

Rotherham Metropolitan Borough Council

Treefields Resource Centre

Inspection report

1 Treefield Close
Wingfield
Rotherham
South Yorkshire
S61 4AB

Tel: 01709551325

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Treefields Resource Centre is a respite service providing short stay support to people with a learning disability. It can support up to six people at a time. The service is in Rotherham, in a quiet residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People told us they valued their time at Treefields. They described it being like a holiday, with one person who had just arrived for the weekend telling us they were "really happy" about being there. Staff supported people to tailor their stay to reflect their interests, and staff demonstrated a good understanding of people's needs. People described how they often stayed at the service at the same time as friends, and records showed staff tried to ensure they coordinated stays between people who got on well, as well as arranging stays at different times for people who did not get on. Staff spoke to people with respect, and there was a genuine warmth in the interactions between staff and people using the service. A relative told us they were always welcomed and said they really valued the service.

People were supported in a safe environment by staff who were deployed in sufficient numbers to meet their needs. The environment was well managed, with appropriate safety checks and auditing taking place, including audits of infection control procedures and fire safety.

Care plans were detailed and reflected people's needs. They were regularly reviewed to ensure any changes to people's needs were incorporated, and people and their relatives, where appropriate, were encouraged to be involved in these reviews. We noted, however, that improvements should be made in relation to how the provider obtained people's consent. Risks were assessed and monitored safely.

Medicines were safely managed, and audits ensured managers had a good oversight of this. We found, however, the provider did not have appropriate records in place for when people had their medication on an "as and when" basis. The registered manager told us work was ongoing in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We did note, however, that work was required to better evidence how consent was obtained.

Staff were recruited safely, with appropriate background checks being made. Records showed staff received training in a wide range of relevant areas, and staff exhibited a good knowledge about how to support people using the service.

There was a registered manager who was relatively new in post. They oversaw management of the service using a range of audit tools, and were supported by a deputy manager and a team of senior support workers. We identified the provider had failed to make certain, legally required, notifications to CQC when suspected abuse had taken place. The registered manager told us they were not aware of this legal requirement.

Rating at last inspection:

The last rating for this service was good (published August 2017)

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Treefields Resource Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Treefields Resource Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and one person's relative, three staff members and the registered manager. We

observed staff carrying out care tasks and supporting people.

We reviewed a range of records. This included five care records, five people's medication records, three staff personnel files and a variety of records relating to the management of the service, including policies and procedures, health and safety records, training records, meeting minutes and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection, this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse.
- Information was available to staff about what action to take should they suspect abuse, and records showed referrals had been made to the local authority when required. However, we found the provider had not notified CQC when safeguarding incidents had occurred.
- People told us they felt safe at the service. A visiting relative confirmed they believed their relative was safe there.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Each person had risk assessments setting out risks that they may present, or to which they could be vulnerable. They were completed to a good level of detail and were regularly reviewed to ensure they remained accurate and relevant.
- Appropriate action was taken in response to any incidents, for example, a change to risk management systems, or a referral to an external healthcare provider, if relevant.
- Health and safety within the premises was well managed, with up to date testing and checking of the fire system and electrical equipment amongst others.

Staffing and recruitment

- When staff were recruited it was done safely, including carrying out a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it. In our observations we saw whenever someone asked for assistance staff were on hand.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified. Medication records we looked at were accurate.
- We noted that when people were prescribed "as and when required" medicines, sometimes known as PRN, protocols had not been completed setting out when the medication should be administered, what the outcome should be and what action should be taken if the desired outcome was not achieved. The registered manager told us work was underway to address this.

Preventing and controlling infection

- The provider undertook a regular infection control audit, and where the audit identified required action,

this was addressed quickly. The registered manager had a good oversight of this.

- Staff had received training in infection control, and we observed the premises was clean throughout.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider regularly assessed people's needs, to ensure the care provided was suitable.
- People told us they felt staff knew what they liked to do; how they prefer to spend their time; and who their friends were. They told us this was important to them.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments. Records we looked at evidenced this.

Staff support: induction, training, skills and experience

- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service, as well as receiving regular supervision and appraisal.
- Staff spoke with knowledge about people's needs and health conditions, indicating they had the skills and knowledge to provide appropriate support to people.
- Staff told us they received a wide range of appropriate training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Where people had risks related to this area, appropriate risk assessments had been developed.
- People told us they enjoyed the food and drink available at the service, and said they were involved in choosing what they ate. Records showed people were offered a varied diet which reflected their preferences.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.

