SweetTree Home Care Services Limited

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Inspection report

Coleridge House
2-3 Coleridge Gardens
Swiss Cottage
London NW6 3QH
Tel: 020 7624 9944
Website: www.sweettree.co.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

Overall summary

SweetTree is a home care agency based in North London which provides domiciliary and live in care predominantly across London.

At the time of our inspection the provider employed a registered manager. 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 and associated Regulations about how the service is run.

The provider took the appropriate steps to ensure that staff were safe and suitable people to provide care and

Summary of findings

support. Keeping people safe was important to the service and people we spoke with had confidence in the ability of the service to keep them safe and to respond to any concerns if they arose.

We looked at the training records of eight staff. We saw that in all cases essential training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff supervision was provided using a system called facilitations which combined staff supervision with on-going appraisal.

People's human rights were protected and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Proper consideration and consultation took place to protect people's human rights.

People who used the service had a variety of support needs, in some cases highly complex needs, and from the nine care plans we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed, and the action needed to minimise risks was recorded. We found that risk assessments were updated regularly.

During our review of care plans we found that these were tailored to people's individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and consent to care was obtained.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated there was diligence at ensuring this. From the conversations we had with people, our observations and records we looked at, we found that people's preferences had been recorded and that staff worked very well to ensure these preferences were respected.

From the discussions we had with people using the service, relatives and other stakeholders we found that people were usually highly satisfied with the way the service worked with people. There was confidence about contacting all staff at the service to discuss anything they wished.

Records which we viewed showed that people were able to complain and felt able to do so if needed. People could therefore feel confident that any concerns they had would be listened to and the service was open about action taken and changes made as a result.

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?

Good

The service was safe. People's personal safety and any risks associated with their care were identified and reviewed.

The service had effective systems in place to ensure that recruitment of staff was safe. This included required background checks, employment history and references. Suitable numbers of staff were employed to provide a consistent service.

Staff demonstrated their knowledge about how to respond to all potential risks, both for each person individually and the service facilities and day to day activities in general.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision and appraisals.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support and to obtain consent to care.

People were provided with a healthy and balanced diet where staff provided assistance which took account of their own preferences and allowed for choice.

Is the service caring?

Good

The service was caring. The feedback we received from people using the service, relatives and stakeholders showed that people's view of the service was that the staff team were caring and considerate.

Throughout our inspection, staff spoke about people in respectful and considerate ways and focused on the importance of providing a caring service.

Staff demonstrated a good knowledge of people's characters and personalities, and demonstrated that they knew the people they specifically cared for.

Is the service responsive?

Good

The service was responsive. We found that people were actively engaged in making decisions about their care and this included the involvement of relatives where people needed this to happen.

Complaints and concerns were listened to and acted upon. The views that were shared with us by people using the service and relatives demonstrated that they had confidence in approaching the staff or managers if necessary whenever they needed to.

Is the service well-led?

Good

The service was well led. There was confidence in how the service was managed.

The provider had a system for monitoring the quality of care. Surveys were carried out centrally by the service provider and the outcome showed that a high level of satisfaction was experienced across the vast majority of people who used the service.

SweetTree Home Care Services

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 provider was given short notice of this inspection, 48 hours, because the location provides a domiciliary care service and we wanted to ensure that staff we needed to speak with would be available. We visited the agency office on 24 August 2015. This inspection was carried out by two inspectors, one of whom made contact with staff and stakeholders. We were also assisted on this inspection by an expert by experience that knew of the experience of a relative who used domiciliary care services.

We looked at notifications that we had received and communications with people's relatives and other professionals.

There were approximately 500 people using the service, across the specialist areas the service covered. These being older people (general care), people with dementia, neurological conditions / brain injury and learning disability. During our inspection we spoke with four people using the service, relatives of six other people using the service who were unable to speak with us themselves. We also spoke with two health and social care professionals, six staff, three managers of the specialist teams at the service, the registered manager and registered provider.

We gathered evidence of people's experiences of the service by conversations we had with people and reviewing other communication that the service had with these people, their families and other health and social care professionals.

As part of this inspection we reviewed nine people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information, risk assessments, quality assurance monitoring and audit information.

Good

Is the service safe?

Our findings

People we spoke with said that they felt that staff were aware of people's needs and of the potential risks. They felt that they were cared for in a way that keeps them safe. Some people pointed out that there were care plans which recorded and assessed potential risks. A person told us "they've got a plan that sets it out" and relatives told us "they read the support plan and risks assessments" and "there is a care plan with a risk assessment which addresses those sorts of things."

