







Rotherham Metropolitan Borough Council Treefields Resource Centre

Inspection report

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Date of inspection visit: 14 and 15 July 2015
Date of publication: 07/09/2015

Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Outstanding	
Is the service responsive?		Good	
Is the service well-led?		Requires improvement	

Overall summary

The inspection was unannounced, and the inspection visit was carried out over two days; 14 and 15 July 2015. The location was previously inspected in April 2014, where no breaches of legal requirements were identified.

Treefields Resource Centre is a 6 bed respite service for adults with learning disabilities. People using the service stay for regular, short periods of time on a planned, or occasionally emergency, basis.

The service is located in a quiet, residential area of Rotherham, South Yorkshire. It is close to the town centre and other local amenities.

The service did not have a registered manager at the time of the 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 and associated Regulations about how the service is run.

During the inspection people using the service, and their relatives, told that they enjoyed the range of activities

Summary of findings

available in the home, and staff we spoke with and observed understood people's needs and preferences well. Staff were able to describe to us how people made decisions and how they offered choices to people.

We found that staff received a good level of training; the provider's own records evidenced this, as did the staff we spoke with. Staff we spoke with told us they had received training in safeguarding, food hygiene, fire safety, infection control, control and restraint and autism awareness.'

Throughout the inspection we saw that staff showed people using the service a high degree of respect and took steps to maintain their privacy and dignity. We asked

two people using the service about whether staff protected their privacy and showed them respect. They told us that staff always knocked on their bedroom door and encouraged them to understand the importance of respect.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date risk assessments. One person using the service told us that they were interested in health and safety, and that staff had assisted them in looking at their risk assessments. They showed us the risk assessments in their file and told us how this helped them keep safe

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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this.

Medicines were stored and handled safely, and staff had a good understanding of medicines management.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Good



Is the service effective?

The service was effective. Staff were trained in the Mental Capacity Act and understood the procedures to follow should someone lack the capacity to give consent.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. People were actively involved in meal planning which they told us they enjoyed.

Good



Is the service caring?

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had an extremely good knowledge of people's needs and preferences, and took steps to tailor each person's stay to their tastes and interests.

Outstanding



Is the service responsive?

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored. The arrangements for involving people in their care enabled them to make meaningful decisions about how they wanted their care to be delivered.

There was a complaints system in place, and people using the service knew about how to complain if they needed to.

Good



Is the service well-led?

The service was well led, however, there had been no registered manager in post for several months despite it being a condition of the home's registration that one was needed.

Requires improvement



Summary of findings

People using the service, their relatives, and staff, told us that the management team was accessible and approachable. There was a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Treefields Resource Centre

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 checked 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 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 14 and 15 July 2015. The inspection was carried out by two adult social care inspectors.

During the inspection we spoke with five staff, the home's manager, one relative of a person using the service, and

five people who were using the service at the time of the inspection. We also checked the personal records of six people who were using the service around the time of the inspection.

We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team. We also reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication and supporting people to carry out tasks within the home

Is the service safe?

Our findings

We spoke with one relative and two people using the service about whether they felt the home was safe. They all told us that they felt it was. One person using the service we spoke with told us they always felt safe at Treefields Resource Centre. They told us that they thought being safe was important, and that staff at the home helped them stay safe. They explained that there were risk assessments in their care plan, and that these told staff what to do to ensure they were safe at all times. The relative we spoke with told us they had no concerns about their relative's safety when they were staying at Treefields Resource Centre.

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. Staff had a good knowledge of people's needs, and this enabled them to ensure people were cared for and supported safely.

We found that staff received annual training in the safeguarding of vulnerable adults. The home's manager told us that this training included teaching staff to recognise the signs of abuse, and what action they should take if they suspected someone was being abused. The staff we spoke with spoke confidently about their understanding of safeguarding and the signs of abuse, as well as the actions they would be required to take. The home's training records showed that all staff had received this training.

We checked six people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. We asked one member of staff, and a person's relative, about how a specific person was kept safe. The staff member could describe in detail what they needed to do to ensure the person was safe and protected from harm or injury, and the person's relative praised how the staff kept their relative safe.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and

injuries. We saw that a member of the provider's senior management team carried out a regular audit of the service, and part of this audit included checking safeguarding, accidents and incidents. The frequency and outcome of such incidents was reviewed by the provider, and individual incidents were followed up by senior management to check the outcome.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored, with additional storage available for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication. Again, these records were clear and up to date.

Medication was only handled by members of staff who were senior support workers. This included checking stock, signing for the receipt of medication and administering medication to people. Staff we spoke with were knowledgeable about handling and managing medication, and could describe incidents where they had taken action to ensure people received the correct medication when coming to stay at the service.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and administration of medicines. These were available to staff and staff we spoke with were familiar with the procedures. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication. Where people were prescribed medication to be taken on an "as required" basis, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other idiosyncratic signs that the person may use to display that they might require this medication.

