

Neem Tree Care Limited

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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

Neem Tree Care Limited is a residential nursing home providing personal and nursing care for up to 57 older people. The service has two units dedicated to providing support to people from Asian communities, with culturally appropriate activities, a separate kitchen where only vegetarian food is prepared and a prayer room. There is one unit which accommodates people from a range of backgrounds and cultures. There is another kitchen where meat and fish are prepared for people living in this unit who wish to eat these. At the time of our inspection 53 people were living at the service.

People's experience of using this service and what we found

People using the service and their relatives were happy and well cared for. They felt safe and liked the staff who cared for them. They described the staff as kind and attentive. We also observed this. There was a calm atmosphere, and the staff were gentle when speaking and caring for people. A large proportion of the staff were Asian and spoke the first languages of the people living at the service. They had shared cultural backgrounds and religions and were able to understand these and provide respectful care and support.

People received their medicines in a safe way and as prescribed. The staff responsible for administering medicines had been trained and assessed as competent. The nursing staff had the skills and experience needed to monitor people's health and liaise with other healthcare professionals to make sure their needs were met. People had enough to eat and drink, there were a range of different choices for each meal, including Asian food, drinks and snacks.

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.

The environment and equipment being used were safe, clean, regularly checked and appropriately maintained. The provider undertook checks on fire safety, and there were evacuation plans to make sure the staff were familiar with how people should be evacuated in an emergency. The staff had assessed the risks to people's safety and wellbeing and had planned for these to minimise the risks of harm or injury. The staff supported people to move safely and were aware of how to use equipment.

There were enough suitable staff employed to keep people safe and meet their needs. The recruitment procedures included checks on their suitability and skills. Staff undertook an induction, to help familiarise themselves with the service. There was regular ongoing training and support for the staff. They told us they felt well supported and had the information they needed to care for people in a safe way.

The provider had assessed people's needs and created care plans which outlined these and the support they required. People using the service, and their relatives, had been involved in creating and reviewing these plans. The provider had responded to changes in people's needs, adjusting planned care and working with other professionals to make sure people received the right care and support. People were supported to

participate in a range of different social and leisure activities. These included supporting people to pursue individual interests and feel part of the community.

People using the service, their relatives and staff liked the registered manager and found them approachable. They felt the service was well-led. They knew who to speak with if they had any complaints or concerns and felt these would be responded to appropriately. There were a range of audits and checks which helped to identify areas for improvement. The provider and management team asked others for their feedback and made improvements where needed. The registered manager analysed accidents, incidents, complaints and adverse events so that these could be learnt from to improve the service. They worked with other providers, organisations and the local authority to develop the service in line with best practice and guidance.

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

Rating at last inspection

The service was rated Good at the last inspection of 8 February 2017 (Published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 we receive any concerning information we may inspect sooner.

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 ●

Neem Tree Care Limited

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 planned this inspection to check 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a member of the CQC medicines team (who inspected how medicines were being managed) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Neem Tree Care Limited 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.

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 the inspection

Before the inspection we looked at all the information we had about the service. This included the previous inspection report, notifications received from the provider about significant events, information from other organisations and an internet search for information in the public domain.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with nine people who used the service, six visiting friends and relatives and two visiting professionals. We also observed how people were being cared for and supported. Our observations included 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 spoke with staff on duty, who included nurses, care assistants, activity coordinators, domestic staff and the registered manager.

We reviewed a range of records which included the care records for five people who used the service and the staff recruitment records for six members of staff. We also looked at records of staff training, supervisions and support, audits of the service, records of complaints, safeguarding alerts, incidents and accidents. We looked at how medicines were managed. We inspected the environment and the provider's checks on this and equipment. We also looked at other records the provider used for managing the service, which included action plans.

At the end of the inspection visit, we discussed our findings with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. People were safe and protected from avoidable harm.

Staffing and recruitment

- Some people and their relatives commented that they thought there was not always enough staff on duty. They said that they sometimes had to wait for care. The staff commented they were often busy and found it hard to meet people's needs. We observed that during lunch, some people waited a long time for support. This meant that people did not always eat with their peers.

- We discussed this with the registered manager and nominated individual. They told us that staffing levels were based on assessments of people's needs and were regularly reviewed. Through our discussions and our own observations, we saw that the problems during lunch were because staff were not deployed appropriately, rather than insufficient staffing levels. The registered manager agreed to ensure that all staff who had been appropriately trained and were competent, would be deployed at mealtimes to support people rather than attending to other tasks. Following the visit, the nominated individual contacted us to say that they had audited meal time experience since the visit and people had not had to wait for care.

- There were systems for recruiting staff and making sure they were suitable. These included formal interviews, reference checks, checks on their employment history and checks on any criminal records from the Disclosure and Barring Service. There was evidence of these checks and of a thorough induction which included assessments of the staff competencies, as well as ongoing training.

