



Inspection Report on

Treetops Residential Care Home

**Treetops Care Home
Llangeinor Road Brynmenyn
Bridgend
CF32 9LY**

Date Inspection Completed

21/03/2023

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About Treetops Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Treetops Care Home Ltd
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	8.2.2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Treetops receive a good standard of care and support. People appear happy with the service they receive and have positive relationships with staff who provide their care. Staff have a clear understanding of people's needs and provide care with warmth, dignity and respect. Care documentation is thorough and robust, with evidence that external support is accessed when required. People are encouraged to eat their meals within dining areas, but they do have choice about what they eat and where they prefer to eat. There are some opportunities available for people to take part in activities, however, this is soon to be improved by the recruitment of a new activity coordinator. The home's equipment and facilities are clean and appropriately maintained. Policies in place support good practice. Recruitment checks are undertaken and care staff complete an induction, access training and receive supervision. There are some potential risks to people's health and safety which require improvement. The vision, values and purpose of the service are clear and actively implemented. The responsible individual (RI) has a good oversight of the service and is in regular contact with the manager. Quality monitoring audits are also completed to keep service delivery under constant review.

Well-being

People are treated with dignity and respect at Treetops. People are comfortable in their environment and are supported to meet their needs. People's relatives highly praised the quality of care and support at the service. The home has good relationships and lines of communication with relatives, who tell us staff keep them informed and updated. Relatives can visit when they wish.

People are supported to be as healthy as they can by getting the right care at the right time. The home liaises with health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans updated to reflect direction given. Personal plans are sufficiently detailed, and reviews take place regularly. Meals appear appetising and consider what people like and enjoy, with specific dietary needs understood. The home has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. We saw the management of medication is safe and in line with the medication policy.

People cannot be fully assured the environment supports them to achieve their well-being. Bedrooms are comfortable and personalised. Suitable mobility aids are in place to help people where needed. We saw people were relaxed and comfortable in their environment. The home is clean and well-maintained. However, we saw some potential hazards and safety-related issues on the day of inspection which require action to address.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care workers tell us they feel confident if they raise an issue with the manager, it will be responded to. Pre-recruitment checks are robust and regular supervision supports continued development. The service meets regulatory requirements about submitting notifications to Care Inspectorate Wales (CIW).

Care and Support

People benefit from a good standard of care and support. A person-centred approach to care planning ensures people are central to the care and support they receive. An electronic care file system is in place and personal plans are developed in conjunction with the person or their representative. They highlight people's outcomes and provide care workers with clear instructions regarding care delivery. Robust risk assessments and management plans identify people's vulnerabilities and give care workers guidance on interventions that will keep people safe. A visiting social worker told us they find the care plans are excellent, detailed and person centred.

People are supported to remain as healthy as possible. We saw personal plans contained documented information that suggests people have good access to additional health and social care services. Medication is stored safely and administered in line with the prescriber's recommendations. We examined medication administration records (MAR) and found them to be filled in correctly with no gaps. Staff carry out the relevant storage temperature checks on a daily basis. Controlled medication is also appropriately stored and recorded. We spoke with a visiting GP who confirmed that referrals are appropriate and timely.

The service supports people to maintain a suitable diet. Meals are freshly prepared, and we found that meals are well presented and served efficiently. People told us that they enjoyed the meals and could always have something different if they wished. One person said, "*the food is very very good*". We saw that people are provided with food and drink that is prepared according to their individual needs. People confirmed they have plenty to eat and drink throughout the day and are offered choice. Another person said, "*it's lovely, the cook is wonderful*". We saw care workers assisting people with their meals in a dignified, sensitive way. Care workers monitor people's weight and keep clear records regarding people's dietary and fluid intake when required.

There are consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. On the day of inspection, the atmosphere in the service was friendly and relaxed with people appearing at ease when engaging with staff. One person told us how they enjoyed a variety of activities. Family members are complimentary about the service, saying "*they are wonderful*", "*I haven't got any issues whatsoever*", "*the carers care*" and "*no complaints at all*".

Environment

A personalised environment that is appropriate to individual need supports people to feel included, uplifted and valued. The home takes a person-centred approach to accessorizing rooms in order to find a balance between creating a warm, homely environment whilst maintaining personal safety. The home is set over two floors with a lift in situ to ensure that people can move between floors safely. There are handrails in place where required and the flooring is suitable for the use of walking aids to reduce risk of falls. People have access to call bells to alert staff when they require assistance. The Food Standards Agency has awarded the kitchen a score of 5, this suggests very good standards of hygiene. This also supports good standards of cleanliness and hygiene within the home.

People cannot be fully assured the home environment is sufficiently safe in all areas. Matters identified in the providers own health and safety audit and by the service's fire risk assessment have yet to be fully resolved. We also found several areas require redecoration. The previous inspection identified that the laundry room required refurbishment, this has yet to been addressed. However, the RI confirms that the service is addressing this by an offsite laundry facility. We expect the provider to take action to address this and we will follow this up at the next inspection. There are window restrictors in all bedrooms and bathrooms viewed. There were no obvious trip hazards. Daily cleaning and laundry duties were being maintained. There are maintenance and repair arrangements in place, which we saw evidence of. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal evacuation plans enable staff to understand the level of support people require in the event of an emergency.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. We viewed documents relating to the service's quality assurance processes, which are completed in a timely manner. The RI reports cover a range of operational matters and identifies areas where improvement is required. We saw policies and procedures are in place and updated. We found family and professionals give positive feedback about the care provided. We noted that there have been no complaints since the last inspection.

The statement of purpose and service users guide accurately describe the current arrangements in place regarding the service's accommodation, referral and admission process, the type of care and support available, and ways in which it is working towards providing a Welsh language service provision. We found people, family and professionals give positive feedback about the care provided. We noted that there have been no complaints since the last inspection. There is regular communication between the manager/RI and staff, residents and relatives.

Suitably vetted, trained and supported staff support people in the appropriate way. The records we examined show that the provider carries out the necessary checks when recruiting staff. New care staff receive an induction in line with Social Care Wales's requirements. Staff receive training relevant to their roles, including safeguarding. Staff say they feel valued, supported and teamwork at the home is good. They also told us they are able to talk to management, who are all approachable. There is a new manager in post who is visible in the service daily. They have already worked in the service for many years and therefore are familiar with people living at the service. Care workers told us *"I very much like working here"*, *"The manager is lovely, very approachable"* and *"We all work together"*.

The need for confidentiality is anticipated and respected. Care records are safely stored electronically. Employee personnel records are kept securely in the administrator's office. Deprivation of Liberty Safeguards (DoLS) records were easily referenced in the electronic care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the building. All visitors had to complete the visitor's book when entering and leaving. People's privacy and personal information is well protected.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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57	The provider is not ensuring issues identified by Fire Service and internal H&S audits are actioned	New
44	The laundry facilities are not sufficient to meet the care needs of people and are not free of hazards which pose potential risks to their health and safety.	Achieved
21	Activities are not provided to ensure people are suitably occupied.	Achieved
15	The provider is restricting people's right to have visits from friends and family.	Achieved
23	The provider has not consulted with people in regard to visits from family and friends.	Achieved

Where we find the provider is not meeting the National Minimum Standards for Regulated Child Care but there is no immediate or significant risk for people using the service, we highlight these as Recommendations to Meet National Minimum Standards.

We expect the provider to take action to address these and we will follow these up at the next inspection.

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