

Lexicon Healthcare Limited

Green Tree Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Green Tree Court is a care home with nursing and is registered to provide accommodation and support for a maximum of 68 people. The service is divided into three units, Larch, Willow and Maple. Willow is designed for people living with dementia, while the other units provide for general nursing care. Both units provide long term and respite care. At the time of our inspection there were 49 people living across the three units. Green Tree Court is a purpose-built service, registered with CQC in 2014.

People's experience of using this service:

We identified some concerns over medicines practice. These included staff carrying out medicines practice that was not in accordance with their medicines policy, and a staff member using one person's prescribed thickening agent to thicken another person's drink. We also found instances where some medicines were not being clearly evaluated for their effectiveness, for example in reducing pain. No-one was harmed by these concerns, and the service's management took immediate action to resolve them.

On the inspection, although we found staff were caring towards people, and had in many instances gone 'above and beyond' what would have been expected to support them, we also found some communication was not always supportive of people's well-being. This was discussed with the management team, who took immediate action. In other instances, we saw people received positive and enhancing support from dedicated, motivated and compassionate staff.

Green Tree Court has won several high-level awards since their registration, including Care Home of the year 2018 in the National Care Awards. People living at Green Tree Court experienced a high quality environment, that was purpose built, and had been awarded a Gold Standard from Stirling University for their environment for people living with dementia. The dementia unit was calm, happy and uplifting, despite there being people there who had previously shown distressed or anxious behaviours. People had space to walk purposefully without feeling constrained or confined, and the peaceful environment contributed to their well-being. A children's playground had been provided to encourage children to visit. The building had been designed with an awareness of their impact on the environment.

The registered manager said they wanted the service to feel 'like a five-star hotel', which people said was being achieved. The service had a spa, library, gymnasium, and fine dining restaurants. Rooms and communal areas were very well furnished, clean and spacious, with areas where people could help themselves to drinks, fruit and pastries throughout the day. In house therapy teams could demonstrate how they supported people's health and well-being to improve. People's meals were of a high quality, with restaurant style dining, or more homely presentation as people wanted.

There was an established management team at the service, with unit heads who worked alongside care staff

each day. Quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the service provided. Effective communication systems were in place, from director level to all staff. The service was participating in research projects to help better understand and deliver exceptional care and support to people.

Risks to people from living with long term health conditions were assessed. These included risks such as from falls, poor nutrition or pressure ulcers, and included actions taken to mitigate risks where possible. People were supported and encouraged to take risks, and remain in control of their lives, supported by thoughtful and reflective practice.

Systems were in place to safeguard people from abuse, and the service responded quickly to any concerns or complaints about people's wellbeing. Where people did not wish to follow plans to reduce risks this was clearly documented. The service learned from incidents to prevent a re-occurrence. People's rights were being respected, and decisions had been made and recorded in people's best interests where they were not able to make these decisions themselves. The service respected and supported individual people's equality and diversity.

Systems for staff recruitment helped ensure potential staff were safe to work with people who may be vulnerable. High levels of staffing were in place, and this was kept under review. These and systems to ensure housekeeping staff were always available, ensured care staff were available to support people's care needs at all times. Staff received the training and support they needed to carry out their role, including bespoke training to meet specific or complex needs.

Care plans were based on assessments of people's needs. They contained details about people's wishes and guided staff on how the person's care should be delivered. We found some documentation needed minor clarification or updating, which was discussed with the head of care and nursing staff. We saw people's care plans were being followed in practice. Staff knew people well. They understood how to support people's communication or interpret their behaviours.

Staff told us Green Tree Court was a positive place to work, and they were well supported by the management team, who were always available or on call. Staff were very positive about working at the service, and the support they received. People were supported to continue links with the local community, and local children attended the service to be supported with their reading, or for younger children to play and interact with people living there. The service was involving people in charity fundraising. Other activities were person centred, and the service had a positive and busy atmosphere.

More information is in the full report

Rating at last inspection:

At their last inspection in December 2016 the service was rated as outstanding for the four key questions of responsive, effective, caring and well led, and good for the key question of safe.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up:

We will continue to monitor information 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 not always safe

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Outstanding 

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.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good 

Green Tree Court

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:

The inspection team over two days consisted of one inspector, a specialist advisor (for general nursing care), an assistant inspector 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, in this case, care services for older people.

