

## Complete Care Homes Limited

# Treetops Nursing Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Treetops Nursing Home is a nursing home providing personal and nursing care for up to 24 older people with dementia or mental health needs. At the time of the inspection, 22 people lived at the service.

### People's experience of using this service:

Staff had a good understanding of people's care and support needs. Support was provided in a safe way by a consistent team of staff who were committed in ensuring people lived meaningful, fulfilled lives. Relatives provided positive feedback with regards to the service and felt people were safe. Staff were visible around the service and it was clear positive, caring relationships had been developed.

People were provided with support from a team of staff who had the skills and knowledge to carry out their roles. The registered manager encouraged staff to continuously progress. Systems had been developed to ensure people at risk of malnutrition or dehydration were closely monitored. Any accidents and incidents were closely monitored and recorded although a thorough analysis had not always been completed to identify any trends. We have made a recommendation about the analysis of accidents and incidents.

Positive, close working relationships had been developed with other professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Choices people made were respected. Where people lacked capacity, appropriate assessments had been completed.

People's likes, dislikes and interests were carefully considered when planning activities. Staff had the time to spend one to one with people. Care plans were person-centred which ensured support was provided in a consistent way that was led by people.

Systems were in place to continuously monitor and improve the service to ensure people received a good quality service. People were clearly at the heart of the service and regular feedback on the service provided was requested. There was a high level of satisfaction with the all aspects of the service provided.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was passionate about ensuring people received the support they required. The service had good links with the local community and other professionals to promote and improve people's health.

### Rating at last inspection:

Good (report published 9 November 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Treetops 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Two inspectors carried out this inspection.

#### Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before our inspection, we looked at information we had received about the service since the last inspection. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority contract monitoring team before our visit. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and four relatives. We spoke with eight members of staff, which included three care staff, a chef, an activities coordinator, a nurse who was also the deputy manager, the registered manager and nominated individual. A nominated individual is a

person who is nominated by the provider and is responsible for supervising the management of the regulated activity provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We viewed a range of documents and records. This included two people's care records and multiple medication records. We looked at two staff recruitment and induction files, four staff training, and supervision files and a selection of records used to monitor the quality and safety of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff knew who to inform if they had any concerns in relation to abuse. They had received effective training and demonstrated a thorough awareness of safeguarding procedures.
- Observations demonstrated that people felt comfortable in their surroundings and with staff. Relatives told us they felt people were safe. One relative said, "I have never had any reason to think [person's name] is anything but safe here. It is a brilliant service and they are fantastic with [person's name]."

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

- Robust systems were in place to identify and reduce risks to people. Care plans included personalised risk assessments that had been regularly reviewed to ensure they remained relevant.
- Additional guidance in relation to risks associated with specific medical conditions had also been sourced; this ensured staff were provided with detailed information.
- Staff understood the importance of promoting people's independence and freedom yet minimising any related risks.
- Accidents and incidents had been recorded. A system was in place to monitor accidents and incidents and reduce risks where possible; this could be further adapted to identify any patterns or trends. We recommend the provider considers current guidance on the analysis of accidents and incidents and take action to update their practice accordingly.
- The safety of the services environment was maintained. Health and safety checks as well as regular maintenance checks were completed. Records were clear, and action had been taken when any issues had been identified.

Staffing and recruitment

- A safe recruitment process was in place to ensure suitable staff were employed.
- There was enough staff available to support people in a timely way. Staffing levels were reviewed on a regular basis.
- People and relatives told us there was enough staff on duty. Comments included, "There is always plenty of staff on duty. What I like is that they have time for people. Staff are always chatting and sitting with people which is really nice to see."

Using medicines safely

- Medicines were stored, administered and recorded appropriately.

Nursing staff responsible for medicine management ensured the provider's policy and procedure was followed.

- Staff had received appropriate medicines training and their competency had been assessed.
- When medicines errors had occurred, robust action was taken and additional control measures put in place to reduce further risks.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections. Infection control audits were in place to ensure standards were maintained.
- The environment was observed to be clean and tidy. Everyone we spoke with felt the service smelt pleasant.

# 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.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- Staff continuously assessed people's needs and recorded information in their care plans and risk assessments about how those needs should be met.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- Care and support was provided by staff who had the appropriate skills, knowledge and support from management to ensure they had the required skills and followed best practice guidance.
- Observations of staff practice were conducted to ensure they were working to the providers required standards and following best practice. Further observations around clinical practice were being introduced.
- Staff spoke highly of the registered manager and the support they received. Comments included, "[Registered manager] is brilliant. Very approachable and always available to listen to staff. I would say I am very much supported in my role."

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

- People were supported to ensure they ate and drank enough. If there were any concerns regarding people's weights, appropriate monitoring charts were in place and relevant professionals contacted.
- People were provided with a variety of meal and refreshments throughout the day that were adapted to meet people's preferences and dietary requirements.
- People appeared to enjoy the meals on offer. We observed staff offering meals using dementia friendly menus or showing people plates of food available to enable them to choose independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had links with the local GP practice who visited the service. Regular visits from other professionals such as opticians and dentists ensured people received the support they required and their health needs were met.
- Care plans showed advice from professionals was acted upon to make sure people received effective care. Any guidance provided was readily available to staff.

