Tamarind Care Limited

Tree Tops

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Tree Tops provides accommodation and personal care for up to 10 adults with learning disabilities, physical disabilities and/or sensory impairment. Accommodation is provided over three floors with lift access. The service is suitably designed for people who use wheelchairs. On the day of the inspection there were 10 people using the service. People had a range of needs, with some people living with epilepsy and other healthcare needs.

At the last inspection in November 2014, the service was rated Good.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

Improvements had been made to the well-led question and we have revised this rating to good. Quality monitoring systems had been strengthened. Audits and checks were in place to ensure the service ran effectively. People, their relatives, staff and other stakeholders were involved in developing and improving the service.

The registered manager continued to provide good leadership and led by example. Staff felt supported and there was open communication.

Staff had the information they required to meet people's needs. Care records were individual and kept updated according to any changes in people's health and wellbeing. Staff received appropriate, ongoing training and regular supervision and appraisal to support them in their roles.

Arrangements were in place to protect people from the risk of harm and abuse. Risks to people's health and wellbeing were identified and action was taken to minimise these risks. There were systems for checking that people received their medicines correctly and that staff administered medicines safely.

People received effective care and support because there were enough staff to meet their needs. The recruitment and selection process helped ensure the right staff were employed.

Staff treated people with dignity, respect and kindness. People's care records recognised their rights and were person centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Tree Tops was comfortably furnished and equipped with appropriate aids and adaptations to meet people's individual needs. Health and safety checks were carried out to make sure the premises and equipment was safe for people to use.

People were supported by staff who knew them well and understood their needs, preferences and interests. Staff communicated with people using their preferred methods of communication.

People took part in social events and activities both inside and outside the home and maintained relationships with people that mattered to them.

Staff worked well with external health and social care professionals to ensure people received the services they needed.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service improved to Good.

New systems and audits had been introduced to monitor the safety and quality of people's care.

People, relatives and staff were encouraged to provide feedback. This was used to improve the service.

The registered manager demonstrated effective leadership and staff felt supported.

Tree Tops

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.

This comprehensive inspection took place on 17 November 2016. The inspection was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We spoke with two people using the service, three members of staff and the registered manager. Due to their needs, other people living at Tree Tops were unable to share their views and experiences. We observed the interactions between staff and people and reviewed care records for three people who used the service.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for two members of staff. We also reviewed how medicines were managed and the records relating to this.

Following our inspection we spoke with a professional who had involvement with the service. The registered manager also sent us information we had requested about staff training and quality assurance findings.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year to keep up to date with best practice. During this inspection, the registered manager told us she had identified an incident of potential abuse and immediately shared her concerns with the local authority.

Risks people may experience had been fully assessed. Risk plan records were individual, detailed and regularly reviewed. The information was personalised and covered risks that staff needed to be aware of to help keep people safe. These included eating and drinking, mobility and safe transfer using a hoist, travelling on public transport and skin care. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, staff followed individual guidance when supporting people with swallowing difficulties to eat their meals.

The provider's recruitment process helped protect people from the risk of unsuitable staff. Staff files contained evidence of all the required checks. People's needs were met in a timely manner as there were sufficient staff to support them. Allocation records showed that staff support was planned flexibly. Additional staff were arranged when needed, for example, when people went on outings or holidays. The registered manager worked as part of the staff team and was available to provide support if required.

People lived in a safe, comfortable environment that was clean and well maintained. There had been a number of home improvements at Tree Tops since our last inspection. The house had been redecorated throughout, four bedrooms had been refurbished with en suite facilities and new hoist equipment purchased in line with people's assessed needs. A new call bell system had also been installed. Regular checks of the premises and equipment were undertaken to ensure people were kept safe. Wheelchairs and hoists were regularly checked to make sure they were fit for purpose and safe for people to use.