Service and service type: Green Tree Court is a care home with nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, registered with CQC. This means that they and the provider will be 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 and started early in the morning on the first day as we wanted to meet the night staff and observe the morning handover between staff shifts. This helped us to see how duties were allocated for the day.

What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. We contacted the local NHS trust who are involved in some funding and carrying out assessments of people at the service, and the local authority quality improvement team for their feedback. We used the

information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with fourteen people living at the service, the registered manager, head of care, head of dementia care, three family members, the chef, head of the housekeeping department, a member of the laundry team, observed a host and hostess staff meeting and general daily meeting, sat in on a nursing staff handover, and spoke with nine care and support staff.

We spent two periods of time throughout the inspection conducting a short observational framework for inspection (SOFI) on the dementia unit. This included an observation over a mealtime. SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Green Tree Court.

We looked at the care records for six people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at three staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

Following the inspection, the registered manager sent us additional information about the service.

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 deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- On the inspection we observed some poor practice regarding medicines, as well as good practice. We saw registered nursing staff carrying out a practice, which was not in accordance with the service's own medicines policy. This had involved one nurse taking medicines from the medicines pack and then the medicines being administered to the person by another nurse. Both nurses then signed the medicines administration record (MAR). This was brought to the attention of the senior staff, who told us they would ensure this ceased immediately. They later confirmed this had happened.
- We saw another instance when a member of care staff used one person's prescribed thickening agent to thicken the drink of another person. Although this also did not affect the person's safety, the prescribed thickening agent was the property of another person. This also was addressed immediately.
- The service's systems did not always include an assessment of the effectiveness of treatment, including pain relief people had been given. We saw for example one person had been prescribed a medicine which their GP indicated they would benefit from taking for pain relief. The notes recorded the person was now receiving the medicine, but there was no information on how effective this had been at reducing their pain.
- Otherwise, medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. The service used an electronic medication system, and this was popular with staff we spoke with. One told us "Once you get used to it, it is really clear." This helped to reduce the risk of errors.
- Systems were in place to audit medicines, and the competency of nursing staff administering medicines was assessed regularly. An external pharmacy audit was completed in February 2019. No concerns were identified. Only registered nurses gave out medicines, and records for medicines administration were completed electronically. This ensured a clear record could be kept of exactly when people were given their medicines.

Assessing risk, safety monitoring and management

- We saw some inconsistent practice, about protecting people from risks associated with their healthcare. People living with long term health conditions, such as diabetes, had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe. However, one plan contained conflicting or incorrect information. For example, one person was assessed as being at very high risk of pressure ulcers. Their notes contained a reference to a broken spot on their skin. Other records did not reflect this. Nursing staff told us 'as far as they were aware' the person did not have a break in their skin and the record was not accurate.

