

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Green Trees Care Home

21 Crescent East, Hadley Wood, Barnet, EN4  
0EY

Tel: 02084496381

Date of Inspection: 02 July 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Mr Simon John Kidsley & Ms L June Haydon & Mr Brian Colin Haydon
Registered Manager	Ms. L June Haydon
Overview of the service	Green Trees Care Home is registered to provide accommodation and personal care for a maximum of 16 people. It is a family owned home for older people, some of whom may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with five people who used the service and one relative. Their feedback indicated that people were satisfied with the care provided and they had been treated with respect and dignity. Their comments included the following, "they take good care of me," and "the staff are respectful and they talk nicely to me".

We observed that people were able to move freely in the home and they appeared well cared for. People who used the service and a relative stated that personal care needs had been attended to and they had access to healthcare services. Assessments, including risk assessments had been carried out. Care plans had been prepared and these were reviewed regularly. There were suitable arrangements for the administration of medication.

The premises were clean and people were satisfied with their accommodation. Essential maintenance had been carried out and there were regular Health & Safety checks. Fire safety arrangements were in place.

There were arrangements for quality assurance and audits. A recent satisfaction survey indicated that people who used the service and their representatives were satisfied with the services provided.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke with five people who used the service and a relative. They indicated that people had been treated with respect and dignity. Their views can be summarised by the following comment made by a person who used the service, "they take good care of me," and "the staff are respectful and they talk nicely to me".

We observed that staff were friendly and attentive towards people. Staff we spoke with were aware that all people should be treated with respect regardless of the background. The home had a policy for ensuring that all people were treated with respect and dignity. The manager stated that arrangements had been put in place to support people with their religious and cultural observances.

No formal meetings had been organised for people who used the service or their representatives. The manager explained that the home adopted an informal approach and was constantly consulting and discussing matters with people who used the service and their representatives. A relative we spoke with indicated that staff communicated well with him. Staff we spoke with were aware of the likes and dislikes of people who used the service and people's preferences were recorded in their care records.

The home had a brochure which provided general information regarding the home. It also included the complaints procedure and the home's statement of purpose.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People who used the service and a relative informed us that people were well cared for by staff. Their views can be summarised by the following comment made by a person who used the service, "they take good care of me," and "the staff are respectful and they talk nicely to me".

We observed that people appeared well cared for and were dressed appropriately. Staff were constantly checking and observing people. This ensured that they were safe and received assistance when needed. A music session had been organised for people. The manager stated that various activities, entertainment and celebration of special days such as the Queen's birthday had been organised for people. The registered provider may wish to note that during the inspection, we did not see evidence of a written schedule of activities provided or planned. This would be useful to provide evidence of activities organised and planned.

People had been assessed prior to being admitted into the home. This ensured that their needs and preferences were noted and met. Risk assessments were prepared. Action had been taken to minimise identified risks such as risk of falls and pressure sores. The care plans were up to date and had been regularly reviewed. We noted that there was evidence that people and their relatives had been consulted regarding the care plans and had signed them.

The healthcare needs of people were closely monitored. We discussed the care of a person with diabetes with staff and checked the care records. Staff were aware of the specific needs of this individual and the potential risks. We noted that action had been taken to ensure that this person was well cared for and protected. The care records indicated that their condition had been monitored via blood tests.

We noted that weight charts were in place and these had been completed. Personal care records had also been kept. These ensured that the care provided was closely monitored. People we spoke with confirmed that they had received personal care from staff.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service indicated that they were well treated and they felt safe in the home. This was reiterated by a relative and in thank you cards from relatives. We saw that staff were pleasant and gentle in their approach towards people.

The manager stated that she and her staff had received training in safeguarding people. This was evidenced in their training records and confirmed by staff we spoke with. Staff were aware of action to take when responding to allegations or incidents of abuse and knew to report allegations to the local authority safeguarding team.

The home had a safeguarding policy. However, the provider may wish to note that this policy had not been updated to reflect recent changes and the role of the Disclosure and Barring Service (DBS). The manager stated that it would be updated.

The home had the local authority safeguarding procedure. The home did not have the recent London guidance document "Protecting Adults at Risk: London Multi-Agency Policy and Procedure to Safeguard Adults from Abuse". The manager stated that it would be obtained. The manager was knowledgeable regarding the The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

During this inspection, one person with dementia stated that she would like to return to her own home. The manager responded promptly by contacting the responsible DoLS officer and making a referral for this person to be assessed.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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People who used the service informed us that their bedrooms had been kept clean and they were satisfied with their accommodation. All areas of the home which we inspected were tidy and clean.

Bedrooms inspected were comfortable and had been personalised by people. There was a record of essential maintenance carried out. These included safety inspections of the portable appliances and electrical installations. The fire alarm had been checked weekly and this was documented. There was an updated fire risk assessment of the home. An evacuation trolley was available for transferring people who were not mobile. The registered provider may wish to note that the fire procedure on display in the home did not indicate where the meeting point was. This is needed to ensure that staff are fully informed in the event of a fire.

We noted that there was a record of regular Health and Safety checks of the premises. Windows of bedrooms visited by us had restrictors to ensure that people were protected.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People who used the service and a relative spoke well of care staff and expressed confidence in them. They were of the opinion that staff were competent and able to meet people's needs. Their views can be summarised by the following comment from a person who used the service, "This is a very nice place. I am happy with the staff."

Staff we spoke with were knowledgeable regarding their roles and responsibilities and the needs of people who used the service. The home had a recruitment policy and procedure. The manager informed us that there was a stable workforce and low turnover of staff.

We examined a sample of three staff records. With one exception, they contained the required documentation such as evidence of criminal record checks, immigration status, training, experience, job description and references. One record did not contain two references. The manager explained that this staff member had worked in the home for a long time and was transferred from the previous provider. She stated that this staff member was competent and reliable.

Staff informed us that they were able to care effectively for people who used the service. One care staff stated that she cared for people who used the service as if they were members of her own family.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service said they were happy with the quality of care provided. They informed us that staff spoke with and listened to them. One relative said that he had completed a satisfaction survey form. We noted that a satisfaction survey had been carried out in the previous year. The outcome of this survey indicated that there was a high level of satisfaction among those who responded. We also saw a record of compliments from relatives and representatives of people expressing gratitude and thanks for the care provided to people.

The home had a record of complaints made. We noted that these had been responded to. The registered provider may wish to note that the records did not always contain the date when the complaints were responded to.

The home had a system of audits and checks carried out internally by senior staff. These included medication audits and Health & Safety checks on the premises.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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