Tree Vale Limited

Tree Vale Limited Acorn House

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

Tree Vale Acorn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tree Vale Acorn House is registered to provide accommodation for up to 33 people who require accommodation and support with their personal care. The home is located in residential area. At the time of our inspection there were 28 people who lived at the home.

At the last inspection the service was rated overall requires improvement. At this inspection we found the service had continued to improve and a rating of 'good' has been achieved. This reflects the hard work of the manager, deputy manager, provider and staff since our last inspection.

We spoke with three people who lived in the home. They all gave spoke highly of the home and the staff who supported them. It was clear from what people said that the manager and staff team were well thought of. They told us the manager and staff were kind, caring and that the support provided was good.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. People's life histories were included and gave staff information about their families, life prior to coming to live at the home and the things that were important to them in their day to day lives. This gave staff an understanding of the people they supported so that positive relationships could be developed.

Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was warm, homely and relaxed. People and staff chatted socially to each other, these conversations were natural and it was obvious that people had warm relationships with staff members.

Staff recruitment was safe. The service was staffed sufficiently at all times and staff had received the training and support they needed to provide safe and appropriate care.

People's physical emotional well-being was at the forefront of the service. Where people's mental health had declined we saw that prompt action was taken to get people the help they needed. Where people needed help to make informed decisions about their care, the Mental Capacity Act 2005 had been followed to ensure that people had the support of external advocacy service or family members. Records showed that any decisions made on people's behalf had been done so in their best interests.

People's physical health was monitored and responded to quickly if they became unwell. Changes in people's mobility needs were promptly addressed with referrals to the falls prevention team or occupational therapy for a re-assessment of their needs.

Accidents and incidents and people's health needs were managed appropriately with support from a range of health and social care professionals. Medication was managed satisfactorily and staff had clear guidance on how and when to administer 'as and when' required medications such as Paracetamol in order to maintain people's comfort.

People received enough to eat and drink and had a choice. People told us the food was of a good quality and we saw that portion sizes were ample. Where people did not like what was on offer, an alternative meal was provided without hesitation.

A range of person centred activities were provided ranging from a music sessions, nail care, balloon games, bingo and quizzes. This promoted people's social and emotional well-being. People's well-being and level of participation in the activities provided was monitored and responded to where appropriate.

There were a range of effective mechanisms in place to monitor the quality and safety of the service and the views of people were regularly sought by the manager. This was good practice.

During our visit, we had no concerns about people's care or the service itself. We found the home to be well-run with a passionate and caring staff team who worked hard to provide good care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People's risks were assessed and well managed

Staff recruitment was safe and there were enough staff on duty to meet people's needs.

People's medicines were managed satisfactorily. People received the medication they needed to keep them well.

The premises and equipment was safe and maintained.

Is the service effective?

Good

The service was effective.

People's ability to make their own decisions was supported appropriately. The Mental Capacity Act 2005 and Deprivation of Liberty Safeguard legislation was followed.

People got enough to eat and drink and told us the food was good.

Staff were trained and supported effectively in their job role.

Is the service caring?

Good

The service was caring

People told us the staff were kind, caring and treated them well.

We observed that people were supported in a patient, compassionate and dignified way.

Staff were knowledgeable about people's needs and spoke about them with genuine affection.

Is the service responsive?

Good

The service was responsive.

People's care was person centred and nurturing.

People received the support they needed with their physical and emotional needs.

A range of activities were provided to occupy and interest people. This promoted their well-being.

The complaints procedure was accessible and easy to understand. No one we spoke with had any complaints and everyone spoke highly of the service.

Is the service well-led?

Good

The leadership of the service was good.

The manager, deputy manager and provider had continued to improve the service. This resulted in a change of rating from requires improvement to good.

The quality and safety of the service was monitored in order to mitigate risks to people's health and welfare.

The culture of the home was open and positive. People looked well looked after, comfortable and safe.

Tree Vale Limited Acorn House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 January 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider and the local authority since the home's last inspection in March 2017.