- We saw positive examples of where people had been supported to take responsible risks. For example, one person had been assessed as having swallowing difficulties. The person however was clear they did not want to eat a softer textured diet. A 'best interests' meeting had been held with the person, the speech and language therapy team, the person's representative and the head of care to review the risks. The eventual agreement was that the person would be supported to eat meals of their choice, with an understanding that this presented some risks.
- Another person living with memory loss had been supported to go out independently. The person was living with some memory loss, but wanted to go out in the community, without staff with them. The service had arranged for the person to have a taxi to their destination, rather than having to catch public transport, which might have increased their confusion. The person was able to complete their tasks successfully.
- Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition.
- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses to ensure they were safe, clean and hygienic. Pressure relieving mattresses checked during the inspection were set to the correct weight settings to ensure they were effective. Equipment was sent out for calibration to ensure it was operating correctly where this was needed, for example syringe drivers.
- Other safety checks of the environment were carried out regularly, such as fire tests and the kitchen areas had a five out of five rating from the environmental health officers visit, which also occurred during this inspection.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People said they felt safe. The relative of one person told us it was the staff at Green Tree Court 'that made it safe', and that they could talk to any one if they felt concerned. Another relative said "We are very happy with the home. We have no concerns, (name of person) couldn't be in better hands."
- Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped staff to assess whether they were unhappy or uncomfortable.
- Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff were confident in reporting concerns to the registered manager or unit heads of care. Policies were in place to guide staff on actions to take. Since the last inspection the registered manager told us they had added training in child protection training for staff, as they regularly met children at the service. They had also extended the staff training to include examples of poor culture and practice to assist staff understanding safeguarding principles in practice. The service had signed up to the Herbert protocol, which was a joint venture with the police to help keep people safe who may be at risk when leaving the premises.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work. Evidence was obtained that registered nurses had current registration with the Nursing and Midwifery Council before they commenced working, and that nurses continued to maintain their registration through regular updating and re-validation.
- The registered manager told us they took pride in their staffing levels and placed this at the heart of why the home supported people well. Rotas evidenced high levels of staffing to ensure people had access to the care that met their needs and protected them from risks. People told us there were always plenty of staff on duty, and care staff only supported people with their personal care. There were comparable high numbers of housekeeping and host/hostessing staff carrying out other tasks, such as cleaning, bedmaking, laundry or serving meals. Senior staff were supernumerary.
- We saw staff were unrushed and had time to spend talking with people. Care and meals could be served to them when people wanted this, rather than necessarily when routines dictated.
- Staffing levels were regularly reviewed, and the registered manager told us they had recently implemented a twilight shift and early morning staff, due to additional pressures being identified at these

times.

- Where staff needed additional support in their role this was provided. This included support for protected characteristics under the Equality Act, for example staff living with a disability.

Preventing and controlling infection

- The Home was clean, tidy and odour free. Systems were in place to guide housekeeping staff and checks of the standard of their work were completed by senior staff each day.
- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections.
- The laundry areas were clean and clear from a build-up of items. 'Tag and bag' identification systems had been implemented to reduce the risks of items getting lost.
- The service had no identified specific infection risks and appropriate arrangements were in place for the management of clinical waste.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, if people had fallen, exercise and strengthening exercises were supported by the in-house therapy team. The therapy team told us they were planning a falls group, to work together strengthening and rebuilding people's confidence.
- The registered manager audited incidents and accidents, for example falls, to identify any trends and reduce further risk. In their Provider Information Return (PIR) the registered manager told us "Near misses, complaints and incidents are recorded investigated and analysed. A clear learning plan including reflective practice is formed and cascaded to applicable staff. A recent example was a 'near miss' manual handling issue where staff undertook retraining and a reflective account. This led to improved practice."
- Staff were always supported by or had access to senior staff on duty. Emergency contact information and business continuity planning were in place. Information was available for staff on an evacuation location if needed, and individual evacuation plans for people were regularly updated.

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 has remained the same.

This meant people's outcomes were consistently better than expected compared to similar services.

People's feedback described it as exceptional and distinctive

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

- □ Green Tree Court offers a purpose built very high-quality environment. People had access to numerous communal areas including a gym, spa, library, hairdressing salon, nail bar and choices of dining room and lounge spaces. Some rooms had their own small garden areas for people to tend. People regularly told us it was "like a five-star hotel" and a relative said "I'd move in here myself if I could."
- □ Every possible thought had been put into making the service an attractive place to live and visit. The service had an outdoor children's play area, developed so that friends and family with children would find this a positive encouragement to visit. A café area on the ground floor was available where family members and people living at the service could help themselves to hot drinks, cakes, fruit and fresh pastries.
- □ Technology was used to help keep people safe. For example, some rooms had motion sensors which detected when people got out of bed. The movement triggered the overbed lights to slowly turn on, the bathroom light to turn on and the alarm to activate to alert staff. The alarm could be programmed to operate on a time delay, so people who were known to be able to access the bathroom independently were not disturbed until a period of time had passed.
- □ Where people required special equipment, the service provided this. For example, one person was provided with a ceiling hoist and an adapted shower chair. Other people had been provided with 'pillow switches' where they were unable to use a call bell, and braille had been added to call bells to enable visually impaired people to use them.
- □ Rooms and communal areas were spacious and bright, and advice from the University of Stirling had been implemented about the accommodation in the dementia care wing. This had been awarded the Gold Standard for dementia friendly design, as published by the University of Stirling dementia services development centre. Doors had people's names, memory boxes and door knockers like front doors to help people orientate themselves.
- □ Areas of the service were clearly signposted to support people living with memory problems, and high contrast equipment such as coloured toilet seats was in use to highlight areas people might need to use. Some doorways had been painted to blend into the wall colour, discouraging people from using or noticing them. Although the dementia unit was on the first floor, people still had independent access to outside space, on a sunny glass walled patio/balcony where they were growing tomatoes and vegetables. Two small kitchen areas on these floors were linked with dining rooms, so people could have immediate access to drinks or snacks if they wanted.
- □ There was a clear understanding of the impact the environment had on people living with dementia. The dementia unit was calm and had a happy and uplifting atmosphere. This was despite there being people

