

Leicestershire County Council

The Trees

Inspection report

Deveron Way
Hinckley
Leicestershire
LE10 0XD

Tel: 01163057351
Website: www.leics.gov.uk

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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

We carried out an unannounced inspection of the service on 25 October 2017

The Trees provides accommodation for persons who require nursing or personal care who are living with learning disabilities. The Trees is a purpose built home and provides care on a short and long term basis for up to 19 adults who have been diagnosed as having learning disabilities, mental health conditions, and physical disabilities. The service consists of three units, Beachwood, Ashwood and Cedarwood, each unit provide communal and living quarters for people who used the service. There were seven people receiving care and three people in respite care at the time of our visit. The service was last inspected 30 November 2015 and the rating for that inspection was Good.

There was a manager registered with the Care Quality Commission (CQC). 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 previous inspection in October 2015 we found staff had difficulty recognising when people showed signs of distress, so they could administer 'as required' medicines appropriately. At this inspection we found improvement had been made. Records showed a distress assessment tool had been implemented and added to individual medicine care plans where people required PRN medicines when they were in distress.

People were observed to be living in a safe environment and kept safe when staff supported them. Risks were assessed and managed. Sufficient staff were in place and safe recruitment process were followed.

There was an training programme in place that provided in depth and relevant knowledge and skills to fully equip staff to meet the individual needs of people. Staff received regular supervision and felt well supported by the management team. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported and encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People experienced positive caring relationships with staff that treated them with kindness and compassion. Staff showed good awareness of people's needs and preferences. People were treated with respect and dignity. People were supported to express their views and be actively involved in making decisions about their care. People were supported to live as independently as possible.

People were aware how to raise concerns or complaints and were encouraged to do so if needed. The provider followed their procedures to ensure any complaints or concerns were dealt with in a timely manner.

Staff spoke highly of the registered manager and the service provided. A number of systems were in place

that enabled people, staff and relatives to give their views about the service. Robust quality assurance processes were in place. The rating of the service was displayed appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living in the home and with the staff who supported them.

Assessments of the risks to people's safety were in place and regularly reviewed.

Sufficient numbers of suitably qualified and experienced staff were in place to keep people safe. Safe recruitment processes were followed.

Medicines were managed well and there were assurances that people were receiving them as prescribed.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive

Is the service well-led?

Good ●

The service remained well-led

The Trees

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 25 October 2017 and was unannounced. The inspection team consisted of one 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.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law.

During our visit we spoke with five people who used the service and completed general observations of people living in the home, as most people were unable to fully communicate with us. We contacted two relatives by telephone the day after the inspection for their feedback about the service provided. We spoke with five members of staff, the registered manager, the deputy manager and the provider's representative.

We looked at all or parts of the care records for three people, the training and induction records for four staff and two people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

We also consulted other professionals and commissioners of the service who shared with us their views about the care provided.

Is the service safe?

Our findings

At our previous inspection we found staff were unable to recognise when people showed signs of distress to ensure they received 'as required medicine appropriately. At this inspection we found the necessary improvements had been put in place. A distress assessment tool had been added to individuals medicine care plans to identify to staff when a person showed signs they were distressed, so staff could administer PRN when required.

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. People were unable to comment on whether they received their medicines or what they were for. However two family members told us they were kept informed of any medicine changes for their relatives.

Staff who administered medicines received appropriate training and had a good understanding of the policy and procedures for administering medicines to people. The registered manager told us staff were assessed for their competencies to administer medicines once they had completed medicine training successfully, to ensure they were confident and competent to do so. Records we looked at confirmed this.

There were systems of regular audit checks of medication administration records and regular checks of stock, which would identify the provider, had an effective governance system in place to ensure medicines were managed and handled safely. All documentation, assessments and reviews had taken place to ensure the best course of action for the prescribed medicine to keep people medically well. During our inspection we found some medicines dates had expired recently. The member of staff responsible for medicine administration told us regular checks of the dates take place on a weekly basis. We spoke with the registered manager about our concerns. They told us they would implement a more robust system to ensure out of date medicines were checked more regular.