During the inspection we spoke with three people who lived at the home, the provider, the registered manager, the deputy manager, a senior care assistant and a care assistant.

We looked at the communal areas that people shared in the home and visited a sample of their individual bedrooms. We looked at a range of records including three care records, medication records, two staff personnel files, staff training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with felt safe at the home. One person said "Oh yes, staff treat you nice" and another person told us "It's marvellous here".

Staff had received safeguarding training. The staff we spoke with knew how to keep people safe and protect them from the risk of abuse.

The number of staff on duty was sufficient to meet people's needs and during our visit we saw that staff supported people in a safe and appropriate manner. It was obvious people felt safe, comfortable and relaxed in their company.

People were supported by a consistent staff team. The majority of staff had worked at the home for some time. Two new staff had been employed since our last inspection. We looked at their recruitment records and saw that robust recruitment procedures had been followed to ensure they were safe and suitable to work with vulnerable people. For example, criminal conviction checks, proof of personal identify and previous employer references.

We looked at the care records belonging to three people who lived at the home. We found that people's risks were properly assessed and managed. For example, the risk of malnutrition, pressure sores, falls, moving and handling and mental health had all been assessed and regularly reviewed. We saw that the guidance given to staff was person centred and it was easy to follow. This was good practice.

We saw that where people's level of risk had changed, appropriate action had been taken to monitor and address any concerns. For example, one person had lost a little weight since the last monthly review and their diet was subsequently fortified with extra calories and monitored by staff to ensure their intake was sufficient. One person's mobility had declined and staff had ensured that their ability to mobilise was reassessed by an occupational therapist. This resulted in the person being given a new mobility aid to maintain their independence.

People's care records showed regular involvement with a wide range of health and social care professionals such as chiropody, district nurses, mental health teams, opticians, continence services, dieticians, physiotherapists and advocacy services. Records of these visits and appointments were kept and well maintained.

Accident and incidents were properly recorded and managed well. Where people needed extra support with their mobility to prevent falls, they had been referred to the specialist falls team as appropriate. Records showed that people's health and wellbeing was closely monitored by staff for 48 hours after an accident or incident occurred to mitigate the risk of further complications.

There were a couple of minor improvements needed to the premises and on the day of our visit, the provider was in the process of completing an environmental check so that these improvements could be organised.

The home's gas, electric, fire alarm, moving and handling equipment and nurse call bell system had all serviced and inspected as safe. There were systems in place to monitor and manage the risk of Legionella bacteria developing in the home's water supply and water temperature checks were undertaken to ensure that the hot water people used was at a safe temperature.

People had personal and emergency evacuation plans (PEEPs) that provided clear information on their needs and the support they would require in an emergency situation. PEEPs were up to date and accurate.

We checked a sample of people's medicines. We found that the balance of one person's pain relief medication did not match the amount administered on their medication administration record. There was also some excess stock of eye drop medication in the home's fridge. We spoke with the deputy manager and senior care assistant about these issues. Further investigation and discussion suggested that the differing amount of pain relief medication were most likely to be due to the carry forward figure of medication from month to month being incorrect. The excess stock of eye drop medication was addressed immediately and removed from the medication fridge to be disposed of.

All other aspects of medication management were safe. Medication was stored at safe temperatures and secured in a locked medication trolley in a locked cupboard. People had 'as and when' required medication plans in place that gave staff guidance on how and when to administer these medications in order to maintain people's comfort. A running count of 'as and when' required medications, was kept one medication cycle to another. This helped staff to account for the medication they administered.

Good

Is the service effective?

Our findings

People told us they were able to live their life how they wanted to at the home and could please themselves as to what they did during the day. One person told us "You can do your own thing. I can please myself". Another person told us they "Had what they liked on the TV (in the communal lounge)" and another said "It's nice here, better than being at home on your own".

People's care files showed that they and their families had been involved in discussing and planning their care and people's preferences and wishes were documented for staff to be aware of.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care files contained information about their mental and emotional well-being. A monthly review of their needs and care also gave staff updates on the person's progress, any changes and the action taken if extra support was needed.