there who had previously shown distressed or anxious behaviours. People had space to walk purposefully without feeling constrained or confined, and the peaceful environment contributed to their well-being.

- The building had been completed to meet high environmental standards, which ensured the home had a low environmental impact. This had included ensuring areas such as insulation were of a high standard, all rubbish was recycled, and the home operated a policy of zero landfill waste. Travel plans were in place for staff including a lift sharing scheme. In addition, staff could buy a bike through the provider company to help them get to work in an environmentally free way. A bike shed was provided on site.

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

- Meals at the service were of a very high standard. Members of the catering team had been nominated for national award schemes, with the Head Chef winning Care Chef of the Year at the National Association of Care Caterers in 2016 and being placed second in the National Association of Care Caterers in 2019.

- People had a wide choice of food and drink and were able to choose when, and where they ate. The kitchen operated a restaurant style service and used fresh, local produce. Food was presented in a fine dining, restaurant style, and served on high quality table wear. Tables were laid with linen napkins and wine glasses, and people could select from a wine list, or enjoy other alcoholic drinks to their taste.

- People could order breakfast whenever they wished. Daily choices consisted of a full English breakfast, salmon and egg muffin, pancake of the day, French toast, poached egg, porridge and scrambled egg. At lunchtime people had a choice of three starters, four main courses including fish or 'special' of the day and three desserts.

- People could also opt to have a more traditional meal where they did not want fine dining restaurant style food and could choose to have any of the meals plated in a traditional style.

- People told us they enjoyed the meals served to them. People told us "There's plenty to eat" and "The food is lovely and there's plenty of choice. We are notified of meal choices."

- The service managed special diets, including gluten free, vegetarian and low sugar. Where people were at risk of malnutrition they had been prescribed supplements. People's weight and nutritional assessments were reviewed every month and swift actions were taken if people were at increased risk.

- A team of Hosts and Hostesses assisted people to order their meals. Using an electronic system and ear piece radios they communicated directly with the Chefs sending orders through to the kitchen on a ticket system. The electronic system enabled Hosts and Hostesses to inform the Chefs what people had chosen to eat for each course, any requirements for a modified diet, information regarding allergies, how people preferred their food presented and portion size. People were able to order 'anything they like' if they did not wish to order off the menu.

- Most courses could be adapted for modified diets and the Host and Hostess team were updated with full details of the day's menu during a morning meeting, before taking orders. They were also updated with any people who had chosen not to eat breakfast that day, so they could be mindful that they might be feeling unwell and want an alternative option or may like a larger lunch.

- Picture menus were used to assist people making choices where appropriate.

- The Hosts said they understood the importance of one person's routine and individual likes. For example, one person liked a specific drink to be served at 12pm each day as they were getting ready for their lunchtime meal, which the Hosts ensured they received. They told us the person really 'loves that little touch'.

Staff support: Induction, training, skills and experience.

- Training was seen as key to ensure staff had the necessary skills to meet people's individual needs. Training took account of staff member's learning styles, and any needs, such as dyslexia or hearing

difficulties. Where staff with special needs were employed, staff had been specifically trained to help support their colleagues and meet their needs as well as help them fulfil their roles.

