Care Quality Commission

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

Overall summary

This inspection took place on the 7 November 2015 and was unannounced. When the service was last inspected in April 2014 there were no breaches of the legal requirements identified.

Elm Tree House is registered to provide care and support for up to eight people with a learning disability. At the time of our inspection there were eight people living at the home. On the day of our visit three people were staying with their parents for the weekend.

A registered manager was in post at the time of inspection. 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.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate. People were supported with their medicines by staff and people had their medicines when they needed them.

People received effective care from the staff that supported them. We received positive comments from relatives we spoke with about the staff. One relative commented; "The deputy manager is great. She's just the type of person x needs. X likes a good laugh and x is happy."

Staff were caring towards people and there was a good relationship between people and staff. People and their representatives were involved in the planning of their care and support. Staff demonstrated and in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Supporting records highlighted personalised information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Arrangements were also in place for obtaining people's feedback about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines.

Good

Is the service effective?
The service was effective.

Staff received appropriate support through a supervision and training programme.

People's rights were being upheld in line with the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good

Is the service caring?
The service was caring.

People we spoke with provided positive feedback about the staff and told us they were caring.

People's privacy and dignity was maintained.

Good

Is the service responsive?
The service was responsive to people's needs.

People received good care that was personal to them and staff assisted them with the things they made the choices to do.

Each person's care plan included personal profiles which included what was important to the person and how best to support them.

Good

Is the service well-led?
The service was well-led.

People were encouraged to provide feedback on their experience of the service and monitor the quality of service provided.

To ensure continuous improvement the manager conducted regular compliance audits. The audits identified good practice and action areas where improvements were required.

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.

The inspection took place on 7 November 2015 and was unannounced. The last inspection of this service was in April 2014 and we had not identified any breaches of the legal requirements at that time. This inspection was carried out by one inspector.

Before the inspection, the provider completed a 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.

On the day of the inspection we spoke with three members of staff and the deputy manager. We also spoke with two relatives of a person who received care from the service.

Some of the people who used the service were unable to tell us of their experience of living in the house. We observed interactions between staff in communal areas.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Good

Is the service safe?

Our findings

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with generally felt the staffing level was appropriate. One member of staff did advise that they felt well supported but thought staffing levels should be increased to allow for more one-to-one time for people, particularly those who expressed challenging behaviour. We observed that there were sufficient staff to help people when needed, such as at meal times and when medication was required. The deputy manager explained that in the event additional staff were required due to holiday or unplanned sickness, additional hours would be covered by existing staff who worked for the service. The deputy manager advised that they would benefit with having more drivers and this is an issue they hope to address in the near future.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. The safeguarding guidance included how to report safeguarding concerns both internally and externally and provided contact numbers. Staff told us they felt confident to speak directly with a senior member of staff and that they would be listened to. One member of staff told us that they had reported a safeguarding concern to their manager and the issue was appropriately investigated. All members of staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. The safeguarding policies were available in an easy read format in the dining area. Staff are required to complete a safeguarding questionnaire every six months to test their knowledge and to identify areas of development. Safeguarding is also discussed at every staff meeting

Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. We were told that staff files were held in head office and they contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately.

People's medicines were managed and received by people safely. People were receiving their medicines in line with their prescriptions. Staff had received training in medicines. Staff administering the medicines were knowledgeable about the medicines they were giving and knew people's medical needs well. There were suitable arrangements for the storage of medicines in the home and medicine administration records for people had been completed accurately.

To ensure staff followed correct procedures the management of medicines was audited on a monthly basis. The audits reviewed issues such as the storage, ordering and disposal of medication and the medication administration records. The audits would identify any potential concerns which required action. We did identify one discrepancy with the stock balance of one person's medication and what had been recorded in the MAR Sheet. The deputy manager agreed to investigate the discrepancy.

We saw that PRN medication plans were in place. PRN medication is commonly used to signify a medication that is taken only when needed. Care plans identified the medication and the reason why this may be needed at certain times for the individual. Care plans confirmed how people preferred to take their medicines.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. These included assessments for the person's specific needs such as personal safety when out in the community and using the kitchen when assisting with meal preparation. Assessments were reviewed and updated on a monthly basis as part of the keyworker meeting with the person. Practical instructions were also detailed enabling the person to be

Good

Is the service safe?

independent, as far as possible. Within the person's records, appropriate support and guidance for staff was recorded. Examples included how to keep a person safe in the kitchen to ensure they did not scald themselves or others. Potential hazards were identified and control measure instructions were provided such as the need for staff to be present at all times and to participate in an activity to distract the person when food is being cooked.

Incidents and accident forms were completed when necessary and reviewed. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed a description of the incident, the location of the incident and the action taken. The recorded incidents and accidents were reviewed by the registered manager every month. They reviewed the incidents and accidents and identified any emerging themes and lessons learnt. They told us that this analysis enabled them to reduce the risk of the incident occurring again.

People were cared for in a safe, clean and hygienic environment. The home was clean and tidy and well maintained.

Good

Is the service effective?