- There was good staff retention, and enough of the provider's own employees to undertake the majority of work. The provider sometimes used temporary staff sourced from a recruitment agency to provide cover for staff absences. There were records to show the suitability of these staff had been checked by the agency and they had up to date training and knowledge.

Using medicines safely

- People received their medicines safely and as prescribed. However, we found a small number of areas where improvements would minimise the risks of future errors. For example, improving the labelling of medicines waste bins and resetting thermometers (used to measure the temperature of storage areas) to make sure they gave accurate readings. We discussed the areas for improvement with the registered manager and nominated individual who agreed to address these.

- Medicines were safely stored. The staff undertook checks to make sure there were enough supplies and medicines were within dates. The staff responsible for administering medicines had received training and been assessed as competent in this area. There was enough information for the staff about the safe handling of medicines. The staff maintained accurate and up to date records of people's medicines, any

adverse effects to be aware of, people's medical conditions and to show the administration of medicines.

- The provider carried out audits of medicines management and any concerns they had identified had been addressed. The most recent audit of medicines management by the supplying pharmacist had included some areas for improvement. The provider had made these improvements.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safeguarded by the provider's systems and processes. There were procedures for safeguarding people from abuse and whistle blowing. The staff received training and regularly discussed these procedures in team and individual meetings with their line manager. The staff were able to explain about different types of abuse and how they would report these.
- The registered manager kept a record of all safeguarding alerts. They had responded to these appropriately, notifying the correct authorities and working with these authorities to protect people from further harm and investigate the allegations.
- People using the service and their relatives told us they felt safe. One person commented, "The home is safe, and I am in safe hands."
- The building and gardens were secured with coded doors to the outside and stairwells. There was a receptionist and visitors were requested to sign in and out of the building and had their identity verified.

Assessing risk, safety monitoring and management

- The staff had assessed the risks to people's safety and wellbeing. Assessments included information about their physical and mental health, moving safely, risks of fall, use of equipment and risks associated with eating or drinking. The assessments included plans to mitigate risks and keep people safe. There was an emphasis on supporting people to be independent, if this was what they wanted, and risks associated with this had been assessed.
- The environment and equipment being used were safe. The provider had undertaken regular checks on health and safety and had sourced external companies to carry out in depth checks and servicing. These included checks on fire safety, individual evacuation plans for each person and risk assessments of the building. The staff took part in regular fire drills and had training regarding fire safety.
- The staff received training and support, so they knew how to move people safely and use equipment. Their skills and competency were regularly assessed to make sure they understood and followed safe practices. We observed the staff supporting people in a careful and appropriate way.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling infection. These included training for all staff, specific procedures for cleaning and use of equipment as well as the use and correct disposal of protective clothing. The provider carried out regular audits of the cleanliness of the environment and equipment.
- One visiting professional told us that there were good systems for sharing information about potential infections and making sure these did not spread. People were supported to understand and have access to annual flu vaccinations if they wanted these. The staff were also encouraged to have these vaccinations.

Learning lessons when things go wrong

- There were appropriate systems to learn from accidents, incidents and complaints. The records of these showed analysis of what had happened, reflection on whether things could have been done differently and sharing of information with others. We saw that the registered manager discussed where improvements were needed with the staff so that they could all learn from these incidents.
- One relative described a recent incident involving a person. They explained that the staff managed the situation well and that there was "excellent" communication between the staff, so that they all knew what to do and what had happened.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. 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

- People's needs and choices had been assessed so that they could receive care which met these. The registered manager carried out assessments with people, and where appropriate, their family or representatives. Assessments included information about their ethnicity, social care support, medical history and situation, communication, personal care needs, mobility and their preferences. These assessments had been used to develop care plans.

- The staff undertook regular reassessments of people's needs to make sure any changes in these were identified and care adjusted when needed.

Staff support: induction, training, skills and experience

- People were supported by staff who had the induction, training, skills and experience needed to provide effective care. People using the service and their relatives told us they thought the staff were skilled and competent. The staff confirmed they had the support they needed and completed a range of training.

- New members of staff undertook an induction, which included getting to know the service and completing online and classroom based training. Their skills and competencies were assessed and monitored by managers. They had ongoing regular training updates. All staff took part in team and individual meetings with their line manager to discuss their work and the service. They were encouraged to express their views. They had a formal appraisal annually.

- There was a range of information for the staff, including guidelines and handbooks, to make sure they were familiar with policies, procedures and best practice. The staff met to handover information at the beginning of each shift so they were aware of any changes at the service and in people's needs. There were also communication books, diaries and shift planners to help ensure information was shared.

- The provider employed nurses who were supported to maintain their qualifications and clinical training. Other staff were encouraged and supported to undertake vocational qualifications in health and social care. Some staff had additional roles, such as 'champions' in a specific area. They attended external training and cascaded this information to other staff.