- Staff said they received the training they needed to carry out their role. New staff all attended a week's classroom-based induction programme and completed shadow shifts prior to working independently. Any new staff were introduced to people before they started supporting them. Staff were each given an individual training and information pack and keyworker pack.
- Bespoke training was used to ensure staff had specialist skills and knowledge to work with people with complex needs. For example, a specific training package had been put together to support one person with a potentially life-threatening condition. The training plan included input from the person themselves as an expert in their condition, and specialist medical advice. Onsite training could also be provided by the employed Occupational Therapist and Physiotherapist, including complex positioning and seating arrangements and use of specialist wheelchairs. The heads of care were involved in delivering training, such as dementia care or moving and positioning. Registered nurses ensured they kept training in areas such as taking blood or the use of syringe drivers up to date. Training given to staff in the Glasgow Coma Scale rating for example had been helpful in identifying concerns to paramedic services and assist in preventing unnecessary trips to hospital.
- Training for supporting people living with dementia was delivered in line with best practice and included experiential training simulating difficulties people living with dementia experience. Staff signed up to being dementia care champions following specific training.
- Staff told us they felt well supported and had access to the management team at any time to discuss any areas of concern. One told us "(Name of manager) is really brilliant. You can go to them at any time. I don't think there is anything I couldn't talk with them about." Staff told us that supervisions were carried out regularly.
- People felt the staff were well trained and had enough skills and knowledge to meet their specific needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were carried out before they came to live at the service. These were then used to guide the person's plan of care. Where people returned to the service regularly for respite care, new systems had been identified to ensure any updated needs were assessed each time they came in. This reflected for example any changes of medicines or mobility. A slight alteration was made to the assessment documentation while we were at the service to ensure all areas were covered.
- People or their relatives had been involved in their assessments, care planning and reviews where this was possible, although this had not always been fully documented.
- Care plans were person centred. In the dementia unit we saw plans included people's strengths and positive personal qualities, as well as areas of support needed.
- At the time of the inspection the service was preparing to carry out an assessment of a person with complex brain injuries. Initial information had been provided and the service were planning to meet with the person at their previous home to identify their needs and if Green Tree Court could meet them.

Supporting people to live healthier lives, access healthcare services and support

- The service had positive working relationships with community medical services. A local GP supported the service with regular weekly visits. People could choose to register with this GP practice on a temporary basis or maintain their own GP if they were local. Evidence was in people's files of their access to doctors, community nurses and other medical or support staff. Some people whose care was complex received assessment and support from specialist teams, such as tissue viability, neurological and brain injury services, Parkinson's nurses and community psychiatric nurses.

- People were also referred to local podiatry services, optical and dental teams who would make visits to people at the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Where significant decisions were being made on behalf of people we saw principles of the legislation were being followed.
- We saw people were routinely being asked for their consent for care, however this was not always being included in the daily notes. The registered manager told us they would ensure this happened.
- Where applications for DoLS had been granted we saw these were being reviewed to ensure conditions were being complied with.

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 Outstanding. At this inspection this had deteriorated to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we saw many instances when people were supported well and were encouraged and comforted by staff. For example, we observed a mealtime in the dementia care unit. We saw a staff member supporting a person to eat. This was done well, with plenty of well-paced encouragement. We also saw instances when people's support or staff communication could have been improved. We saw examples where staff spoke with each other behind people's backs, which in one instance interrupted one person's enjoyment of an activity. One person was enjoying their meal, which was of a soft consistency. A staff member took the person's spoon and stirred their meal, which had previously been nicely prepared and presented. There was no reason for this disruption, and meant the person was denied the opportunity to eat their meal enjoying differing tastes and textures. People were being encouraged to eat their soup, but throughout the meal no staff member told them what flavour the soup was that day. We also saw a member of staff speaking to a person from behind them. The person did not know the staff member was there and could not see who was speaking with them, which left them looking bewildered.
- These incidents were discussed with the unit head of care and registered manager, who confirmed they would take immediate action to ensure this was not repeated.
- People told us staff were caring. One relative said "The girls are so good. You could have the best building in the world, but if the staff aren't up to it you wouldn't want to be there."
- People's privacy and dignity were respected. Personal care was delivered in private. Staff attended training in supporting people's dignity alongside the National Dignity Council standards and 'signed a pledge' following the course to become a dignity champion and uphold standards about dignity in care practice.
- People's independence was encouraged where they wished this. For example, a staff member told us about a person they had got up that morning. They told us what the person was able to do for themselves and how they would support them to do so. They were able to tell us about the person's life history, and their family. This helps staff communicate with people, with an understanding of their history and what is important to them.
- All care was provided in private, and staff ensured they were discreet when speaking with people about their personal care needs. Records were written respectfully.