Arrangements were in place to deal with foreseeable emergencies and a 'What if' file with contingency plans for events such as utility failures or fire. People had personal emergency evacuation plans which explained the help individuals would need to safely leave the building. Appropriate numbers of staff were trained in first aid and there was an on-call system in the event of emergencies or if staff needed advice and support.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had detailed information regarding their medicines and how they needed and preferred these to be administered. There were individual protocols where people needed medicines 'as required' or only at certain times. These helped ensure staff understood the reasons for these medicines and when and how they should be given. One example related to emergency medicines for the management of epilepsy.

Staff had completed training on safe handling of medicines and their competency to administer medicines was checked every year to make sure practice was safe. Designated staff carried out regular medicines audits to ensure any issues or errors were picked up and addressed promptly. Action was taken where needed. In response to a medicines administration error, refresher training was arranged for staff where

needed.

Good

Is the service effective?

Our findings

People received effective care and support. Since our last inspection staff had undertaken mandatory training to keep their knowledge and skills refreshed. Courses included moving and handling, first aid, food hygiene, fire safety and infection control. Additional learning had taken place so that staff had the skills they needed to support people's specific needs. This included training on stoma care, visual impairment and caring for people at the end of their life. The provider used the Care Certificate which is a nationally recognised framework for good practice in the induction of staff. Existing staff were due to complete a self-assessment to review their competencies against the expected standards. One staff member spoke highly about their introduction to the home. They said they worked alongside a senior staff and had opportunity to get to know people, telling us, "Staff were lovely, my supervisor explained everything."

Staff received regular supervision and yearly appraisals of their work performance. The registered manager checked staff were putting their learning into action and remained competent to do their job through direct observation of their practice. Staff supervision records included discussions about people's care and support as well as individual learning or development needs. Staff told us they felt well supported and could discuss any issues with the manager.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. Staff understood their responsibilities in line with MCA and DoLS and had completed recent training. The registered manager had assessed where a person may be deprived of their liberty. Most people at Tree Tops needed constant supervision to keep them safe and were unable to access the community unaccompanied. DoLS applications had been submitted to the supervisory body (local authority). Authorisations were in place for some people and others were awaiting approval.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs, likes and dislikes. Risks associated with any nutritional needs were assessed and reflected in care plans. For example, there were clear guidelines from the Dysphagia team for people's eating and drinking routines. (Dysphagia is the medical term for swallowing difficulties.)

People were supported to maintain good health from a variety of healthcare professionals which included

the GP, specialist nurses, occupational therapy, physiotherapy and speech and language (SALT) services. Health action plans included personalised details about people's past and current health needs and our discussions showed staff were familiar with this information. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required.

Good

Is the service caring?

Our findings

We observed positive relationships between staff and the people we met at the service. Most people were unable to communicate verbally with us; we saw they were relaxed and comfortable in the company of staff. People reacted positively by smiling or vocalising when staff approached and spoke with them. Staff used touch and facial expression to communicate with people when needed. During lunch staff frequently checked if people were enjoying their meal or needed a drink and provided encouragement. Staff described the food before supporting people to eat it and assisted them in a dignified manner.

Staff knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do, what their preferred routines were and how to support individual physical and sensory needs. Staff were caring, attentive and alert to changes in people's well-being. For example, when one person started to become anxious, they received prompt support from staff which helped them settle.

Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to the person. A circle of support was recorded in people's care records. This recognised all of the people involved in the individual's life, both personal and professional, and explained how people would continue those relationships.

People's privacy and dignity were respected and maintained by staff. Individuals received personal care in the privacy of their bedroom or bathroom with doors closed. People were supported to dress in their chosen style and provided with protective clothing when eating and drinking. Bedrooms were decorated in a way that represented people's identities and preferences.

Staff were in the process of undertaking end of life care training and had developed specific care plans with people. This was facilitated by the local hospice team, who also provided advice and support to the home about end of life care. A representative from the team described the registered manager and staff as "so committed and interested" and told us they were impressed with their knowledge about people living at Tree Tops. They also said it was "the best home" they had worked with.

