



Treetops Care Home

Follow Up Enter & View visit 14th June 2017

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Tree Tops Care Home
Address: Park Road, Leek, Staffordshire. ST13 8XP
Service Type: Nursing Home
Date of Visit: 14th June 2017

Authorised Representatives

Name: Sandy Turner
Role: Author / Observer
Name: Glenys Robinson
Role: Observer

Purpose of Visit

This is a follow up visit to Treetops Care Home. Healthwatch Staffordshire last visited in August 2016, where the report was positive following the recent appointment of a new manager.

However, a CQC inspection of August 2016, which was published in January 2017 was less positive, highlighting areas which needed improvement as follows:-

People were not always protected from harm because we found incidents of alleged abuse had not always been reported to the local safeguarding authority.

We found there were some gaps in the Medication Administration Records (MAR), so it was not clear whether people had received their medicine as prescribed.

Staff did not always have the effective training they required to assist someone who had challenging behaviour and this had left both people and staff at risk.

Risk assessments were in place to support people and staff however they had not always been followed or updated following a person's needs changing.

Systems were in place to monitor the quality of the service; however these were not always effective.

Although there were regular checks carried out by the registered manager, it was not always clear what documentation had been viewed. Incidents had not been identified, such as safeguarding incidents between people who lived at the service, the number of episodes of challenging behaviour some people and omissions in the medicines documentation.

There were limited activities available for people to partake in, with some people thinking there was not enough to do.

Findings of this visit

What steps have been taken to achieve an improvement in the reporting of alleged abuse to the local Safeguarding authority?

Prior to this being flagged up incidents had been occurring and investigated internally and not taken forward, they are now being cascaded appropriately, there is also a new filing system in place with different coloured file boxes denoting different categories of incidents which the Manager reviews. The manager meets with the head of each unit every morning regarding any Safeguarding issues and we were advised that recorded DOLLS were up to date.

How has staff training been improved - particularly with regard to dealing with challenging behavior?

There is now a Company employed by Harbour Healthcare to deliver training to staff. 12 members of staff were receiving this training while we were there this morning with 12 more booked to attend the afternoon session. There is also 'on line' training available. The Manager checks the staff training matrix weekly. 83% trained so far and all recorded.

Have staff received dementia training?

This is done 'on line' and also via a DVD pack - and as above the training matrix is monitored by the Manager.

What improvements have been made and in what way with regard to risk assessments being followed and updated in relation to a person's changing needs?

All residents risk assessments are reviewed monthly by the staff and Careplans changed as necessary.

How are you monitoring the quality of service being provided? Has this improved?

We were advised that the quality of the service is monitored by building close relationships with family and having open discussions if any issues arise. In addition, fact finding documents have been completed.

Who arranges activities for the residents? What are they and how are they funded?

There is now a coordinator who works 40 hours per week plus one who works 25 hours per week. They are allocated a budget and also fund raise themselves. Harbour Healthcare have a minibus and residents are able to put ideas on a 'wish tree' if there is anything special they would like to do. Other activities include a gardeners club, a crossword club, gentle exercise, art and singing. They recently arranged a 'mad hatters' tea party and have an ice cream man visit the home weekly. They try to accommodate individual resident's needs eg. fish and chips for 1 resident and beer for another.

Summary, Comments and Further Observations

It appears that active steps have been taken regarding the issues raised by the CQC to achieve the required improvements.

The activities available to residents are varied and it is pleasing to find that residents are consulted on the activities arranged. Accommodating resident's individual needs is valuable to the wellbeing of the residents.

Provider Feedback

The Manager of Tree Tops Care Home advised Healthwatch Staffordshire that the Authorised Representatives were both friendly, willing to listen and were very open and that the visit was a pleasant experience.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.