Adapting service, design, decoration to meet people's needs

- The service supported people living with a dementia. Consideration had been given to people's mobility

needs and cognitive impairments to ensure the design and décor were suitable. For example, flooring was non-patterned and appropriate lighting was in place.

- People were free to access all areas of the service and people were supported to do this if needed.
- People's bedrooms were personalised to their own tastes.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff completed mental capacity assessments and made best interest decisions when necessary.
- The registered manager had made appropriate applications to deprive people of their liberty legally. Staff worked to make sure conditions on people's DoLS were met.
- Where appropriate, people signed their care records to document that they consented to the support staff provided.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were attentive to people's needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- People were supported by a consistent team of staff. A relative told us, "I have never seen any staff working that I am not familiar with and I generally visited a couple of times per week. They know [person's name] inside out."
- Staff had spent time completing life history documents with people and relatives to enable them to get to know people, their interests and significant life events. Staff used these to stimulate meaningful conversation and activities. Observations demonstrated meaningful interactions that people responded to in a positive manner.
- Staff were knowledgeable about when people may become anxious and what the triggers for this could be. We observed positive intervention during the inspection. People and relatives were provided with emotional support when needed.

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- Staff clearly respected people's wishes and choices they made but provided guidance to ensure they remained safe.
- People, and where appropriate relatives, were involved in discussions regarding how they wished their care and support to be delivered.
- Staff understood the importance of ensuring effective communication was promoted whilst maintaining confidentiality.

Respecting and promoting people's privacy, dignity and independence

- Observations showed staff treated people with dignity and respect. Where people were cared for in bed, this was done in a dignified way ensuring people's privacy was respected.
- Staff understood people's abilities, and this was respected and promoted. A relative told us, "[Person's name] has good and bad days. Staff are so calm and caring towards them and constantly encourage. Even on a bad day, staff still have time to provide the level of support they need."
- The registered manager and staff showed genuine concern for people who used the service and were keen to ensure people's rights were upheld and they were not discriminated against.
- People were encouraged to maintain relationships and build new friendships. Staff ensured people and

any visitors were included in activities and general discussions. A staff member said, "We are like a big family."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had care plans in place in relation to their assessed needs which contained a high level of person-centred information.
- Care plans had been regularly reviewed to ensure they remained relevant and contained up to date information.
- Staff were responsive to people's needs. One relative said, "[Person's name] has anxiety and can show signs of aggression due to their condition. Staff are excellent – so patient and caring and they adapt their approach to make sure they can respond to [Persons name] needs. "
- Observations showed people enjoyed the activities on offer. The activities coordinators ensured each person's interests were considered when planning activities. Staff had ample time to spend one to one with people participating in pastimes they enjoyed. Staff understood the importance of providing meaningful stimulation throughout the day.
- Information was provided to people in a format that people could understand. The principles of the Accessible Information Standard had been met.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. This was available in different formats, such as large print, if required.
- Whilst there had been no recent complaints made, the registered manager was clear of the process to follow and response times they needed to comply with. Minor concerns raised had been address without delay.
- People and relatives were observed to approach the registered manager throughout the inspection. It was clear there was an open and honest culture within the service.
- Relatives knew how to raise any concerns. One relative told us, "I speak to the registered manager every time I am visiting. I have never had to raise a complaint, but I would have no problem doing so if needed."

End of life care and support

- Each person had an advance care plan in place which contained details of people's wishes in relation to end of life support.
- Staff had completed end of life training and spoke passionately about ensuring people's last days were spent according to their wishes.
- The registered manager worked closely with the local hospice to ensure people's need were met.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff held the registered manager in high regard; they spoke positively about their approach and commitment to the service. One relative told us, "The manager is fantastic. I cannot fault them or their approach at all."
- Staff were proud to work at the service and spoke passionately about the people they supported. The registered manager set high expectations and led by example.
- Staff and relatives were actively involved in the service. Staff, resident and relatives' meetings took place where they could share their views, feedback and any ideas.
- The registered manager engaged with everyone using the service and those relatives and professionals involved to ensure the service provided person-centred, high-quality care. Feedback was analysed, and improvements made where needed. 'You said, we did' boards were on display to share improvement being made as a result of feedback provided.

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

- There was a comprehensive quality assurance process in place that were effective in highlighting any shortfalls.
- The registered manager was aware of their role and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Staff were held to account for their performance and continuously encouraged to improve their knowledge.
- Daily staff 'huddle meetings' ensured effective communication about key issues and made sure staff were clear about their tasks and responsibilities.
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

Working in partnership with others

- The registered manager continued to build their leadership skills by working with other managers responsible for the provider's other locations, driving forward improvements and sharing best practice.
- The registered manager had built strong relationships with other organisations. They attended forums and events within the region. The service had good links with the local community and other care home

services within the area.