

Three Trees

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Inspection report

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Date of inspection visit:

20 February 2023

24 February 2023

Date of publication:

17 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Three Trees is a residential care home providing accommodation and personal care to 16 people with a learning disability and/or autism at the time of our inspection. The service can support up to 21 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: The service was not always delivering a model of care that maximises people's choice, control and independence. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People did not have care plans which focused on goals and skill setting. There was no evidence of future planning for people.

Staff enabled people to access specialist health and social care support in the community. We received positive feedback from visiting professionals regarding guidance being followed to achieve better outcomes for people's health needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture: The governance systems in place were not effective and we found documentation was poor. People's care plans were not always reflective of their current needs and didn't include enough information to guide staff on how to mitigate specific risks.

People received good care and support because staff could meet their needs and wishes. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 May 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that provider reviews their process of formal support to staff. At this inspection we found the provider had made improvements in this area. Staff told us they felt supported and there was evidence of regular formal supervision.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Three Trees on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the need for consent, failure to notify CQC and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Three Trees

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Three Trees is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Three Trees is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There were two managers in post who supported with the inspection, the provider had plans for one of these managers to register with the CQC to meet this requirement.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We spoke with the local authority's safeguarding team and the local infection control team to gain any recent feedback about the service and spoke to the local commissioning team regarding any ongoing work they have with the service. We used all this information to plan our inspection.

During the inspection

We visited the service on 2 occasions, 1 of these visits was completed out of usual office hours. We spoke to 12 people who used the service and 8 relatives. We spoke to 11 members of staff including seniors, carers, management and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records and medicines records relating to 4 people. We reviewed 3 staff files and documentation relating to the health and safety of the building.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were not always identified, mitigated or recorded.
- Risks relating to the health and safety of the living environment and equipment in it, had not always been identified and actioned upon.
- We could not be assured incidents were being managed effectively due to the lack of documentation. We could not be assured if staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- People's care records did not always help them get the support they needed because care plans did not always provide specific information to mitigate risk. For example, where a person had a specific health condition, care plans did not give detailed information to staff which could lead to an inconsistent approach and put the person at a greater risk of harm. We have reported on record keeping within the 'well led' section of this report.
- People told us they felt safe. Relatives we spoke with, also told us they felt their relative was safe at the service. One relative said "I do not have to worry about her. They are in a safe environment and the look after [them]."

Failure to assess, monitor and mitigate risk is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Suitable checks had taken place before staff were employed to work at the service.
- The service had enough staff, and this meant people could take part in activities and visits how and when they wanted.
- Visiting professionals and relatives told us they felt staff were not rushed and had time to have meaningful conversation with people. One visiting professional said, "There is a family feel and flexibility in people's care."

Using medicines safely

- Medicines were managed safely.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. The service had recently invested in an electronic recording system which had improved practice and reduced the risk of errors.

Preventing and controlling infection

- The service had good arrangements for keep premises clean and hygienic.
- People and their relatives felt their environment was clean but not always well-maintained. One relative said, "It's a wonderful home and clean but dated in areas".
- Despite the cleanliness of the service, some areas of the service required attention such as unfinished refurbishment in people's bedrooms, soiled carpets and stained wallpaper. The provider started to address these issues during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent was not always sought in line with best practice, and staff could not always demonstrate how the MCA was followed.
- Not all restrictions of people's freedom were documented and monitored in the person's support plan.
- For people that the service assessed as lacking mental capacity for certain decisions, staff had not clearly recorded assessments and any best interest decisions.
- Where people were subject to a DOLS, we found there was a lack of governance regarding this. This meant one person's DOLS had expired and lapsed, and another person's conditions had not been followed.

Consent had not always been sought from people. Where people were unable to give consent, because they lack capacity to do so, appropriate processes had not been followed. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not always receive care in line with best practice relating to supporting people with a learning disability. Managers and the staff did not have knowledge of fundamental guidance which underpins the delivery of care for people with a learning disability and, or autism.
- People had care plans which were personalised, and strength based. However, care plans were not always a true reflection of people's current needs and had not been kept up to date with key information staff need to provide effective care. For example, where a person had received specific instructions from health

professionals.

- Care plans did not include any clear pathways to future goals and aspirations, including skills teaching.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider reviews their process of formal support and guidance for staff in line with best practice. The provider had made improvements.

- Staff received an induction, regular supervision and training. Staff told us they felt supported at work.
- Staff could describe how their training and personal development related to the people they supported.
- The manager told us they checked staff's competency to ensure they understood and applied training and best practice, but this was not always recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed.
- External professionals were involved in people's care to improve a person's outcomes. The service had recently received positive feedback from an external professional after staff had followed guidance given and this improved a person's health and independence significantly.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Guidance and information provided by professionals was not always reflected in a person's care plan.

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

- The environment was homely, and people had personalised their bedrooms.
- The service had shared rooms and had been designed prior to 'Right Support, Right Care, Right Culture' and other best practice guidance being implemented. This means that it does not meet current best practice around the size and number of people living together. The provider had not thought innovatively about how this could be improved in line with the current guidance or ensuring people were well informed about their options. The provider started to address this during the inspection.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. One staff member told us how they had worked with a person to educate them about caffeine and reduced their caffeine intake which had a positive impact on their wellbeing.
- People told us the meals were "tasty" and enjoyed the food prepared for them. People we spoke with had favourite meals from the menu and enjoyed having a takeaway with staff regularly.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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; Continuous learning and improving care

At our last inspection, we found systems were not robust enough to ensure the quality and safety of the service was improved. The provider had failed to ensure accurate, complete and contemporaneous records were kept. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance processes were not effective and did not identify issues found at this inspection relating to the environmental safety of the building, the MCA and accurate documentation.
- Care was not always delivered in line with best practice guidance and systems were not in place to improve the quality of the service. For example, the provider was not always following the 'Right Support, Right Care, Right Culture' guidance.
- Managers could not always demonstrate understanding of compliance with regulatory and legislative requirements. For example, the managers lacked knowledge around the principles of the MCA and what this meant in practice.
- Care plans were not always kept up to date and did not provide staff with the information required to achieve people's best outcomes and keep them safe. For example, where people had specific health conditions, there was not always enough information for staff to follow and mitigate risk effectively.

The provider had failed to ensure accurate, complete and contemporaneous records were kept. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications had not always been submitted to the Care Quality Commission (CQC) as required.

Failing to notify the CQC of notifiable events is a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This will be dealt with outside of the inspection process.

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

- We could not be assured the duty of candour had been applied appropriately due to the lack of documentation regarding incidents within the home.
- The provider was very open and transparent throughout the inspection and they recognised improvements were required and started work to address these areas immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was an inconsistent approach to ensure engagement and involvement of people and their relatives.
- Relatives did not feel the provider was proactive with seeking feedback or involving them in care. However, relatives commented the manager was approachable and when something had been raised, it was acted upon efficiently. Comments included, "They don't keep me informed of appointments or incidents or medication errors unless I ask" and "They are very approachable but not forthcoming with information" and "They don't contact me with her appointments but I don't mind unless it is serious."
- Staff told us they had regular team meetings and could ask for anything to be added to the agenda for discussion. One staff member said, "I was surprised how supportive the managers are. They are very kind and always open to suggestions. They ask for feedback and include us in meetings."

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt able to raise concerns with managers and felt they would act appropriately to any concerns raised.
- Visiting professionals and relatives told us they felt able to approach the manager with any issues. One visiting professional said, "Managers are aware of what's going on and they are very hands on. They certainly have an open-door policy."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 11(1) Care and treatment of service users must only be provided with the consent of the relevant person and (3) If the service user is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.