Adapting service, design, decoration to meet people's needs

- The service was decorated to a good standard, and people were encouraged to bring small items from home when they came to stay.
- The living areas included a main lounge as well as a separate conservatory and dining room, so people could have as much or as little interaction as they wished with others.
- Notice boards contained information to inform people about the service, such as activities and changes, as well as a pictorial staff rota, so people knew which staff members were working during their stay.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked in an integrated way with external healthcare providers to ensure people received good care. Records we checked confirmed this.
- The provider had incorporated external healthcare providers' information and assessments into people's care plans.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. People had given informed consent, and we saw this was regularly reviewed. We noted, however, that this was quite generic in its format and didn't relate to specific details about what people were consenting to. Where people lacked capacity, the provider was in the process of recording best interest decisions, but this had not yet been completed.
- Staff had received training in relation to consent and capacity, and the registered manager had a good understanding of their responsibilities in relation to capacity. The registered manager told us they would make the required improvements in relation to evidencing consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect, and treated as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised, and care plans were regularly reviewed. Each care plan contained information for staff about what they should do to support people's cultural beliefs.
- Staff we observed treated people with the utmost respect. They engaged in a warm manner with people. People were positive about the staff, with one person saying: "I like the staff, they are funny and caring."
- A visiting relative told us: "It's great, the staff are all so welcoming."

Supporting people to express their views and be involved in making decisions about their care

- Staff practice routinely involved obtaining people's views and supporting them to make decisions.
- Regular meetings took place for people using the service where they were encouraged to share their views and opinions about the service. We saw they contributed to decisions about activities and meals within the home. Their feedback was also obtained via a system of surveys.

Respecting and promoting people's privacy, dignity and independence

- In our observations of care taking place we saw the staff took steps to uphold people's dignity and privacy, providing support in a gentle and unhurried manner, speaking respectfully and warmly to people.
- Care plans showed independence was routinely promoted within the service, and we saw staff encouraging people to be independent in their day to day activities. One person told us: "I'm learning to cook, staff help me."
- Systems were in place to maintain confidentiality; people's records were stored securely within the home.

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

At the last inspection this key question was rated good. At this inspection it remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received care and support which was personalised to them, and took into consideration their needs and preferences. Staff were familiar with people's likes and dislikes and understood how to support people.
- People told us they were able to make every day decisions about their care and how they wished to spend their time. One person said: "We watch films, and karaoke is brilliant."
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and people were encouraged to share their thoughts where appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs. and appropriate support was provided where needed.
- There was information in people's care plans about the specific ways they communicated, and what steps staff should take to best support each person in communicating. Where appropriate signs and symbols had been used in people's care plans to assist them in understanding what their care plans contained.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care records contained information about their social interests. People were supported to access training and community facilities, and care records showed staff were supporting people to identify social opportunities.
- People's care records showed the provider supported people to maintain family and social connections.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
- We looked at complaints the provider had received in the months prior to the inspection. We saw they were investigated in a thorough manner and complainants received a written response.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of how their work contributed to the effective running of the service. They had a good oversight of the service and how it operated.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. However, the audits had failed to identify the provider had failed to notify CQC on three occasions about incidents within the home. We raised this with the registered manager, who did not appear to understand the requirement to notify CQC about these incidents. We advised them of their legal responsibility to notify and they assured us this would be addressed.
- Staff showed a good insight into the way the service operated, and demonstrated a good understanding of how they contributed to people's wellbeing.

Promoting a positive culture that is person centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager had a good understanding of delivering person centred care.
- Records showed care delivered was provided in a person centred way. Staff we observed demonstrated this, and throughout our observations we saw staff worked in an empowering way.
- A visiting relative told us the staff team and the registered manager were approachable and said they communicated well with them. They said staff were always responsive to their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run. There was a system of meetings for people using the service, so that people could be involved in decision making about the service. People told us they felt involved in what was happening when they stayed at the service.
- Staff we spoke with told us they felt they could make suggestions and felt listened to.

Continuous learning and improving care

- The provider had systems and processes in place to continually learn and improve care following best practice principles for supporting people with a learning disability. This included learning from complaints and suggestions made by people and their families.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals and advocacy services. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.