People's capacity to consent to decisions was assessed in accordance with the MCA when their capacity to do so was in question. Where people needed to be deprived of their liberty (DoLs) to keep themselves safe, the correct legal processes had been followed to ensure this was in people's best interests.

We saw that one person had conditions assigned to their DoLS. Records showed that the manager had done all that they practicably could do, to ensure these conditions were met. This person had regular involvement with a 'Relevant Person's Representation (RPR). The role of the RPR is to maintain contact with the person, and to represent and support the person in all matters relating to their deprivation of liberty safeguards. This was good practice. We could see from the records we looked at that the manager and staff at the home had worked in partnership with the RPR to ensure that any actions taken were in the person's best interests. The manager had also taken further legal steps to ensure that the person's financial well-being was protected.

Staff had received the support they needed to do their job role effectively. Training was provided in a range of topics such as health and safety, first aid, fire safety, mental capacity act, food hygiene, safeguarding, dementia care and moving and handling. Staff members had access to regular supervision and their skills and abilities were assessed by an annual appraisal. The staff members we spoke with during our visit, including the manager were knowledgeable about people's needs and knew how to care for them

effectively.

People told us they got enough to eat and drink and were pleased with the choices on offer. One person told us the food was "Very nice" and another told us that they liked ice-cream and that the staff had ensured that they had some after lunch.

We saw that there was a picture menu of the mealtime options pinned up on a noticeboard in the entrance area to the communal lounge. People were given a choice of two menu options. We saw that they were asked what menu option they preferred when they sat down for lunch. The deputy manager told us that this was because they recognised that some people who lived at the home, lived with dementia and for them, any decision making was very much "In the moment". We saw that people were happy to choose their meals at the table and anyone who wanted an alternative was provided one without hesitation.

We saw that tables were set pleasantly and that people's portion sizes were ample. There was a warm, relaxed warm atmosphere and people sat in groups and chatted sociably to companions whilst they ate.

Good

Is the service caring?

Our findings

Everyone we spoke with said staff were kind and caring. Our observations of care confirmed this. One person said "Everything is lovely. Staff are really kind and helpful" and a second person told us "Staff are unbelievable they are fantastic. I love every single one of them".

During our visit, we saw that a person's relative had sent staff and the manager a delivery of flowers to express their appreciation for the care their loved one received at the end of their life. It was obvious that they thought highly of the manager and staff team.

During our visit, we found the manager to be passionate about the home and clearly committed to providing good care. The manager was a visible presence in the home and we saw that they people responded positively to their interaction. It was clear that the manager had good relationships with the people who lived there.

We observed people received kind and compassionate care and all of the staff we observed were warm and genuine in their interactions with people. The manager and staff chatted to people socially. Conversations were light hearted, spontaneous and natural which demonstrated that the manager and staff knew people well and that people were relaxed in their company.

One person was not feeling too well on the day we visited and we saw that staff took the time to check on them regularly throughout the day. They ensured the person was comfortable and had a hot drink as and when required. Positive touch was used to reassure the person and this reassurance was given so naturally it was obvious that staff genuinely cared about the person's well-being.

People were supported at their own pace and staff ensured they were happy with support to be provided before it was given. People looked clean and well looked after and the atmosphere in the home was homely. One person told us that "All they (the staff) want to do is care for you".

There was a pamper session being undertaken when we arrived at the home and we saw that a privacy screen had been placed around those people having their nails done. This showed that staff cared people's privacy and dignity was maintained. There was soft music playing in the background and we heard the activities co-ordinator engaging people in meaningful conversation about their families or day to day lives. It was clear the activities co-ordinator people knew each other and felt comfortable chatting about the day to day things most people talk about. This promoted people's well-being.