Ensuring people are well treated and supported

- People and relatives said people were well supported. People said, "The care here, and the girls are amazing" and "I can't fault this place." One person told us they regularly came in in for two weeks respite whilst their family went away. They told us they really looked forward to their time in the service. They had been to see other places, which they did not like, but a family member found Green Tree Court and they were very happy with their choice.
- Green Tree Court had been involved in raising awareness of dementia through their involvement with the Dementia Friends scheme. This had included supporting training in schools, and local businesses, alongside helping relatives and friends to understand them better.
- Staff expressed concern for and interest in the detail of people's wellbeing during the morning staff handover, and suggestions were made for supporting people as a result.
- People and staff told us about how the service went out of their way to support people. For example, staff told us that the Chefs made scones for one person who 'just fancied a cream tea' one day. One person was unable to eat ice cream due to swallowing difficulties. The Host team knew that this person had loved ice cream and spoke with the Chef who sourced a recipe and created ice cream that was suitable for the person's specific dietary needs. Another person had been having difficulties in joining in activities due to their physical and mental health. Staff had noticed the person always responded well to visiting small animals. Two guinea pigs had been purchased for the person, who loved to groom and cuddle them. This had resulted in a significant improvement in the person's mood and enjoyment of life.

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

- On arrival at the home people were given a copy of an information pack. This included information such as who was their keyworker, different uniforms worn by staff, meal arrangements and menu choices, activities programmes, price lists for the beauty salon and hairdressing and copies of the service newsletter. The newsletter covered events that had taken place at the service, such as a D-Day anniversary event and achievements in intergenerational care with a local nursery.
- People were supported to communicate with the service and the world outside the service. For example, one person living with complex needs used a computer specially adapted and controlled by their eye movements. Staff received training in how the equipment worked and communicated with the person through it. The person was involved in their care planning and communicated decisions relating to their care via e-mail directly to the head of care. Other people had access to a computer in the library room which they could use to communicate with family or friends further away. The service had WIFI for people's use in other areas. Staff supported people to use this even if they had lost the ability to manage it themselves.
- Care plans included information about people's personal, cultural and religious beliefs. The registered manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. They gave us examples of how the service celebrated people's and staff diversity in practice. Statements were in the service's policies on their expectations about anti-discriminatory practice, and information was available in the service to demonstrate this to people and any visitors.
- Visitors were welcome to visit the service at any time. A relative told us they had been supported to be with their relative when they were unwell. They said "When my loved one was not well they rang me at 10:30 at night. When the paramedics decided they were better staying here, I came over by taxi, and stayed until 4:30am. They offered me a room!"
- Meetings were held so people living at the service could express their views. We saw records that demonstrated people had given feedback regarding salads, and that they would like simpler 'iceberg lettuce' salads. When we spoke with the Head Chef he told us this had happened.

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 outstanding. At this inspection this key question remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- □ People received care and support in a way that was responsive to their needs. Care plans contained details about people's personal wishes and how they wanted their care to be delivered.
- □ The service gave us many examples where they could demonstrate their person centred and positive approach had improved people's lives. We were told about one person living with dementia who had experienced a significant decrease in their frustration and behaviours that presented risks to the person and others. This was attributed to staff following the principles and analogies from the Dementia Friends training they had received. This included guidance on eye contact, body posture and using information about the person's life history in communicating with them. Positive staff interventions had led to a decrease in medication usage for people, which had positive effects on their well-being.
- □ One person had arrived at the home with significant difficulties with their walking and posture, needing two staff to help them move. Following daily physio and occupational therapy, towards the end of their stay the person had 'ceremoniously placed (their) walking stick in the bottom of the wardrobe' and could walk independently alongside one member of staff.
- □ Another person had been bed bound on their admission and had resisted all efforts to encourage them out of bed. Discussion with the person had indicated they had previously had 'very bad experiences with hoisting in hospitals' which had left them experiencing fear and pain. The services occupational therapist had worked with the person, encouraging them, and assuring them the staff would be very gentle with them, and that they would stop immediately any time the person wanted. This gave the person control over the activity and increased their confidence. When this was successful a wheelchair was adapted to fit the person's needs, and they began to enjoy participating with the service activities, avoiding social isolation.
- □ Care plans were regularly updated with information from people or family members as appropriate. Family members were encouraged to attend the service's dementia care training programme as a way of understanding their relation's experience. Some relatives had done this twice, as they had found it so helpful.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