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

- People had enough to eat and drink. Their nutritional needs had been assessed and planned for. People were regularly weighed and changes in weight were recorded and responded to. People had been referred

to specialist healthcare professionals, such as dietitians, when they had been assessed as at nutritional risk. The staff recorded how much people ate and drank and we saw that action had been taken if they did not eat or drink enough.

- There were two kitchens at the service. One was dedicated to preparing vegetarian Asian food. People were offered a choice at mealtimes, and with snacks. They were able to choose traditional Asian food or from the other menu. There were snacks and drinks available at all times and the staff prepared these in small kitchens situated on each floor.
- People using the service were generally positive about the food and the choices they had. Some of their comments included, "Food is very delicious; I am vegetarian and the good thing here is a separate kitchen for vegetarian. I like to live here", "The food is always tasty like home-made", "Food is very good" and "There is plenty of food, water and they bring us fruit."

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

- The environment was designed and decorated to meet people's needs. People had their own bedrooms and were able to personalise these. The communal rooms were arranged to enable people to have conversations and socialise with each other. Corridors were well lit, wide and equipped with grab rails. There was a prayer room for people to use as a group or individually. There was also a small, enclosed garden with some raised beds which people could access.

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

- People's health care needs had been assessed and planned for. Care plans included information about the healthcare professionals who supported them. There were records to show when medical consultations took place and any outcomes from these. Guidelines from healthcare professionals were incorporated into care plans. The local GP practice held a weekly surgery at the service and there was good communication between the doctors and staff.
- We saw that changes in people's health had been monitored and appropriately responded to. The staff had made referrals to other services as needed.

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 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 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.

- The provider ensured that the principles of the MCA were followed. They had assessed people's mental capacity to make decisions about their care. People's families, and legal representatives had been involved

in making decisions in people's best interests in situations where they lacked the mental capacity to make these decisions themselves.

- Care records included information about how people could communicate and if there were any additional arrangements the staff should make to help people to understand or make certain decisions. Where people were able to they had been asked to consent to a range of different aspects of their care and for information to be shared with other professionals.
- There were no unlawful restrictions. The provider had made applications for DoLS authorisations when these were needed and had followed any conditions/guidance associated with these.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. 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 using the service and their relatives told us that the staff were kind, caring and they had good relationships with them. Some of their comments included, "There are lots of good people who want to help you", "The care is very good and they treat people as individuals", "They know [person] and take the trouble to get to know about [their] needs", "The staff engage so nicely with [person]", "They speak to [person] like their [own relative] and they always respect [their] privacy" and "The staff are very kind, helpful for everything."

- We observed the staff caring for people in a kind and gentle manner. They listened to people and gave them time to express their views. People were offered choices and these were respected.

- Many of the staff working at the service came from the same cultural background and shared religions with people who lived there. They were able to provide culturally appropriate support, and understood these particular needs of people. The service provided areas where only vegetarian food was allowed.

- The staff had undertaken training in equality and diversity. We spoke with the registered manager about accessing further training in this area, especially around how the staff supported people who identified as LGBT (Lesbian, Gay, Bisexual or Transgender). We were not concerned about any practices at the service, but identified this as an area where people may have felt unable to express their needs. The registered manager agreed to access training and guidance to help promote an LGBT inclusive environment in the future.

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

- People had been involved in developing and reviewing their care plans. Their preferences and views were clearly recorded and we saw that staff respected these, offering additional choices when providing care.

- Some of the people living at the service were involved in the recruitment of new staff. They took part in interviews and asked a range of questions. Their views about prospective staff formed part of the decision about whether they would be employed or not.

- People took part in regular meetings where they were able to discuss the service and talk about changes they wanted. They were consulted about activities, food, décor and asked about their opinions of the service and the care they received. Following these meetings, the manager recorded any actions or changes that

were needed and these were reviewed at the next meeting to make sure people were happy with the provider's response.

Respecting and promoting people's privacy, dignity and independence

- People using the service told us that their privacy was respected. We saw that staff closed doors when providing care and spoke with people discretely. The staff used respectful terms or address and people's preferred names, as well as knocking on doors and allowing people time to respond.
- People were supported to be independent if they wanted and were able to. People had been assessed to make sure they had the equipment they needed to do things for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. 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 using the service and their relatives told us that they were cared for in a way which met their needs and reflected their preferences. The staff created care plans which described people's needs and how they should be supported. These were regularly reviewed with the person to make sure they remained accurate and up to date.
- The provider had responded to changes in people's needs. The staff monitored people's wellbeing and recorded their observations. The registered manager had a good oversight of people's needs. They had consulted with other health care professionals, when needed, to make sure people had access to the right support, services and equipment.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about how people communicated and any additional support they required from the staff to help them understand or make choices. The staff communicated with people appropriately, using touch, and body language to help people feel safe and listened to. The staff were able to speak a range of different languages so people could communicate in their first language with the staff.
- Information about people's sensory needs, such as hearing and sight, and how to meet these, formed part of their care plans. The staff demonstrated a good understanding of these.