People told us that staff discuss information on keeping them safe, "they keep a good eye on me" and "they're very aware of keeping me safe."

One relative described the strategies in place to keep their loved one safe which included being accompanied when going out and not leaving them alone for more than 15 minutes. Another relative said that their loved one's regular worker was "absolutely outstanding" and that she fully understands dementia. They went on to say that the member of staff was aware of risks such as a wet bathroom floor. One person who used the service said they talked with staff through their plan thoroughly. They said that they used a hoist that was often unfamiliar to staff when they came, so they thoroughly explained to them how to use it. Another said that staff were on hand to support them in case they had an accident in the shower.

Relatives said that they had either been informed of any incidents that had occurred or that their loved one had been prompted to discuss it with them. One relative felt that communication had improved and another said they were informed verbally and it was recorded. Relatives said "any incident they feel needs to be discussed with me, they are inclined to prompt my relative to discuss", "they've called me and then they've completed an incident report" and "staff are getting better at filling in forms about informing us what's going on."

However, one relative was unsure of the quality of the internal communication at the service after their loved was sent a carer who was unable to carry out all of the things that were required, resulting in their loved one being put in a situation of potential risk. They told us that as soon as they had raised this the matter was dealt with and no further issues had arisen.

People said that there were enough staff to support them. People said that the service was reliable. One person said staff were on time and haven't missed any time, "so far everything is working out quite well", "they're very good at letting me know. They're very good at keeping continuity" and "I have nothing but satisfaction and pleasure in their help."

One relative said that they used the service as a "back up to fill in. They have never let us down.'

Some relatives said that there has been continuity of care and one relative said that if staff had time off there is a decent amount of time allocated for a handover to occur to support continuity. Another relative said that they had reported a staff member about who they had been very disappointed. They said "I reported that and the matter was looked into." They went on to say that this was looked into immediately and that the dementia manager said they would ensure that training was put in to place. Another relative said that their situation had recently improved, "recently there has been no problem with covering shifts. It's a lot better than it used to be."

We found that the service was able to provide suitable and safe staffing levels and had the capacity to respond to any staff shortages, for example due to sickness or holiday leave.

All staff had access to the organisational policy and procedure for protection of people from abuse. We asked staff about how they would recognise any potential signs of abuse. The members of staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. When joining the service staff had initial training when they were first employed, which was then followed up with refresher training. When we looked at staff training records we found that this had happened.

We looked at the recruitment records for eight care staff. We found that the provider had effective systems in place to ensure that staff were safe and suitable to work with people. The service recruited staff as per the needs and requirements of the people that they provide a service to. Disclosure and Barring Service checks (including a criminal record check) were carried out and updated for staff every three years and three or more references were obtained in each file we looked at.

Good

Is the service safe?

The staff we spoke with demonstrated a good understanding of the risks associated with providing specialist care to people and told us that they were aware of the risk assessments that were in place to help them provide safe care. This included the risks associated with medicines. Care staff said that their training for the administration of medicines had been comprehensive and was specific to the people they looked after. For example, a member of staff had undertaken PEG feed (this is a method of receiving nutrition and medicines via a tube) training to be able to safely care for a person. They told us that the training had been practical and useful and that annual refresher training ensured they maintained up to date knowledge of this. Diabetes and stroke awareness training had also been undertaken as required and staff told us that this was specialised enough to help them look after people safely.

There was a procedure in place for staff to follow in the event of an error in administering medicines, which included the involvement of the person's nominated relative as well as a pharmacist and GP. However, there had been a small number of recent incidents when staff had made errors by not administering medicines or not following instructions on how to do so. Fortunately no one had come to harm as a result and the service had issued a strict written reminder to all staff to follow procedures and had taken action to address the incidents that had occurred. We will monitor the effectiveness of these actions to ensure that the required improvements that the service had made are continued.

Good

Is the service effective?

Our findings

People said that, generally, staff had the knowledge and skills to look after them properly. One person said that staff provided the support they needed, although some people felt that staff could have a little more training about their specific care needs and use of equipment. We verified that staff are trained in the equipment they need to use although it is useful for the service to know about this view.

People said that staff cooked meals that they liked which were nutritious. One person said that staff make snacks and drinks for them and pointed out that they also had a half hour chat which provides companionship. Relatives described different ways in which staff provided meals for their loved ones. One relative said that staff cooked with their loved one to provide food that was healthy and they liked. Others said staff sometimes took people out to eat.