People told us they felt safe living at the home. One person said, "I am fine with my home. I enjoy it here." Another person said, "I would tell the staff if anything was bothering me." One relative told us the service and staff keeps their family member safe. We observed that people lived in a safe environment. People were protected from harm as safety measures were in place. For example, there was a signing in book in the reception area to record all people entering or leaving the building. This was monitored by staff as they had to assist with opening the door.

Staff described and identified different signs of abuse and the action they would take to report and document any concerns. Staff told us and records confirmed they had received safeguarding training. Records we looked at also confirmed safeguarding training was all up to date. The registered manager had taken action to report and investigate allegations of abuse and issues of concern. The provider's safeguarding policy and procedures had been followed when incidents were reported to the local authority or the police.

People were assessed so their individual risks could be managed. People were protected and their freedom

was supported and respected. People were able to move around the home freely and at their own pace. Care had been planned for each person living in the home to help reduce risks from falls, personal care and moving and handling. For example, staff followed guidance and ensured the safe use of equipment when moving people from a bed to a wheelchair. Risk assessments had been completed for each individual to mitigate any risks. This included information for staff on what they should do if a person was at risk of choking. Incidents were dealt with in a timely manner. Risk assessments and care plans were reviewed and updated.

Systems were in place in case of an emergency, such as fire. There was an emergency evacuation plan for each person which was easily accessible. The person responsible for the environmental checks told us and records showed that they carried out weekly fire tests and monthly checks of equipment to ensure they were in full working order should an emergency occur.

Sufficient numbers of suitable staff were in place to keep people safe and meet their needs. Staff told us they felt there was enough staff working at the home, one staff member said, "Sometimes it can be difficult when colleagues are on annual leave, but overall we have sufficient staff."

The registered manager had systems in place to ensure they had sufficient staff on duty to meet people's dependency needs and this was reviewed and monitored on a regular basis. The registered manager told us any shortfalls would be covered by other staff. However, if they needed to use agency staff they requested staff who had worked at the home before to ensure that people received continuity of care. This meant all staff were fully aware of people's needs and were known to the individual. We observed people's needs were attended to in a timely manner as there were enough staff on duty. We observed staff interacted well with people and each other and worked well as a team.

People could be assured that the provider's recruitment practices helped to protect them from unsuitable staff; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

We received high praise from people and their relatives about the knowledge, expertise, skill and caring approach from the staff. People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One relative said, "They [staff] are very good. The transition to the service was well organised, staff took time to find out what [name] liked and disliked. They involved me and completed lots of training before they took [name] to ensure they could meet their needs." Another relative told us the service cared for their family member very well. They said, "It's perfect." They understand [name] well, I am satisfied with everything.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were supporting. Records showed that staff had attended relevant training courses to support them in their role. For example, understanding behaviours that challenge, epilepsy awareness and individual use of equipment. Staff received regular supervision where they discussed training and received support from their manager. All staff confirmed they received regular supervision and appraisals and that they were able to discuss areas for development, reviews of performance and delivery of care.

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. We checked whether the service was working within the principles of the MCA, which they were.

People consented to care and support they received. Care plans we looked at identified people were given choices and were able to make decisions about their day to day life. Staff we spoke with could explain the importance of ensuring wherever possible people were able to make their own decisions and staff respecting those choices. Staff talked about making decisions in people's best interest and this was recorded in their care plan. One staff said, "We promote independence where possible and give people as much choice and input about their day to day experiences. Staff gave us examples of how the mental capacity act was relevant and related to people they cared for. For example, ask a person if they wanted a shave. Ask if they want to wear any aftershave, but be mindful they could have sensitive skin.

We observed staff interaction with people (some who had complex needs) was good. They asked people's consent before they provided support. One person who understood speech, but could not communicate verbally reacted with a smile when asked if they were okay and put the thumbs up sign. This showed us people could give their consent where needed. Care records confirmed detailed capacity assessments had been completed and reflected a holistic approach for each individual decision about the care requirements of people. Where best interest's decisions were required these had been completed and confirmed any relevant professionals and family members had been involved. regular reviews had taken place to ensure the right decisions were made for people.

The manager told us that staff were in the process of completing relevant training and refresher training in regards to the MCA, which would be completed by 17 November 2017. They also stated staff would complete a bespoke training session that will help to embed the understanding of the MCA. This showed us the registered manager took a proactive approach.

