives' meetings. We saw notes of points raised by people and the actions taken to address these. However, none of the people we spoke with remembered giving formal feedback.
- People and relatives also told us they felt able to contact the registered manager and the nominated individual directly on their mobile phone if they wanted to speak with them.

Respecting and promoting people's privacy, dignity, and independence

- We observed staff throughout the inspection giving choices and asking people questions about how they wanted to be supported.
- Staff closed bedroom doors so that people were not observed when receiving personal care.
- Equipment including specialist cutlery was provided to ensure that people could be as independent as possible when eating.
- People were supported to keep in contact with friends and family with personal mobile phones and tablets.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of the service following a change of name by the provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a personalised way that was responsive to their needs. However, not all care plans demonstrated the involvement of the person or their representative.
- Care plans lacked detail about specific ways in which people preferred to be supported. However, staff told us they knew residents well and worked closely with each other to share information amongst the team. This was confirmed by people and relatives we spoke with.
- There were systems in place to monitor people's wellbeing, including monitoring weights, falls, and wounds and vital signs. The electronic record RAG rates these activities highlighting concerns in red. However, the alerts created by the electronic record were not always acknowledged or acted on. For example, checks showed a person's blood pressure to be low but there was no corresponding entry in the notes to state how staff had managed this As people's care plans lacked detail, it was not possible to see if these readings were normal for those people and therefore did not need to be acted on.
- Family members told us, and records confirmed that they were informed in a timely manner when people's health needs changed and involved in decisions. For example, when an ambulance was called the family member was included in the decision about whether or not to transfer the person to hospital.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The nominated individual told us how people's individual communication needs were met. For example, one person had a book with specific pictures.
- People's sensory needs were supported with regular health checks and ensuring that people had the hearing and vision aids they needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. For example, a person described how they were supported by staff to create hanging baskets and plant bulbs in the garden directly outside their room. They reported enjoying this and looking forward to getting back outside to do more activities in the garden.
- There were communal areas for people to sit and spend time with friends and family.

● People said they enjoyed listening to the local radio station in the lounge as the DJ was from the town. People chatted and reminisced about their memories of growing up in the local area.
● People described taking part in sessions with a visiting art group, the groups work is displayed around the home.
● Where people were supported in bed the service activities coordinator supported them 1;1 with suitable activities such as jigsaws.

Improving care quality in response to complaints or concerns
● The service had a complaints procedure. We saw an example of how this was followed when a complaint was made.
● The majority of people and relatives told us they would not need to make a formal complaint as they had the direct contact details of the nominated individual who they could contact at any time.

End of life care and support
● Nobody was receiving end of life care at the time of our inspection. However, we spoke with a relative who had recently suffered a bereavement of a person who was living in the service. They were very complimentary of the care provided and the support given to both them and their relative.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of the service following a change of name by the provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- There were management structures and quality control processes in place. However, these had not been fully developed and were not being used to drive improvement in the service.
- The service had an electronic care planning system but this was not being used to its full capacity. Care plans included generic information such as "[Person] requires nurse to administer medication'. It did not describe preferences such as on a spoon, with juice or water. Another care plan stated "needs assistance" but did not state the type of assistance preferred or needed. Audits by the registered manager had not identified the shortfalls. The service relied on the comprehensive knowledge staff had of people using the service.to provide care as people preferred.
- In another example an 'anxiety' care plan stated staff should encourage the person to have meals in the dining room, be aware of their location and attempt to include them in any arranged activities. It did not fully describe triggers for the resident's anxiety or ways staff could meet their emotional needs. However, staff demonstrated their positive rapport and understanding of this person's needs in their interactions with them.
- Staff were alert to signs of sepsis and monitored people's vital signs. However, there was no policy and therefore no specific process to review clinical escalation plans. Without a person centered escalation plan in the care records it is not possible to know if any readings were outside of the normal range for that person and what steps would be taken to resolve the issue or when to seek urgent medical attention.
- Nursing staff provided a range of clinical tasks including catheterization, and when required, wound care but there was no specific training pathway or standard operating procedures for these activities. There was a peer review system in place where the nurses observed each other's practice, but it was not clear how standards of competency were formally assessed against current guidance and best practice.
- The nominated individual told us how they planned to improve the service particularly around the environment. Plans included replacing carpets and a new specialist bath. However, these plans had not all been included in the service action plan so that they could be reviewed, updated and progress tracked.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and staff consistently referred to a family feel in the service. There was a caring and inclusive culture. On the day of our inspection the service was holding a memorial for a member of staff.

● People and staff told us that the management were open and approachable. People and staff had the mobile phone number of the nominated individual which they were comfortable to use. One person said, "I can phone (nominated individual) any time they always respond."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood their regulatory requirements to notify CQC of events which they were required to do so.

● There was an open culture within the service and learning from incidents was shared both within the service and across the provider's other service.

Working in partnership with others

● The service worked with a variety of outside professionals and organisations to provide care and social engagement. We received positive feedback from these organisations.