

West Sussex County Council

Ball Tree Croft

Inspection report

Western Road North
Sompting
Lancing
West Sussex
BN15 9UX

Tel: 01903753330
Website: www.westsussex.gov.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ball tree croft is a residential care home providing accommodation and personal care and is registered to provide care for up to 20 people with a learning disability and/or autistic people.

The service was divided to provide respite care for four people and permanent accommodation for up to 16 people. The premises were arranged in three adjoining houses each with a self-contained kitchen, lounge and dining area. At the time of the inspection the service was provided to 12 permanent people. The respite care had been paused due to the COVID-19 pandemic.

People's experience of using this service and what we found

People told us they felt safe with staff. A person told us they liked all the staff. Relatives had no concerns about the safety of people.

There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were carried out to make sure people received their care safely and had opportunities to take part in activities which interested them and promoted their independence.

Medicines were managed safely, and staff had a good knowledge of the medicine systems and procedures. Staff had received training and had competency assessments of their practice. There were adequate numbers of staff to meet people's needs.

We observed kind and caring interactions between people and staff. Staff showed genuine regard for the people they supported.

The registered manager was accessible, supportive and had good leadership skills. Staff were aware of the values of the provider and understood their roles and responsibilities. The service had a quality assurance system and any shortfalls were identified and addressed. There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service continued to develop.

People were not fully supported to have maximum choice and control of their lives due to the layout and model of the service. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People did not always receive care that was personalised to their needs.

People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The service is made up of a main building where people normally have meals, rather than in their individual shared houses, food was fully prepared by staff. The medicines are kept in the main building and transported to the houses for administration.

The service was undertaking a review of these things, as during the recent COVID-19 outbreak people had been eating meals in their own shared houses to avoid cross infection. Each house has a kitchen that is fully equipped but very small and it would be difficult for more than one person to cook with staff support. There had been a new kitchen installed in the shared dining area of the main building and this was used to support people to prepare lunches for themselves with support. The service was trying to mitigate the limitations of the environment. The service was registered in 2011, it would be unlikely that this type of service model would be eligible to be registered with CQC now.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was Good (published 17 August 2017).

Why we inspected

We carried out the inspection to look at the infection prevention and control measures the service were taking in respect of an outbreak of COVID-19. We widened the scope of the inspection from a targeted inspection to become a focused inspection which included the key questions of safe and well-led.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.
Details are in our well-Led findings below.

Ball Tree Croft

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ball tree croft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registration. We sought feedback from the local authority and professionals who work with the service. 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 two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and care workers. We spoke with four people and observed their care and support to help us understand their experience. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health professional who visited the service

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 as 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

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff were clear about their responsibilities in relation to safeguarding and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. Staff knowledge was robust, one staff member told us, "I would not hesitate to report anything concerning."
- People told us they felt safe and knew who to tell if they didn't.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Risks to people were assessed and measures were taken to mitigate these. This included how people moved and equipment they needed to do this safely.
- People who needed specific support to manage anxiety had this clearly detailed in their support plans and risk assessments. This enabled staff to support people to minimise anxiety and frustration. For example, people with limited speech were taught how to say "Beep, Beep" when another person was in their way instead of pushing the other person out of the way. This had reduced the incidents of conflict and gave people a way to have control in a situation they had found upsetting.
- A system was in place to record and rate identified risks. Actions to mitigate these risks were recorded and monitored. Risk assessments were reviewed and updated.
- Regular health safety checks were carried out and recorded with actions taken where required.
- The management team analysed and reflected on accidents and incidents. This resulted in positive changes to people's personal experiences and the service provided. For example, a person had had three falls and advice was sought from physiotherapy. Resulting in an exercise plan to improve the person's core strength, reducing the incidents of falls.