Is the service effective?

Our findings

We asked three people using the service about the food available in the home. They were all positive about their experience of the food. One person using the service told us that the food was “delicious.” They told us that they chose what they wanted to eat, and made sure they had a varied diet. They said that staff supported them to do this. We cross checked this information with their care records, and found that there was guidance for staff to ensure they supported this person in relation to their mealtime preferences.

We checked six people’s care records to look at information about their dietary needs and food preferences. Each file contained up to date details of preferences and dislikes. When we spoke with staff, every staff member we spoke with exhibited a good understanding of the nutritional needs and dietary preferences of people using the service. We asked two staff about the arrangements for ensuring people were involved in mealtimes and meal planning. They told us that each day people were supported to contribute ideas and suggestions for meals, and that people were supported to eat out or have take away food if they wanted to. One person told us “I like helping” at mealtimes. We observed this happening during the inspection. One staff member told us that staff and managers within the service all felt it was very important for people to be involved in planning for meals and helping to prepare food.

We asked two members of staff about whether they felt supported by the provider and the home’s management team. They told us that they did. One staff member told us that they were able to work flexibly in order to enable them

to balance work with their domestic responsibilities. Staff we spoke with told us about the availability of training. They were positive in their accounts of this, and said that there were ample training opportunities.

The manager described the systems in place for staff training. They told us that training in a range of relevant areas was readily available, and the training records we checked showed that staff received regular training in various topics, including safeguarding, food hygiene, fire safety, infection control, control and restraint and autism awareness.

As Treefields Resource Centre is a short stay respite service, people’s needs sometimes changed between stays. The service had a system in place for contacting people’s relatives or carers before each stay to check on any changes, such as changes to daily routines, medication or health support needs. We checked records of this, and found that they were detailed, and where relevant, had triggered changes to people’s care plans.

Senior staff talked to us about the systems in place for ensuring people received effective care. They said that additional support from external healthcare professionals was readily available, and they were confident in making referrals to and gaining support from such resources. They said that we would find evidence of this in people’s care records. We checked two people’s care records to corroborate this, and found that external healthcare professionals had been accessed where required. Where an external healthcare professional had been involved in someone’s care, relevant care plans and risk assessments took into account the healthcare professional’s guidance. Daily notes in each file we checked showed that this guidance was being followed.



Is the service caring?

Our findings

We asked five people using the service about their experience of the care and support they received. One person told us; “It’s brilliant, I love it, they [the staff] are brilliant.” Another said: “It’s better than a hotel, it’s great.” One person described the service as “lovely caring Treefields.” They told us that they enjoyed staying at Treefields Resource Centre because it enabled them to see friends and socialise. All of the feedback we received from people about the care they received was positive. One person’s relative told us their relative “would live here if they could.”

We asked two people about whether staff treated them with respect, and how their privacy and dignity was upheld. They told us that staff knocked on bedroom doors, and talked to them about respecting each other. During the inspection, one person was staying at the service who enjoyed singing. We observed them singing and noted that staff supported other people using the service to listen quietly, emphasising that this was a way of being respectful to the person who was singing for them?

We saw that staff addressed people with warmth and kindness, and understood people’s needs extremely well. We saw that the atmosphere within the service, and the interaction between staff and people using the service, was spontaneous, friendly and engaging. Staff showed concern for people’s wellbeing in a meaningful way, and we regularly saw and heard staff checking that people were happy and comfortable.

At the time of the inspection around 60 people were regularly using the service, and staff had a very detailed knowledge of each person. We asked two staff about people’s personal histories and preferences. The staff could describe in detail their knowledge about these areas. Many of the people we spoke about had very specific preferences, and staff demonstrated their knowledge of this when describing how they met each person’s needs.

One person showed us their care plan. They told us that the care plan was about how staff should support them, and told us that staff helped them in the way their care plan said they should. They talked us through the contents of their care plan, and described to us how they had made decisions about what was in it. Their knowledge demonstrated that they had been very involved in developing their care plan, and staff had taken appropriate steps to assist them in understanding how they could influence the service they received.

We observed how staff supported people to develop and maintain independence. During the inspection, one person was waiting for transport which they told us was delayed. Staff supported the person to ring the transport provider themselves and enquire about the delay, enabling the person to exert their independence. Conversations between staff and people using the service were underpinned by staff routinely encouraging people to make decisions and exercise choice. Promotion of independence was seen in all interactions we observed between staff and people using the service.