- □ We looked at how the service shared information with people to support their rights and help them with decisions and choices. Pictorial cards were able to support assisted communication and help people with

indicating their choices when they were not able to do so verbally. Documents were available in large print versions.

- One person used their computer for all their communication needs. They had direct access to the company IT network manager to communicate any issues they were having. A separate 4G fibre optic line was put in for this person to ensure their communication could always be supported, as it was essential to their well-being. Green Tree Court had registered with the South West police regional cybercrime unit to receive any potential cyber threats or alerts.
- The service had access to specialist tools to help understand if people unable to express pain verbally might be experiencing pain.
- People were supported to follow activities of their choice. The registered manager told us they had a programme of activities tailored to meet people's wishes, and including cultural and educational experiences, as well as physical exercise and quizzes. For example, in the weeks prior to the inspection people had had singers and musical entertainment, crafts and a newspaper discussion group, outings to a local garden centre, trips to a motor museum, a pub, a visiting Llama and an art club. Further activities planned included a sugar flowers demonstration and a garden party. A staff member told us that they had been watching a television programme about apple picking with one person, who commented that they would love to go apple picking. This information was shared within the team, and the person was supported to go into the garden and pick apples from the tree. It was then arranged for the Chefs to use them to make apple and pear crumble. This had helped the person feel listened to and involved. People had been supported to raise funds for the Exeter Dementia Action Alliance. This had led to them being supported to take part in dementia friendly cinema and theatre visits, sports events and shopping trips. Themed events such as trips to the air museum, car museum or lace museum were provided, and the service supported family members to enjoy the activities with their relation if they wished.
- The service had an on-site spa, where people could experience beauty treatments or relax with a massage. Some people used the Gym, to help build their strength and balance, or strengthen muscles following illness. During the inspection we sat in on an afternoon activity session, with a singer singing songs from Andrew Lloyd Webber shows. People joined in the singing, and the activity was also attended by relatives who took part.
- People living at Green Tree Court were involved with charity fundraising, including a charity lunch and to raise money for Exeter Leukaemia fund, a different charity being nominated each year. This gave people opportunities to feel involved with local community initiatives. One person been knitting hats for premature babies at the local acute trust hospital and had been supported to visit there to see what happened with her work. Other people had participated in a 'knitathon' for charity.
- Children from the local nursery and primary schools visited the service weekly. This was part of an intergenerational care project, with people living at Green Tree Court supporting some of the 10-year olds by helping them to practice their reading and social skills. This recognised and used the skills of people living at the service. Younger children enjoyed playing with the people living at the service and had formed positive relationships as a result.
- One person's friends had been placed on the service's insurance for their minibus, so they could support the person to go out with just their friends, rather than needing staff to be present.

Improving care quality in response to complaints or concerns

- Policies were available to support people and visitors to raise any concerns or complaints. The policy was updated while we were at the service. People said they would feel able to raise concerns if they needed to.
- A quieter office area had been provided since the last inspection where people could discuss any issues in private with the administration staff, for example around fees, and the registered manager told us their door 'was always open.'

- The service had taken appropriate action to investigate concerns raised with them or refer these on to other appropriate agencies.