People were supported to eat and drink sufficiently and maintain a balanced diet. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. One person told us they sometimes go food shopping. They also said, "The food is nicely prepared. I can choose things I like." Another person told us they had gluten free meals. They said, "It's lovely." Some people needed alternative ways to support their nutritional intake. Where needed people had puree diets and use of adapted utensils.

Menu's demonstrated people had a variety of foods to have a balanced diet. This helped maintain people's health and well-being. Staff were very informative about people's different diet needs. Staff told us food was ordered weekly and menus rotated every 4 weeks with a vegetarian option if required. Care plans recorded the consistency of food, for example, if a person required a thick puree diet. There was guidance for staff on what foods people could or could not eat. One person was in respite and family had requested a food diary should be kept, which the service accommodated. This demonstrated how changes were being monitored to help with the person's health needs to ensure a balance diet was maintained. Fresh food produce was used and a good selection of food in the food store. The home had a five star rating for food hygiene. This showed us the service had very good hygiene standards.

People were supported to maintain good health and had access to healthcare services to support their health needs. One person said. "I go to the doctor's surgery to see the doctor. Sometimes the staff attends with me."

People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. The service liaised with health care professionals for example, district nurse, speech therapist and dietician.

Each person has a health passport which was specifically designed to help people with learning disabilities share information with healthcare professionals. Care plans identified action taken to ensure people were kept in good health.

Is the service caring?

Our findings

People experienced positive caring relationships with staff and other people living in the home. People were treated with kindness and compassion by the staff. One person told us they "loved" the staff who cared for them. Another person said, "I Like it here it's nice, the staff are kind." Relatives were very complimentary about the staff. One relative said, "Its perfect." Another relative said, "The communication is brilliant." They went on to say, "Staff rings me. They know what [name] likes and the care is very good. We looked at loads of providers, it's important to have peace of mind especially with respite care." Relative's told us how staff communicated well with people. They said that staff used Makaton (a language programme using signs and symbols to help people communicate), body language and facial expressions. This was to ensure effective communication techniques were used.

Staff showed good awareness of people's needs and preferences. One person said, "Staff look after me well, they are kind and understand me." One member of staff told us they were trained in signed language. They said, "I communicate with people using sign language and sometimes used pictures to ensure they understand what I am saying. Staff demonstrated they communicated with people effectively by spending time with people. Staff were aware of the risks of discrimination and treated people with respect no matter of age, gender or sexual orientation. We observed staff attending to people's requests. They knew individuals well and supported them effectively. We observed the atmosphere of the home was calm and staff were caring and kind. They encouraged and engaged people to actively be involved in sharing their views on what they wanted to do throughout the day.

The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. One person said, "I do my care plan with the staff." People were smiling and fully engaged with their activity or routine. People's personal preferences were incorporated in their day to day activities. All of the interactions between staff and people using the service were good humoured and natural.

The registered manager ensured people were involved in decisions about their care. Care plans were reviewed regularly. Where necessary people were supported by an advocate service. Care files we looked at confirmed when an advocate had been used or people were supported. For example, if a person was unable to make life changing decisions for themselves.

People were treated with dignity and respect. Relatives told us their family members were treated with dignity and respect at all times. We observed when the district nurse came to visit a person the person was taken back to their bedroom to receive care and treatment in private.

People's bedrooms were personalised to their individual taste, reflecting what was important to them. One room was decorated with a butterfly theme. Another room had a yellow theme and pictures of family and friends or people who were important to the person. This showed the service respected people's choices.

The registered manager told us staff were observed how they talk to and treated people on a daily basis.

They said dignity and respect was part of the care certificate (care certificate is a recognised qualification for staff working within social care) which all staff were in the process of completing. The registered manager also told us it was an expectation that staff were aware they should be respectful to people's wishes. We observed staff being respectful during our visit. They always knocked on the unit door before entering the communal area for each unit. They asked people's permission before we looked at their bedroom. This showed us people were respected and their views were taken into consideration.

Is the service responsive?

Our findings

People's needs were assessed to determine if the service could meet their needs.

