Treehome Limited

Elm Tree House

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

Elm Tree House is a residential care home for eight people with learning disabilities or autistic spectrum disorders. At the time of the inspection, six people were living there. The home had been renovated and re-decorated and communal areas included a lounge, dining room and kitchen with a seating area. People had access to a secure garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised. People received their medicines safely. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Staff received training to ensure they had the skills and knowledge required to effectively support people. People were supported to eat and drink according to their likes and dislikes. People who lacked capacity had decisions made in line with current legislation. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed that staff were kind and patient. People were involved in decisions about the care and support they received. People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to engage in activity programmes. People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Elm Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 9 November 2017 and the first day was unannounced. This was a comprehensive inspection.

Elm Tree House 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.

Elm Tree House accommodates eight people in one adapted building. At the time of the inspection, six people were living there. The inspection was carried out by one adult social care inspector.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account during the inspection.

We spoke with the registered manager, the deputy manager, two care staff and the Quality Improvement Lead for the service. We also spoke with one visiting professional who visited the home.

We used 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 looked at three staff files including the

registered managers, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

People continued to receive safe care.

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The registered manager told us, "We talk about safeguarding in team meetings and have quizzes to test staff knowledge." Staff were able to make safeguarding referrals themselves and told us they knew where the information was for them to do this. Staff said, "We know how to report any concerns; there is a number on the office wall we can call" and, "If we find a bruise on someone we look to see if they've had an accident, tell the manager and record it. The manager will always do something." One visiting professional told us, "This is one of the best homes I visit. I love coming here."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments were written with people and discussed with families where appropriate. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around the home. Other risk assessments were in place for using the roads, hot water and personal safety.

The registered manager or their deputy reviewed accidents and incidents reported to ensure all appropriate steps were taken to minimise risks. All staff were aware how to report accidents and incidents. The quality leads saw a daily summary of all incidents, which meant they were able to identify if the service needed additional? support.

During our inspection we observed the there were enough staff available to respond to people's needs. We looked at the staff rotas and discussed staffing levels with the registered manager and Quality Improvement Lead. They told us that staffing levels were based on people's needs. Rotas showed there were enough staff with the right mix of skills. The registered manager confirmed if they needed more staffing due to a person's change in need this would be provided. A visiting professional told us, "When they were short staffed they managed it really well. They used consistent agency staff so people knew them."

Risks of abuse to people were minimised because there was an effective recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults.

People had annual meetings with their GP and other healthcare professionals, when their medicines were reviewed. Staff observed people for the effects of their medicines. Where these were found not to be effective, reviews were held which meant the numbers of medicines people took could be reduced. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy

were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct. All staff had completed medicines training and competency assessments.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. Staff confirmed they received fire training and felt confident to evacuate the building if needed in the event of a fire.

There were systems in place to ensure people were protected from the risk of the spread of infection. Domestic staff were employed to clean the home and there were cleaning schedules in place for them to follow. Areas of the home were clean and free from any odours. Staff had access to personal protective equipment and we observed them using this appropriately during our inspection. The registered manager completed regular infection control audits to ensure safe practice was being followed. A visiting professional told us, "It's always clean and fresh."

Good

Is the service effective?

Our findings

People continued to receive effective care and support.

People's needs and choices were assessed and planned for. Each person had a pre-assessment that was completed before they moved to Elm Tree House. This was used to create a plan of care and included details of people's needs and preferences.

People's health care was supported by staff and other health professionals. Staff told us and records confirmed people had a range of healthcare needs such as mobility, mental health and other health needs.

Staff told us they knew how to support people's nutritional requirements and were aware of people's individual needs. People were able to discuss menus during 'Your Voice' meetings, when seasonal menus and healthy food were discussed. Staff told us, "I have to say the food is fantastic", "People do their own breakfast and help with lunch and dinner." People's needs and preferences were also clearly recorded in their care plans. For example, people's care plans identified suggested foods and high risk foods the person should avoid. Staff also had clear guidance how to monitor people for any signs of discomfort when they were eating, such as watery eyes and a decline in eating or drinking skills. We observed lunch in the main dining room and saw that people received the support they required in a dignified manner. We also noted that people were provided with appropriate equipment, to enable them to eat independently.

When people were helped to prepare for appointments with healthcare professionals, information was prepared for them in a range of accessible formats, such as pictorial or easy read formats. People were supported to contribute information for health action plans and hospital passports, which were used to share information with other healthcare professionals about the support the person needed.

We observed one handover between staff changing shift. Handovers ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff reported about any accidents or incidents, the checks that had been completed that day and the people they supported.

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. One person required a safety lock when they travelled in a vehicle; this is a safety item which stops people from undoing their seat belt whilst a vehicle is moving. Records showed the person's capacity to consent to this had been considered and a best interest meeting had been held. This meant staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are 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 were being met.

Applications for two people who required DoLS had been authorised, two more were pending assessment by the local authority. No conditions had been attached to the DoLS. This meant the provider was meeting their legal responsibility in relation to the DoLS. Staff had completed MCA and DoLS training. One member of staff said, "I've done so much training, and this included mental capacity and DoLS."

A range of communication tools were used to help people understand decisions, such as talking mats and social stories. These are effective tools for helping people with communication difficulties to communicate. For example, one person was being supported to make decisions about where they wanted to live. Staff had painted different colours on the walls and people had chosen the colours they wanted.