People received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received a four day comprehensive induction which included key topics such as: person centred care, manual handling, safeguarding, handling medicines safely and the Mental Capacity Act.

One member of staff told us, "the training is excellent. The trainers are very dedicated to us and want to help us do our best, even down to making sure we have enough water, tea and coffee and checking we're relaxed when we begin the day." All staff received annual updates in the mandatory subjects outlined in the service's policy which includes moving and handling, safeguarding, infection control, food safety and medicines. The service is also affiliated and accredited to a number of external agencies which include Admiral Nurse (Dementia UK), British Institute for Learning Disabilities and Headway (an organisation that specialises in support for people with conditions associated with brain injury and associated neurological conditions). We confirmed this training when we looked at staff training records.

Staff told us that they had received training in safeguarding, the Mental Capacity Act (2005) (MCA), infection control, manual handling, hygiene and risk assessments. Where appropriate to the people they supported, staff had been given training in dementia care and end of life care (EOLC). One staff member said that although EOLC training was good, they had asked for more practical, in-depth training. They told us that managers had listened to this request and were looking for appropriate training. Another member of staff said, "the dementia training is excellent. I was given this before I started to make sure I could provide a good level of care and now I get annual refresher training." When scheduling staff to provide care to people, particularly with new people or new staff, managers used a skill-mapping tool to make sure that staff were suitably equipped to provide effective, appropriate care.

We looked at the supervision records for eight members of staff and found that staff did receive supervision. The service had a clear appraisal policy and the manager also stated that appraisals was an on-going process and completed as part of the quarterly supervision. None of the staff we spoke with made reference to appraisals but they did say they felt supported and were trained very well.

The provider and the registered manager had a clear understanding of the code of practice for the Mental Capacity Act 2005 (MCA) which protects people who may not be able to make particular decisions for themselves. They also had an understanding of the Deprivation of Liberty issues and recent legislative changes and were aware of actions that the service would need to take if this applied to the people who used their service.

People said that consent was sought from them, although some relatives were also involved in this discussion. Where people did not have the capacity, relatives said their consent was sought. One relative said their loved one can consent to their own care but that "we tend to do it together. We have team meetings with the team manager and SweetTree." Someone using the service said "every so often one of the managers comes over. We sit and talk for about half an hour." They went on to say that they sign their records and that the manager checks that what is supposed to be done is being carried out. They also said "I'm more than happy with it."

It was clear from our conversations with staff that they had a good understanding of the principles of consent and told us that this was an on-going process whenever care was being provided. They told us that they could also obtain consent to care through a relative or nominated person if needed. Our initial review of care plans found that signed consent was not always readily evident although the

Good

Is the service effective?

service was later able to evidence that signed consent was recorded in initial assessments. This was then updated on care plans if there was a significant change to the type of support being provided.

Staff told us that they were able to attend multidisciplinary health and social care meetings with the people they supported so that they could provide up to date information on their needs. Such meetings regularly included physiotherapists, occupational therapists and neuropsychologists. One member of staff said, "It's really interesting. But more to the point it helps us understand what people need and what we're doing well and what we could do better."

Healthcare professionals told us that staff training resulted in them working well together with other professionals. One professional said, "My experience is that staff do have the necessary training and skills. The managers complete very thorough assessments prior to any support starting. Where I have instigated specific therapy programmes for people the staff have always been attentive and followed instructions well to support people. Whenever necessary the managers have also reviewed the programmes with the therapist and staff to ensure they were happy for their worker to complete them as well."

We saw care plans contained detailed and person centred information about people's health care needs and the support they required. The registered manager informed us that people who used the service were supported by the care staff to maintain good health and had access to healthcare services. Care staff would either report any concerns to the office or would support the people directly with any healthcare concerns by reporting to the appropriate professional.

Staff were confident in their skills to keep people nourished and hydrated. A staff member told us that before they started caring for a person, they were given a series of menus to study that included details of allergies, likes and dislikes and special dietary needs. Daily nutrition records were used to monitor people's intake as well as to keep track of any changes in their appetite.

Good

Is the service caring?