Our findings

People received effective care and people we spoke with gave positive feedback about the staff that supported the people living at the home. Two people who lived at the home told us they were happy and if they felt sad they would tell a member of staff. A relative told us; "The staff are very happy and I have no complaints."

The provider had a system in place which ensured that new staff would complete an induction training programme which prepared them for their role. The manager told us the induction programme included essential training such as safeguarding, infection control, food safety and medication training. A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs new members of staff also shadowed more experienced members of staff.

Staff were supported to undertake training to enable them to fulfil the requirements of the role. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in moving and handling, fire safety, basic life support and safe handling of medicines had been completed. The provider had a training programme throughout the year that ensured staff training was updated when required. Additional training specific to the needs of people who used the service had been provided for staff, such as Asperger's syndrome and autism awareness. We were also told by the deputy manager that staff will be attending Strategies for Crisis Intervention and Prevention (SCIP) training. SCIP training focuses on proactive methods to avoid triggers that may lead to a person to present behavioural challenges to get their needs met.

Staff were supported through a supervision programme. The manager met with staff regularly to discuss their performance and work. Supervisions covered topics such as mandatory training, the people that staff support, what was working well and not so well. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon.

Staff completed Mental Capacity Act 2005 (MCA) training and understood the importance of promoting choice and empowerment to people when supporting them. Where possible the service enabled people to make their own decisions and assist the decision making process where they could. Each member of staff we spoke with placed emphasis on enabling the people they assisted to make their own choices. One member of staff commented; "x sometimes needs help and other times x is independent. I offer choices and enable him to be independent with daily tasks such as laundry and cooking."

We made observations of people being offered choices during the inspection, for example food choices were offered and people were asked what activities they wanted to undertake during the day. Where a person was unable to communicate and to enhance their understanding of the person's requirements staff utilised a number of techniques such as using simple sentences and using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Depending on the specific issues such as medication reviews decision making agreements involved the appropriate health professionals, staff and family members. We were told that the latter were invited to attend such meetings but did not necessarily attend all the meetings.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. These safeguards aim to protect people living in homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. To ensure the person's best interests were fully considered the DoLS application process involved family members, staff members and a mental health capacity assessor.

People's meals were nutritious and served at the correct consistency, according to the person's needs. Where required appropriate professional advice had been sought regarding the consistency of food the person should consume. We observed that staff provided the appropriate support in accordance with the care plan guidelines. The correct procedures to follow were clearly identified in the

Good

Is the service effective?

person's care plan. People were encouraged to eat a healthy, balanced diet and their food choices were respected if they wanted an alternative. One person particularly liked going to the local shop and buying their favourite fizzy drink. On the day of our visit another person was going to their local café and public house to eat and have a pot of tea.

Good

Is the service caring?

Our findings

The people we spoke with provided positive feedback about the staff and told us they were caring. One relative told us: "I think he's happy. When he returns on a Sunday he's happy to return. He's always well-presented and has clean clothes. He's quite independent."

Our observations and feedback we received showed that good relationships had been established between staff and the people they provided care for. We observed positive interactions during our time at the service. Staff spoke with people in a meaningful way, taking a vested interest in what people were doing, suggesting plans for the day and asking how people were feeling. Staff continually offered support to people with their plans. They played music people liked and watched movies together.

Care plans contained detailed, personal information about people's communication needs. This ensured staff could meet people's basic communication needs in a caring way. For example, one person's plan advised that the person will try different and varied signs to help staff members to understand what they are saying and how they used Makaton. The plan enhanced staff understanding of the person's needs. We observed staff communicating with the person using Makaton. Staff were able to understand their needs and requests for the day. Staff we observed were patient and fully engaged with the people they were caring for. People were assisting with household tasks such as cooking and laundry, there appeared to be real team spirit.

People's privacy and dignity was maintained at all times. Staff told us they always considered people's privacy. A staff member described what action they took to ensure they upheld people's privacy and dignity. They provided examples of how people preferred their personal care routine to be conducted and told us they did not encroach on a person's personal space, if assistance was not required.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were very knowledgeable about people's different behaviours and specific needs such as how a person liked to shave and their preferred morning and night time routines. The level of detail provided by staff members was reflected in the person's care plans. One member of staff commented; "We are constant and do not have a large staff handover, we know the people here really well."

The staff members enabled the people who used the service to be independent, as far as possible. When they spoke about the people they cared for they expressed warmth and dedication towards the people they cared for. People were provided with activities, food and a lifestyle that respected their choices and preferences.

The service respects people's privacy by giving them space and time alone when they wish and staff always knock before entering their bedrooms. We observed that people used their rooms when they wished and some people had their own television and home entertainment facilities. People kept their own personal belongings where they wished to and their rooms furnished to their own individual taste.

Good

Is the service responsive?

Our findings

The service was responsive to a person's needs. People's needs were met by a small staff team who worked together to offer the best care they could. People received good care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the home and they received the support they required.