We looked at feedback the provider had received from people using the service and their relatives, and found almost every comment was positive. One person who used the service had told the provider: “Staff are always so welcoming on my stays and so helpful if I have problems. Nothing is too much trouble for the staff.” Another person’s relative had written; “The kettle is always on and staff are always willing to chat and listen.”

We checked six people’s care plans and found each one had a great amount of detail about each person. They were centred on each person’s individual needs, and set out how staff should provide care to people. The notes we checked showed that staff were providing care and support to each person in the manner set out in their care plan.

Is the service responsive?

Our findings

People told us they enjoyed the activities available to them in the home, and the activities they were supported to do outside the home. During the inspection we observed people playing board games with staff, helping around the home with domestic tasks, exercising to music, singing and going out shopping and for a meal. Every Friday, a meeting took place of people who were using the service over the weekend to plan what activities they wished to do while there. We checked people's records and found that people were supported to participate in the activities they had raised at the meeting.

We asked two staff about the activities available. They described the approach as very flexible, and said that they focussed on helping people to decide for themselves what they wished to do. One person using the service at the time of the inspection told us that they had long term plans to live independently, and they told us that when they stayed at Treefields Resource Centre staff helped them carry out activities which developed their independent living skills.

We asked the manager about the arrangements for people's friends and relatives visiting the home. They told us that they could visit at any time, but as the service was a short stay respite service, people did not often visit. We asked one relative if their experience was of a flexible approach and they said that it was. They told us they were always made very welcome and in particular, praised how flexible the service was in meeting their relative's needs. For example, they told us that arrival and departure times were altered to suit any other commitments that they might have.

We checked care records belonging to six people who were using the service around the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. We looked at one file where the person concerned had recently experienced an incident which resulted in the way they were supported being changed. Their care plan accurately reflected these changes, and a staff member we spoke with spoke knowledgeably about the changes.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Families were involved in these reviews so that their views about care and support could be incorporated into people's care plans.

There was information about how to make complaints in each person's care plan and in the service user guide. We looked at records of complaints, and found that one complaint had been made. This was thoroughly investigated, and the complainant was responded to within the provider's own timescales.

We asked three people using the service about their knowledge of the complaints system, and how they would make a complaint if they needed to. They told us they would talk to staff. They all told us they were confident about how to make a complaint, and one person showed us where the complaints information was in their care plan.

Is the service well-led?

Our findings

The service was required to have a registered manager as a condition of their registration. However, at the time of the inspection the registered manager had cancelled their registration ten months previously, to relocate to another of the provider's services. This was notified to the Commission, as required by law, but the provider had not registered a new manager. After the registered manager left, the home had been managed by a senior support worker in an "acting up" capacity, and latterly, by a manager overseeing two of the provider's locations.

Staff told us that they found the management team within the home to be very approachable. One staff member described the manager as "great" and another said they could "always talk to" the manager. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. We asked two staff about the provider's whistleblowing arrangements, and they confirmed that they knew what this was

We spoke with one relative of a person using the service. They told us that they knew who the members of the management team were, and said they were always available. They said "if I have anything that I want to say I can speak to any of the staff here, or I just pick the phone up."

We asked the manager how they ensured they monitored the day to day operation of the home. They told us that they spent two days per week, on average, at the home, and were in regular contact with the senior staff at the home on other days. They said that they regularly audited the service, and that they were supported in doing this by senior support workers and the provider's quality assurance team.

We asked two members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision, which they said they found useful, and an annual appraisal. The manager told us that they monitored the frequency of supervision to ensure staff received appropriate support.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the home. They could describe the lines of managerial responsibility, but commented that there had been some changes recently. Two staff told us that team meetings took place regularly and were well attended. We checked minutes from three recent team meetings, and found that the discussions recorded showed staff had been able to contribute to decisions about the service.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the manager, looking at the quality of care records, health and safety, staff supervision, the quality and frequency of activities available and the condition of the premises. These checks also referred to the previous month's checks to ensure any required actions had been completed. In addition to this, a senior manager visited the home to carry out a regular audit. The provider intended this to take place monthly, but this frequency had not been achieved in recent months. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

The provider had an additional audit system, carried out by its own quality assurance team. This consisted of an inspection along similar lines to an inspection by the Care Quality Commission, looking at the five domains of Safe, Caring, Responsive, Effective and Well Led. The most recent had taken place in November 2014, and a staff member we spoke with told us the internal inspection took place every six months. A report had been produced following this, with action plans that the manager told us had been implemented.

The provider had a system in place for formally seeking feedback from people using the service and their relatives. We looked at the most recent surveys and found that almost all feedback and comments were positive. One relative had used the survey to comment that they did not feel changes in personnel had been effectively communicated to them. The manager told us that as a result of this comment they were looking at better ways to communicate changes and updates to people using the service and their relatives and carers, which indicated that the surveys were used to effect improvements.

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.