Our findings

People said that staff were caring. People told us "of course (they are caring), very much so". "yes I think so. They all worry about me." Relatives felt that staff were caring and had good relationships with their loved ones. Three relatives said "they come in and are concerned for my [relative]", "they can tell when (relative) is too stressed, they've built a very good rapport", and "the relationships are good." We were also told "since they've taken over the whole care package it has been a lot easier", "they provide a professional service", "I've let people know about SweetTree because I'm so pleased with their services" and "we have been really impressed with the quality of the staff."

People using the service told us about being involved in planning their care. One person said that they have a discussion every two or three months and another said that there had been an initial meeting and a review meeting. One person was unable to recall any involvement although another was aware that they had been involved in a meeting and went on to say "there are no changes that go unrecorded.'

Relatives said they were involved in their loved one's care planning. Some said they are involved in these discussions with their loved ones. Two relatives said they were involved in care planning which was reviewed every 3 months. One relative said they attended meetings to support their loved one. Another relative said that they had been involved in the whole of their loved one's care package and had been involved in care planning, but were unaware of how SweetTree was involved with this. They went on to say that they had been involved in annual review meetings with SweetTree and meetings surrounding any complaints. Relatives said "we contribute to discussions together", "quite often they'll come to our house if [relative's name] is there."

People said staff respected their privacy and dignity. People using the service said "they don't intrude on my privacy but [I'm] aware of their support" and "they'd never embarrass me. I'm confident in that." Relatives said "in the morning staff had worked out how to prompt (relative) to have a shower on their own", "everything is done with dignity" and "my feeling is yes they would be doing that. The current team would be very respectful of (relative's) privacy.'

Staff were scheduled to work with the same people as much as possible and told us that this meant they could build lasting relationships with them and were therefore able to meet their complex needs. Healthcare professionals also told us that they were pleased with the attitude and approach of staff. One professional said, "[staff] have been on time and not left early to go to their next allocation that I am aware of. Families have generally given good feedback and not raised any concerns. They will respond to needs wherever possible, for example, only female staff carrying out personal care with women, also male workers for male clients who find the interaction better than if having female care staff. They will also try and limit the number of people a person has to work with them so to have a small team or allocated worker that means they feel secure and client centred."

People's support plans included information about their cultural and religious heritage, the support required, activities, including leisure time activities and guidance about how people communicated. We found that staff knew about people's unique heritage and each care plan we viewed described what should be done to respect and involve people in maintaining their individuality and beliefs.

People's independence was promoted. Apart from supporting people in daily living tasks staff also supported people to take part in activities in some cases. We found that the service worked well at respecting people's right to maintain as much autonomy as they could and to follow their chosen lifestyle.

Good

Is the service responsive?

Our findings

People said that they got to do the things that they wanted to do. They said that staff chatted with them, went shopping with them and went out for walks with them. Relatives said that their loved ones were supported in doing a variety of activities. One relative said that staff provided a choice of places to go and things to do within the parameters that allow their loved one to make that choice. Another relative said that staff would take their loved one out and engaged them in reading the newspaper, drawing and other activities that were designed to "keep them orientated."

One relative said "they talk to my relative and they are able to indicate what they want to do." We were also told by someone using the service that when staff did shopping for them they were provided with a receipt and it was recorded in a book.

People were able to name someone they could talk to if they needed to raise a complaint. Some said they would talk directly to the staff first, but would go to the service or care manager if it was a more serious matter. Two people said they had been given a name and contact numbers of people to contact. One relative said "even when I've raised a small thing, they've gone out of their way to fix any problems." Another relative said they felt that the service could be slow in responding to queries but said "I can't fault the direct care." People felt that staff listened to them. One relative said that any concerns were "immediately resolved."

Some people supported by the service had complex communication needs. Where a person was not able to communicate verbally, staff had the skills and experience to use non-verbal communication, such as through blinking or body language. A member of staff told us that for one of their clients they had specifically created large letters on individual pieces of paper so that the person could point to them and spell out a word if they were too tired to use other methods of communication.

Staff told us they had the option of attending monthly meetings with each other and this was facilitated by managers. Staff said that these were useful and they attended when they could but that the care and support of people they were responsible for always came first. Every three months care staff had a review meeting with their manager. They told us that this was a support strategy and that managers always asked questions such as, "What are you happy with and what do you need?" Managers would also speak with people and their family members and also conduct a home visit or observation at this point, to make sure that people's needs were met.

Staff said that problems amongst the care team staff were very rare and that the working atmosphere was usually very good. Despite this, staff said that they were always prepared to use the whistleblowing policy if needed and that where minor issues had arisen within teams, they felt managers had been diplomatic and sensitive when resolving them.