The home held regular meetings for people who lived at the home to enable them make be involved in the running of the home. The activities co-ordinator chaired these meetings and we saw that people were able to voice their opinions and suggestions on such things as activities, the quality of the food and menu planning. During these meetings, we saw that people's satisfaction with the service was checked. The activities co-ordinator also undertook discreet observations of people's well-being to gauge how people were feeling. This was good practice and enabled the activities co-ordinator and staff to pick up any subtle

clues that people may not be feeling 100%.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us the service was good.

We looked at three people's care files. People's care plans contained clear and up to date information on their needs and risks. They provided staff with guidance on how to support people in a way that met their needs and respected their preferences. Person centred life histories were included each person' care file, which gave staff information on people's backgrounds, family life and what was important to them. This helped staff gain an understanding of the people they supported.

People's likes and dislikes were recorded for staff to be aware of. Information on what people could do independently in their day to day lives and what they needed help with was documented for staff to follow. People's health needs and risks were described and people's end of life wishes recorded so that these could be respected.

We saw that where people's emotional well-being declined, prompt action was taken to ensure they received support. For example, staff had noticed that one person's mood had become low and an appointment with mental health services had been promptly obtained with their family's involvement. Records showed subsequent to this intervention, the person's mood and general well-being improved. This indicated that the service had responded appropriately to ensure this person received the support they needed to prevent further emotional decline.

One person had become physically unwell and staff had ensured that the person's oxygen saturation levels, blood pressure and pulse readings were all taken before they contacted tele-triage services for advice. Tele-triage is when a medical professional, usually a registered nurse, speaks by telephone to a person or their representative to assess their symptoms or health concerns and either offers advice over the phone or recommends they seek further medical treatment.

In this person's case, we saw that although the tele-triage service had recommended that the person went to hospital, staff at the home recognised the person's end of life wish not to be admitted. Staff respected these wishes and organised the person to receive alternative support via an urgent GP visit to the home. This indicated that the service was responsive to the person's end of life preferences.

There was a varied and person centred activities available for everyone who lived at the home. An activities co-ordinator was employed by the provider and they worked hard to ensure people were engaged in the activities provided. Activities included music sessions, nail care, balloon games, bingo and quizzes and people were supported to practice their religious beliefs or faith. Records were kept of the activities people participated and included details of the people's level of participation and whether they had enjoyed the activity.

There was a complaints procedure in place displayed on the noticeboard in the entrance area to the communal lounge. The new policy was easy to see and read and contained not just the names of the staff

people could complain to in the first instance, but also their photograph. This was good practice as it enabled people who lived with dementia to recognise who the staff member was, should they not remember their name or vice versa.

No-one we spoke with had any complaints. We saw that since our last inspection, there had been two minor verbal complaints recorded. Both had been responded to immediately by the manager and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the manager and the staff at the home. One person told us "The manager is very, very nice and very kind". Another person told us the home was "Very good". People were more than happy with their care. They spoke positively and with warmth about the staff members that cared for them.

Staff spoken with liked working at the home and told us the manager was supportive. They were knowledgeable about people's needs and things that were important to people. The manager and deputy manager clearly cared about all of the people who lived at the home and were committed to ensuring everyone felt not only well looked after but cared for. This was evident during our conversations with the manager, the deputy manager and staff at the home. It was obvious from these conversations that people's well-being was at the forefront of service delivery.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We saw that the manager had a comprehensive range of audits in place to monitor the quality and safety of the service. For example, there were audits in respect of medication, infection control, fire safety, the appraisal and supervision of staff, accident and incidents, the premises and equipment and care records. All of the audits were up to date and had been reviewed by the provider every three months to ensure that the audits were a fair reflection of the service provided. It was clear that the manager and provider were fully committed to providing a good service.

During our inspection we had no concerns with regards to people's day to day care, the safety of the premises, fire safety, medicines administration, infection control, the management of accidents and incidents or the management of the service or staff. This demonstrated that the manager's and provider's oversight of the service were effective in ensuring people received a good quality service.

At our last inspection, the service was rated overall requires improvement. At this inspection, the service has been rated good. This shows that since our last inspection, the manager, deputy manager and provider have worked hard to sustain and develop a programme of improvements that have positively impacted on people's care.