End of life care and support

- When people passed away at the service, staff put together a memory book, with photographs of the person's time in the Home and written memories from staff, as a gift for the persons family. We saw one of these, which was a lovely example of how the person had been able to live as full a life as possible, within their prognosis.
- People's care wishes at the end of their lives were recorded in their care files where these were known. Other clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health. The service was applying for accreditation for the Gold standards framework, which is best practice in end of life care. Feedback we received and saw in letters and card from people was positive over the support they had received at the end of their relations lives.
- Several people living at the service had at one time been assessed as being at the end of their life, and advanced prescribing had taken place to ensure medicines to keep people pain free would be quickly available. In some instances people had improved, and this medicine was not needed.
- Since the last inspection all nurses had been trained in the verification of death. The registered manager told us "this has avoided complications when residents pass, long waiting for GP's further distress for the families and more drain on the GP. Now when a resident passes expectedly it is a dignified process where residents are able to be moved to a place of rest and given appropriate aftercare in a swift way."

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 outstanding. At this inspection this key question is Good.

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

Managers and staff were clear about their roles and understanding quality performance.

- The service had received several national awards for the quality of the services provided at Green Tree Court, including National Care home of the year 2018 and Runner up Dementia Care Home of the year 2018. Other recognition since the last inspection included Chef of the year: 2016, Runner up Chef of the year 2017, Runner up Manager of the year 2017; Runner up Dementia care manager of the year 2017; Runner up Dignity and Respect Care Home of the Year 2018 and Runner Up Chef of The Year 2018. Gold standard accreditation had been given to the service from Stirling University for the quality of their dementia care environment.
- The service was at the forefront of supporting research into good practice in care. For example, they were working with Exeter University on a project to identify physical activity of adults in longer term care using an activity tracker. Another international project was due to be announced with the service being one of the first settings in the UK to take part. Students studying for relevant degrees in healthcare, such as social work, medicine, psychology and nursing, would be paired up with a person living with dementia in a care home setting. Students then spent time getting to know the person and work with their families to organise and develop individualised social care that will help ensure positive outcomes for the person.
- The service had a clear management structure, with clearly defined areas of responsibility and accountability. Staff understood their roles, and daily meetings were held for all departments to ensure information was shared across the staff teams. Daily contact was held with the managing director, who had clear oversight of the operation of the service. We sat in on the "ten o'clock" meetings on both days, a staff handover and attended a housekeeping team meeting and saw how information was shared and used to improve people's care.
- Staff were well motivated and positive in their role and relationships with people. Staff told us it was a happy place to work, and one told us about how well they had been supported while off sick. They said that returning to work had felt like 'walking into a hug'. The service had a positive culture, very much focussed on supporting and caring for people and putting people first.
- Systems were in place to assess and improve the quality and safety of services. A well-established Quality Assurance system was in place. The manager reviewed 26 audits checking various areas of the operation of the Home monthly. These fed into an overview audit, which in turn was used to create an action plan. Actions from the previous month were reviewed and all actions were discussed in a clinical governance meeting. Records showed that actions previously identified had been completed. Where issues were identified on this inspection, immediate action was taken to address them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- Staff said they felt supported by the management and had an input into the service. Minutes of staff meetings demonstrated staff were active in raising concerns and that management addressed them. They also demonstrated a consistent message from management to staff about the standards expected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Green Tree Court had their own 'star awards' system for staff, nominated by people living at the service, family members and other members of staff. Awards were given for 'dignity in care', 'joy of life' and 'excellence in dementia' care. The star award winners had a weekend in London, the staff had vouchers, chocolates and a party / meal at Christmas and were given goody bags of wine or beer with chocolates and thank you cards for those who had come in during the bad snow.
- The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were used to make any changes where needed.
- Questionnaires were sent out on a regular basis and information was also sought from visitors and community healthcare professionals to identify where any improvements could be made.

Continuous learning and improving care

- The registered manager could demonstrate they were continually working towards improvements. A new resource centre had been set up in the training room. Leaflets, articles & pamphlets of relevant topics such as Bereavement, Communication, Multiple Sclerosis, Motor Neurone disease, Parkinson's were available, along with training resources. The registered manager told us they had joined the Exeter "Proud to care Network" and had attended meetings and seminars including developments in HR and new innovations in care.
- The service had launched a reading club for staff. They told us they had purchased books related to care practise for the staff to borrow & read. Once read they were encouraged to give the head of care a synopsis of the content of the book, what they had learned and how it would improve or change their practise. Titles and topics included "Grandpa on a skateboard" (dementia), and "Dancing with elephants" (end of life care).