We asked staff how they ensured the people they cared for had the opportunity to make choices in their daily lives, such as recreational activities and food choices. In all cases staff demonstrated an in depth understanding of person-centred care and were able to tell us how they involved people as much as possible. One member of staff said, "we give people the opportunity to make choices. If their choice would be detrimental to their health, we talk with them about it and explain why it might not be good for them. Getting people involved in their own care is really important, we need to know what is important to them and how we can keep them safe."

A healthcare professional told us that they had found the service to be responsive to the changing and complex needs of people. They said, "staff and managers have been very responsive to identify change in need and the need for re-assessment. Often through email but have also called where a more urgent need is identified or through the duty system where the allocated care manager is unavailable. They will send through incident reports and again, if they are concerned or if it's urgent will give a brief report whilst the formal report is completed to keep the care manager up to date. They will let us know where things are not working and that their service may not work long term. This is a very open attitude; I believe that they are not forcing a care plan programme to work when it's not and a sign of the respect to us as commissioners of the service [and] people themselves so they can get a service that does work."

All of the staff we spoke with could clearly describe the complaints procedure. We were told by staff that people and their relatives were able to raise concerns either with staff who visited them face-to-face, or by speaking with a

Good

Is the service responsive?

manager. Staff said that although they could deal with minor issues themselves, they would also tell a manager about anything that arose as a matter of routine to make sure they had handled the issue appropriately.

We saw that any complaints raised had been managed using the provider's procedures for responding to complaints which had been most recently reviewed in August 2015. The complaints process was clear, targeted in different formats most accessible to people using different specialities within the service and people were informed of it in the guide that was provided. Complaints had been responded and had been satisfactorily resolved.

Good

Is the service well-led?

Our findings

People were positive about the service and felt that it was managed effectively. People using the service told us "whenever we've phoned up, they're always very helpful", "as far as I'm concerned I'm happy with them" and "I hold them in quite high regard."

One person said the care manager does their annual review and another said that they are informed of any replacement staff member and that this is checked on with them. However, one person was unable to recall meeting a member of the management staff and another said that they had not met anyone. Relatives felt that the service was well managed. We were told "it seems fine. I've always been able to get hold of people", "any dealings I've had with them have been good, the dementia manager is very sympathetic to listening to my concerns."

There was evidence that people usually experienced effective communication. One relative said that the service send out a newsletter and another said "they're always accessible by email. They respond quickly" whilst another said "they communicate well." A relative said the service had recently produced a booklet to inform people of what happens across all the service's departments and areas. Another relative felt it would be more helpful to have the rota of her loved one's staff further in advance and for a longer period of time. Currently they are sent out a couple of days before the rota is to start and only for that week.

Although people have not been invited to group meetings for people using the service and relatives, they have been involved in care planning meetings and annual reviews. People said that annual review meetings also included quality assurance questions about the service. They also said that they receive quality assurance questionnaires. One person said they were able to nominate staff for an award. People had also been provided with information about the Alzheimer's' Show and one person said "they have a specific dementia strand and expertise."

All of the staff, in whichever role, we spoke with told us that the felt supported professionally and emotionally by managers. One care staff member said, "Managers are very easy to get in touch with. I've worked in this sector for many years and this is the best agency. If anything happens that you need help with, a manager will drop everything immediately to come to you." Another staff member said, "[Managers] are great at emotional support. I often taken [person] to the hospital and a member of staff there was really rude to me. I felt undermined and quite upset about it but my manager was great. They sorted the situation out and even called me a week later to make sure I was feeling better."

Staff told us they felt that there was an open culture in the organisation that made them feel valued and able to do a good job. For example, one said, "The managers are good at monitoring our work/life balance. If they think we're tired or working too much they'll step in and find out what they can do to help." Another staff member told us, "We're listened to if we have a problem and I think we're valued here, that's why I've stayed so long," and "this is a wonderful place to work."

Every two to three months, we found that a manager reviewed the client allocation list of each member of staff to ensure their workload was sustainable and that their skill set was correctly matched with people's needs.

We saw that the provider regularly consulted people who used the service, their families if relevant and others about the developments planned and these were targeted as specific development plan for each specialist area covered by the service. We looked at feedback received by the service, again targeted for each specialist area, and the level of satisfaction was rated highly across the service as a whole.

In discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas. They were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Staff clearly knew their responsibilities and lines of reporting within the service, specific parts of the service in which they worked and to the service provider.