People's needs had been assessed before they moved in to the service. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed every month and a formal review was held once a year and if people's care needs changed. Reviews included comments on the areas of discussion such as the support plan, the person's health, 'concerns I have' and 'ideas I have'. Future plans were also discussed with the person. Staff responded to any identified issues by amending plans of care, changing activity programmes and consulting external health and care specialists, as necessary. Where required we found that the service accessed speech and language therapists, behaviour therapists and physiotherapists.

Care records were personalised and described how people preferred to be supported. Specific personal care needs and preferred routines were identified. People and their relatives had input and choice in the care and support they received. We were told that one person has access to an Independent Mental Capacity Advocate (IMCA) to assist them to make life choices. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

People's individual needs were recorded and specific personalised information was documented. Each person's care plan included personal profiles which included what was important to the person and how best to support them. For one person this included having a diverse programme of activities. An action plan was implemented to enable the person to engage in the activities they liked to attend such as watching football, attending an over 18's club, going out in the community and having fish and chips. As far as possible people were being included in decisions on all aspects of day to day choices.

People undertook activities personal to them. There was a planner that showed the different social and leisure activities people liked to do and the days and times people were scheduled to do them. People in the service were supported in what they wanted to do. The social activities recorded varied for people according to their chosen preferences. This demonstrated that the service gave personalised care. The service knew people well and were responsive to their needs.

The social activities recorded varied for people demonstrating the service gave personalised care. On the day of our inspection people were engaging in different activities such as attending the day service, visiting their family, going out for the day in the local area and watching. One person told us their relative who lives in the home is active and always engaged in lots of interesting things as they are very sociable.

People maintained contact with their family and were therefore not isolated from those people closest to them. One relative called weekly and other people visited their relatives. One relative we spoke with felt the level of communication between them and the service was generally good and they confirmed that they were contacted and offered the option of attending care plan reviews relating to their relative's best interests. Family and friends are also invited into the service for events such as birthday parties and BBQ's.

Each person held a hospital passport in their records. The passport is designed to help people communicate their needs to doctors, nurses and other professionals. It includes things hospital staff must know about the person such as medical history and allergies. It also identifies things are important to the person such as how to communicate with them and their likes and dislikes.

Some people were not able to complain without assistance and they would need the support of staff or families to make a complaint. Staff described how they would interpret body language and other communication methods to ascertain if people were unhappy. One relative also told us; "x is happy and safe and gets on well here. We have not had to raise a complaint." Easy read information was provided for individuals in a way that they may be able to understand such as in pictorial and symbol formats. The provider had systems in place to receive and monitor any complaints that were made. During 2015 the service had not received any formal complaints.

Good

Is the service well-led?

Our findings

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. Annual customer surveys were conducted with people and their relatives or representatives if they wished to give their views. The overall feedback from the most recent annual review was very positive. The review identified the issues people were most pleased with such as staff being friendly and approachable. Comments included; "I like the staff and going out"; "the staff are fantastic and do a good job"; and "I would change nothing, the staff are always friendly."

Regular 'Your Voice' meetings were held with the people who live at the service. It provided an opportunity for people to discuss issues that were important to them and proposed actions. Items that were discussed in the most recent meeting included the purchase of new garden furniture, winter menus and the in-house entertainment. People were encouraged to provide their views and were actively involved in the decision-making process, such as the choice of the garden furniture. The most recent meeting also refreshed people's knowledge on key policies such as safeguarding, the right to complain and stranger danger.

Staff members we spoke with felt well supported by the team and their manager. They told us that if they had any concerns they would feel comfortable approaching the manager to discuss their concerns. The manager held regular staff meetings which enabled them to communicate and changes to the team and to keep people up-to-date with changes in support plans, legislation and company policies. This meant that staff were fully informed on all aspects of the operation of the service. The service also sought staff views through an annual employee engagement survey. Where concerns were expressed the management team analysed the staff concerns and implemented an action plan to take their concerns forward. Staff we spoke with felt they were listened to.

Systems were in place to ensure that the staff team communicated effectively throughout their shifts. Communication books were in place for the staff team as well as one for each of the individuals they support. We saw that staff detailed the necessary information such as the change of medication or pads in their entries. This meant that staff had all the appropriate information at staff handover. Staff were required to attend the handovers as well as reading the communications book for the service and the individuals.

To ensure continuous improvement the manager conducted regular compliance audits. They reviewed issues such as; planning and delivery of support, observations of support, training and health and safety. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that training was up-dated and signed-off within appropriate time limits. The manager also conducted regular out-of-hours spot check to assess the operation of the service and also review areas such as fire safety, safeguarding, staff supervision and training and health of safety.

The regional manager also regularly visited the service and completed a compliance visit report which identified areas of development and improvement. The compliance visit follows the format of a CQC inspection and reviewed whether the service was safe, effective, caring, responsive and well-led. An action plan was created with set timescales. The actions set at the previous visit were reviewed to ensure that they had been achieved.

Systems to reduce the risk of harm were in operation and regular maintenance was completed.

A housing, health and safety audit ensured home cleanliness and suitability of equipment was monitored. Fire alarm, water checks and equipment tests were also completed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.