Staffing and recruitment

- People were protected by safe recruitment processes. Staff had pre employment checks, these included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff on duty. People received care and support in a timely way. We observed staff actively engaging people with meaningful occupations throughout the inspection. The rota reflected the staff on duty. The service had paused the respite service during COVID-19 to ensure there were enough staff to support the people who live at Ball tree croft on a permanent basis.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Policies and procedures were reviewed and updated.
- We observed a staff member administering medicines to people, this was completed with care and attention. The staff member was knowledgeable about the medicines they were administering and demonstrated an understanding of the person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task.
- Medicines were audited and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for.
- Medicines were housed in the main office building and had to be wheeled in a medicine trolley to each house to administer medicines to people. The registered manager understood that this practice did not fit with Right care, Right, support, Right culture and was discussing how to have medicine securely stored in each house in the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. There was a clear policy for visitors, this included COVID-19 testing and the use of personal protective equipment (PPE).
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. There had been no new admissions during the pandemic.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Hourly high touch area cleaning was in place in addition to a robust general and deep cleaning schedule. A knowledgeable senior support worker had been appointed as the infection prevention and control lead for the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. All staff confirmed infection control training and additional training due to the pandemic including donning/doffing, PPE use and training on Lateral flow Device (LFD) tests.
- We were assured that the provider's infection prevention and control policy was up to date.

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 as good. At this inspection this key has now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were not always having maximum choice and control in their lives and being empowered to gain more independence. The current practice of people traveling from their shared houses to a main building for meals and having medicines delivered to them in a trolley from the main building does not meet the guidance for Right Support, right care, right culture. Whilst the registered manager is reviewing this with the provider in respect of the layout of the building and the size and occupancy levels of the shared houses, this is an area which requires improvement.
- People and staff were able to share ideas or concerns with the management. There was an open and friendly culture. Staff understood their responsibilities and told us that they were listened to and valued. One staff member told us. "We are lucky to have such a stable senior team, we support each other in difficult times everyone works hard, all staff are exceptionally committed."
- The culture was open and inclusive. Relatives told us they were kept informed about their loved one and felt able to raise anything one told us, "They always get back to me when I ask a question." Another relative said, "We as a family have felt Ball Tree was a great place for [person] to live, when we have visited [person] seemed so happy, chatty, smiley and laughing, and importantly quite happy for us to leave. I know my dad feels a real relief to know (person) is so well cared for."
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate the risk.

There were systems and processes for quality monitoring and auditing and ensuring good governance of the service. 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 understood their duty of candour and relatives confirmed they were kept informed when issues arose.
- Issues were raised with the appropriate external professionals. One professional told us, "They were supportive with us thinking about how best to meet with the person and introduce ourselves and the staff member stayed to help support this interaction which I feel helped this to feel less anxiety-provoking and more positive for the person."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by

the providers senior management team. Staff were actively involved in people's care planning, this meant care was planned with the involvement of staff that knew people well.

- Relatives told us they felt the service was well managed. One relative said, "They are doing an admirable job."
- There was a culture of continuous learning and improving care. For example, a health professional told us, "All information asked for was to hand and readily available, e.g. dates of annual health check, dates of other health procedures, names of who else is involved etc, the staff member knew lots about the person's history, e.g. family history and previous placements, so there was a real sense of them being 'known' and understood."

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

- People's views were sought of the care they received. Feedback was also sought from people's relatives, friends, professionals and staff. The management team analysed the feedback and incorporated this into the daily running of the service. There were regular meetings with people, in groups and one to one. Records confirmed people had opportunities to express their views using communication methods relevant to them.
- Team meeting took place and were recorded. This covered a range of topics including updates on guidance and learning sessions from incidents that had happened. One staff member told us, "I can ask anything and get 1:1 supervision regularly."
- Relatives expressed satisfaction with the engagement they had with the registered manager and the staff. One relative told us, "I am asked what I think about any proposed changes. I also get sent surveys to fill in."

Working in partnership with others

- The registered manager worked professionally with outside agencies. The management team were open to new ideas and had formed good partnership working and relationships.
- The registered manager demonstrated they were working with health professionals to where possible reduce the frequency of hospital admissions.