Good

Is the service responsive?

Our findings

Two people had moved to Tree Tops since our last inspection. Admissions had been managed in a planned way to make sure people's needs were fully assessed and the home was suitable for them. Assessments and care plans included person centred information about people's needs and explained the support people required for their physical, emotional and social well-being.

Plans included lots of detail about a person's interests and preferences and how best to support them. Ongoing reviews focussed on what was working well for the person and what wasn't. Where needs had changed, appropriate action was taken. This included consultation with other relevant professionals and making any necessary updates to people's care and support plans.

Staff maintained accurate records about people's health and wellbeing. Support plans evidenced that all areas of people's needs were accounted for. Some people had specific health care needs or conditions and there was detailed guidance for staff about how this affected the person and what steps they needed to take to support specialist needs.

People continued to take part in a variety of activities and events that met their social and physical needs. Staff showed knowledge about people's interests, hobbies, likes and dislikes and supported individuals with these. They included music, sensory and tactile activities, shopping and outings in the local community. Two people had enjoyed a recent holiday and two others were preparing to go on an overnight trip on the day of our visit. Staff had introduced new experiences for people and some individuals had started wheelchair cycling.

People used different communication methods and staff understood when a person was indicating how they were feeling and why this might be. The complaints procedure was displayed within the service and available in picture format to help people understand the information. One complaint had been made since our last inspection. There was information about how the service had responded to the complaint and taken action to resolve it.

Good

Is the service well-led?

Our findings

We previously found that the provider's quality assurance systems needed further development. Our review of information showed that the provider had taken steps to make improvements since our last inspection and we have revised the rating to good. Additional checks for monitoring and assessing the quality of service were in place and everyone involved in the service had been asked to share their views through questionnaires.

Records supported that appropriate audits and checks were carried out on a regular basis. Areas monitored included medicines, care plans, cleanliness and hygiene, the environment and health and safety. Staff told us they had designated roles to help review the home's quality and safety.

A senior manager visited the service once or twice monthly to ensure that people were provided with appropriate standards of care and support. Reports explained how the service performed, areas of good practice and those that required improvement. The registered manager took action when areas requiring improvement were highlighted. In one example, a staff member's induction needed updating and staff were reminded to check fridge temperatures were recorded daily.

We were provided with a 'service continuity plan' for 2016/2017 following this visit. This identified planned improvements in the service, the actions to be undertaken and timescales for completion. Achievements and progress updates were also recorded. We found the plan was used effectively, for example, planned staff training and internal redecoration had been completed. The PIR provided good detail about the service and the ways it planned to improve during the coming 12 months. This included further refurbishment by building a summer house for people to do activities and a decking area for better wheelchair access in the garden.

The most recent survey results reflected complimentary feedback from people, their families, staff and other stakeholders. Comments from questionnaires were acknowledged and suggestions were acted upon. For example, one person's relative felt that communication could be improved and this was followed up and addressed by the staff.

The registered manager had worked at Tree Tops since June 2014. 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.

Staff spoke positively about the registered manager and her leadership qualities. One told us, "The manager is always willing to listen" and praised the "openness and transparency" in the home. Staff meetings were held regularly and staff said they were able to contribute their ideas. Records of these meetings showed clear discussions for keeping everyone up to date about people's care and support and developments in the home. Staff also shared information through daily shift handovers and a communication book.

Tree Tops had an effective management structure in place. The registered manager was supported by a team leader and members of staff had designated roles in areas such as dignity and end of life care. The staff team were caring and dedicated to meeting the needs of the people using the service. The service promoted and supported people's contact with their families. The registered manager and staff worked closely with health and social care professionals to achieve the best care for people. This included liaison with the local authority in order to share information and learning around local issues and best practice in care delivery.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. During our visit we checked information relating to accidents and incidents. These confirmed that appropriate action had been taken and where appropriate, the manager had told us about any reportable events.