People were able to move around the home freely and request staff support as and when they needed it. The environment was tastefully decorated; there was relaxing music playing in the background and controlled lighting. There were quiet places to sit so people didn't have to go to their bedrooms if they wanted to be quiet. People had access to a quiet, secure garden with a ramp access and safe railings.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they could ask for specialist training if they wished and told us they had formal supervision (a meeting with their line manager to discuss their work). They said they were supported in their professional development by the registered manager and the seniors. They told us supervision gave them an opportunity to discuss their performance and identify any further training or support they required. Records confirmed this. This meant people were supported by staff who received support from their managers.

Good

Is the service caring?

Our findings

People continued to receive a caring service.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced the individual's mood.

We also saw that the staff gave appropriate and timely reassurance to a person who became anxious. This helped the person to become less anxious and to be able to enjoy themselves. A visiting professional told us, "It's brilliant here. The manager got a magic wand and turned it into a home" and, "The manager is always thinking of other ways of making the home warm and inviting, always thinking of the people here."

People were supported to make choices about how, where and when they received support. Staff told us, "People have the freedom to make decisions" and, "I love my job, we give people lots of choices." People made choices about when they got up and went to bed, meals, where they wanted to spend their time and the activities they wanted to participate in. People were supported to make choices during meetings such as 'Your Voice' meetings and meetings with their key workers. Staff told us about the people they supported and said, "When I took [name] out, they came alive! They like their personal space", "Two people are fully able to say what they want and one person can say 'yes' or 'no'" and, "We make sure people have got good quality of life, and the way we support people we increase their self-esteem."

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. For example, people were supported to attend churches of their choice. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and wishes.

People received personalised care that was responsive to their needs and wishes. From our discussions with staff, it was clear they were knowledgeable about the people they were supporting and told us about the particular actions that may mean someone was upset. Care plans provided clear and detailed information about the person's care and support needs, and identified what the person could do for themselves and what support staff should provide. For example, staff had guidance how to monitor people for any signs of infection, how to support people to vote in elections and how to support people opening their mail. Care plans were also in place for people's health needs, such as their mobility, skin care and mental health needs. One visiting professional told us, "They go the extra mile" and gave us an example of how staff had been responsive to one person's needs when they first moved into the home.

People's communication needs were clearly identified. For example, one person's summary noted the person needed easy read documents with pictures and minimal writing. Staff also had guidance about any communication needs which family carers, parents or other relatives may need, to enable clear communication with families. Staff had guidance how to support people with formal letters they may receive, for example one person's care plan noted staff should give them their mail in a quiet place, as this was their preference.

Staff told us and records confirmed people enjoyed a range of activities. These included horse riding, sports, animal therapy and massages. One visiting professional told us, "They are guided by what people want. People's needs are all different so the activities are quite diverse; they're definitely person-centred." People were involved in planning activities and holidays during meetings with their key worker. Staff said, "We ask people what they want to do and encourage them", "Sometimes we offer activities but people don't engage, so we'll offer something else" and, "Everyone's got activities that suit them."

People were encouraged to share any concerns during 'Your Voice' meetings. Staff said, "People tell us what's wrong" and, "The manager has an open door policy, so people can talk to her any time." There had been two formal complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised. For example, dirty laundry was now bagged in response to one complaint. One visiting professional told us, "If I had any problems I would have said so ages ago." They told us they were sure any concerns would be satisfactorily dealt with.

People's wishes regarding what treatment they wished to receive was recorded, and staff worked with people's GP's to ensure everyone who supported the person was aware of these wishes. This made sure there were plans in place to state under what circumstances they wished to be admitted to hospital and if they wished to be resuscitated. Where people were able, their preferences about the care and treatment they wished to receive at the end of their lives was documented in their care plans and relatives were involved in providing this information where relevant. Where people lacked capacity, the registered

manager told us they would involve district nurses and hold best interest meetings, involving friends and families. This helped to make sure people received care in accordance with their wishes.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

A visiting professional told us, "It's a pleasure to come here. The team work well together." Staff also told us they felt staff worked together as a team.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Staff completed daily 'walk-arounds' to check the home and people were involved in these. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, audits identified there had been a backlog of incidents which had not been recorded on the provider's systems; the method for dealing with incidents was changed so this could not happen again. Staff were reminded of timeframes for reporting and are reminded during shift handovers. The Quality Improvement Lead visited every two weeks and explained the areas where the home's action plans were showing continuous improvements. They told us, "We need to make sure we've got continuity" and explained some areas of the action plan had been completed, but not signed off.

Staff meetings were held which were used to address any issues and communicate messages to staff. Meeting minutes reviewed demonstrated where incidents had occurred in the home these were reviewed and discussed and any learning was shared with the team. Staff received regular emails to update them with any learning shared across the organisation. One staff member told us, "Staff have the freedom to make decisions." Another commented, "I do feel it's an open and honest service." Staff were also able to give their views on the service via a staff survey. The last survey was sent to staff in September 2017 and the results had not been analysed at the time of the inspection.

People were involved in decisions and changes regarding the running of the home. People's views were gathered through a variety of different meetings, such as 'Your Voice' meetings and meetings with their key workers.

People had contributed to residents' charter, which contained the vision and values of the organisation. These included 'freedom of movement, activity and choice'. Staff told us the vision and values of the organisation were about developing people's life skills and independence and said, "Everything we do is to help people." This vision was put into practice, as people were supported to be as independent as possible.

People had been supported to maintain links with the local community through attending various clubs, social activities and employment opportunities. The registered manager had arranged for local police

officers to visit and talk with people, to reassure them about safety.