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

- The provider employed two full time activity coordinators who organised and facilitated social and leisure activities. They had an extensive plan of different events which included, religious and cultural activities. External groups visited the service to support some of these activities. There were also regular trips out of the service, music, arts and crafts, quizzes and games. On the day of our inspection, a group of people were attending a coffee morning with people from other local care services.

- People using the service told us that they enjoyed the activities. Some people explained that they had visited places of worship, shops and local cafes with the staff. One of the activity coordinators told us about, and showed us pictures of, various projects and activities. These included work with a local school to complete a 100 book reading challenge. Between the children, and the people living at the home, they were aiming to read 100 books together. People told us how much they enjoyed this with one person stating, "It is really lovely when the children come in."

- Throughout the day of our visit, we saw the staff engaging with people and supporting them to take part in group and individual activities. People were able to spend time on their own and in their rooms, but they were also asked if they wanted to join others in the lounges. There was a range of equipment, including an electronic projector ('magic table'), which the staff used with music to create games and visuals for people to interact with. There were also a range of toys and dolls which some people enjoyed caring for.

- The relatives of people who used the service told us they were well informed about their relative, especially when there were changes in their needs. They said they had been able to contribute to care plans and regularly met with the registered manager and other staff to discuss the service. There were meetings for relatives three times a year.
activities

Improving care quality in response to complaints or concerns

- People using the service and their relatives told us they knew who to speak with if they had any concerns and felt confident these would be investigated.

- There was information about how to make a complaint on display in communal areas. The provider recorded all complaints and concerns, and how these had been investigated and responded to. We saw appropriate action had been taken and improvements to the service had been made as a result of these.

End of life care and support

- Some people using the service received care at the end of their lives. Part of the initial assessment and care planning included talking to people about any specific wishes they had regarding end of life care, religious needs, resuscitation and funeral arrangements. These were recorded and regularly reviewed.

- The staff worked closely with other healthcare professionals, including the palliative care team so they could make sure people were pain free and comfortable when receiving end of life care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. People living there, visitors and staff spoke about their experiences and a good quality service. Their comments included, "Perfect, the care is perfect", "The standard of care here is good, we recommend it", "An incredible place" and "There is always interaction between the residents and staff, I call this a lively home, it is nice to walk in and see what is going on."
- The provider had also received a number of positive reviews made directly to them and on independent care home review websites.

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 provider was open and honest with people using the service and other stakeholders. They held regular meetings for people and relatives. These included explaining when things needed to be changed and the action they would be taking. Following receipt of complaints, the provider contacted the complainant. They kept them informed about the investigation and any action they took and apologised when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was a registered mental health nurse and had a management in care qualification. They had previously managed other residential care homes. They had a good amount of experience and understood about regulations and best practice. The registered manager had accessed a range of different resources to further their knowledge and demonstrated a commitment to continuing to do this. For example, when we suggested they increase the staff understanding about specific topics, they agreed to look at ways to do this.
- People using the service, staff and visitors knew the registered manager well. They said they liked them and found them approachable and helpful. They said that the registered manager and provider's representatives were visible and spent time getting to know people. The registered manager demonstrated a good knowledge of people's individual needs.
- The registered manager told us they found the provider supportive and it was a good company to work

for, with shared values and a commitment to continuous improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a range of formal methods for engaging with people using the service and other stakeholders to ask for their feedback. These included annual surveys and regular meetings. The most recent survey results and meeting minutes indicated people were happy with the service. Where concerns had been identified the provider had developed an action plan, which they discussed with people.
- The service had links with the local community, including religious groups and schools. They organised visits to the service for these groups and were involved in a reading project with the local school. There were visits to places of worship and also visits from religious leaders to hold worship at the service.
- The registered manager attended forums with other adult social care service managers. They told us that they kept their knowledge up to date and shared ideas and good practice with others in the local community.

Continuous learning and improving care

- The provider had systems for auditing the service and improving quality. The staff undertook checks on equipment, the environment and cleanliness. They also carried out clinical audits on care, the condition of people's skin, changes in weight, health and other care needs. The registered manager had a good oversight of these audits and carried out their own daily checks as well as a monthly analysis of the service, which they discussed with the provider and shared with the local authority.
- The registered manager had created action plans following incidents, accidents, complaints, adverse outcomes of audits and comments from others. We could see that they updated these plans and made sure actions were completed. Following feedback at the end of our inspection visit, the nominated individual contacted us to tell us some of the actions they had taken to further improve the service in response to our findings.