Staff were aware of people's needs. They had a good understanding of providing care that was personalised to each person and how this impacted on people. One person had sent a card to compliment the staff for their support and let them know how much they enjoyed their stay at the home. They said, "I had a really good time. I am looking forward to coming to stay again, thank you for all your help and support."

A relative described how staff dealt with their family members needs when preparing for the person to stay for respite care at the service. They told us the person's admission was delayed, as staff had to attend specific training to meet the person's needs. Another relative, whose family member also had complex needs, told us staff responded to their family members needs well. Records we looked at confirmed care was planned and detailed to ensure people's needs were fully met.

The registered manager also gave us an example of a person who displayed physical aggression towards them self and others. They said the local authority found it difficult to secure a placement for the person before they came to the Trees. The registered manager said, "The Trees had been able to effectively manage the persons care needs. With the skills of staff the service were able to support the person on a one to one basis where required and two to one when out in the community." Positive feedback from family members and other care professionals was recorded. We looked at this persons care plan in detail and found the person's needs were managed well.

People with long term placements had successfully moved out of the home and into supported living accommodation. Staff went above and beyond to support people in their own time to ensure the transition went smoothly. The service had helped to develop people's life skills through extensive care and support. This showed us the care and support was effective.

People were encouraged to go out in the community with staff support. This helped them to learn skills for independence. For example, people went shopping for clothes or items of bedding with specific designs that they had chosen or wanted. One person told us they were going shopping on the day of our visit. When the person returned to the home you could see they had enjoyed the experience. Another person told us they liked going on holiday. They described some of the holidays they had taken with staff support. We were shown photos of their experience and it looked like they had a good time. This showed us staff supported people to achieve their goals and aspirations.

People's support was planned and arranged, so they were actively involved in making decisions about their care and support. People were supported to follow their interests and hobbies. We saw people participating in group and individual activities during our visit. People were getting ready to attend day centres or individual activities, such as, swimming.

Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example, staff were aware of the names people preferred to be known by. Care Plans were regularly

reviewed to ensure care and support was up to date.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. Relatives told us if they had concerns they would raise any issues with staff or the registered manager. The service had a complaints procedure and complaints log to monitor concerns and complaints.

We saw where concerns had been received. They had all been followed up and responded to in a timely manner. We saw lessons had been learned and improvements had been made. For example, a new system had been implemented to ensure people's money was more secure. We saw this process working at the time of our inspection.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was very hands on and worked alongside the staff. Staff took a proactive approach when responding to people. The registered manager understood their responsibility and felt supported by senior management to ensure the service ran smoothly. Staff told us the registered manager was very supportive and approachable. Staff appeared to work well together as a team and had good relationships with each other. Staff said that the culture of the home was open and transparent.

The service promoted a positive culture that was person-centred, open and inclusive. People were observed to be happy with the way the home was managed. Staff were complimentary about the service and the way it was run. One member of staff told us they felt people were well looked after and the service enriched people's life. The manager ensured all people received their planned care by implementing specific staff roles such as a key worker for each person and a member of staff to oversee the activities and documentation.

Staff were aware of the provider's whistleblowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. One member of staff said, "People should not be treated unfairly. Staff told us they understood the policy and felt comfortable to use the policy if required to do so.

The provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. Where issues were identified the provider always had action plans and systems to follow these up and check that the issues had been resolved.

Quality Assurance surveys were sent out yearly. Feedback we saw from October 2016 was very positive. Where follow up action was required these were discussed in team meetings and addressed to ensure themes and trends were dealt with.

We looked at copies of minutes from meetings that had taken place. These showed the meetings were informative and helped to keep staff up to date about people's needs, and what was happening in the home. The registered manager took the opportunity to share good practice at team meetings and introduce specific policies or training subjects to inform staff of people's specific needs. Where updates were needed on specific equipment or improvements to the home these were part of the meeting agenda. For example, Assistive Technology, such as an epilepsy seizure monitoring mat. Or maintenance of the home, such as painting damaged areas on doors and skirting boards.

Incident and accident forms were completed and actions were identified and taken. Safeguarding concerns were responded to with appropriate referrals made when needed. This showed there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area at the service.