

Twelve Trees Home Care Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 May 2017 and was announced. The registered provider was given short notice because the location is a domiciliary care service and we needed to be sure that someone would be available.

Twelve Trees Homecare Limited is a domiciliary care service registered to provide personal care for people living in their own homes. At the time of the inspection the service was supporting 85 people.

There was a manager at the service who was registered with CQC. 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.

People we spoke with were satisfied with the quality of care they had received and made positive comments about the staff.

Relatives we spoke with were also satisfied with the quality of care their family member had received.

We saw there were sufficient staff to provide a regular team of care staff to people who used the service. People we spoke with told us care staff turned up on time and stayed the full amount of time stated in their care plan.

We found there were arrangements in place to ensure people received medicines at the right time.

There were recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Care staff underwent an induction and shadowing period prior to supporting people on their own, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.

Staff were supported to deliver care safely and to an appropriate standard.

People's care records showed that people had a written plan in place with details of their planned care. We saw they had been personalised to reflect their personal preferences.

People were supported with their health and dietary needs, where this was part of their plan of care.

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.

We saw there was a robust complaints process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

We found some concerns relating to records. We saw the documentation used to complete an assessment of a person's potential risks required improvement. Although we did not find this had negatively impacted on people who used the service, the lack of clear guidance for staff to follow presented a risk that staff may use inconsistent and ineffective practices whilst caring for people.

There were planned and regular checks completed by the registered manager and nominated individual to assess and improve the quality of the service provided.

The registered provider actively sought the views of people and their representatives to continuously improve the service.

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.

People we spoke with told us they felt "safe" and had no worries or concerns. Staff were aware of how to raise any safeguarding issues.

We found there were arrangements in place to ensure people received medicines at the right time.

We saw that some people's risk assessment would benefit from being more detailed.

Is the service effective?

Good ●

The service was effective.

Care staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff told us that they felt supported and that it was a good company to work for.

People were supported with their health and dietary needs, where this was part of their plan of care.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People and relatives made positive comments about the staff.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care records showed that people had a written plan in place with details of their planned care and had been involved in the process.

Care staff were able to describe the steps they would take if a person became unwell to ensure they received medical assistance if needed.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

The service was not always well led.

There were processes in place to ensure the quality and safety of the service were monitored, but these had not identified that risk assessment records required improvement to ensure consistent guidance was available for staff.

We saw the registered provider's system to monitor staff training required improvement.

People and relatives we spoke with made positive comments about how the service was managed.

Requires Improvement 

Twelve Trees Home Care Limited

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 inspection took place on 10 May 2017 and was announced. The registered provider was given short notice of our inspection because the location is a domiciliary care service and we needed to be sure that someone would be available. The inspection team was made up of an adult social care inspector and two experts 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.

Before the inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

The registered provider had 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.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with the nominated individual, registered manager, quality assurance officer, the business support administrator and 11 care staff. We also spoke with six people and six relatives

to obtain their views about service. We looked at a variety of records including: four care plans, four staff records, medication administration records and auditing which had taken place across the service.

Is the service safe?

Our findings

People we spoke with did not express any worries or concerns about their safety and told us they felt 'safe'. People's comments included: "Oh definitely, I am certainly safe" and "I always feel safe with the care workers - they are splendid."

Relatives we spoke with felt their family member was safe whilst being supported by staff. Relatives comments included: "My relative is very safe with the care workers" and "No issues with safety whatsoever." One relative we spoke with was concerned that a few staff did not always make sure they locked the front door after entry. We shared this feedback with the registered manager; they assured us that staff would be reminded to lock doors securely after entry.

People we spoke with did not express any concerns about the staffing levels at the service and confirmed that they were supported by a regular team of care staff. People we spoke with told us care staff turned up on time and stayed the full amount of time stated in their care plan. People's comments included: "Yes, always on time," "It is give and take, you cannot expect the care workers to be spot on the second" and "I am very happy with the timings – [staff] always on time."

We did not receive any concerns from relatives regarding the staffing levels at the service and relatives confirmed their family member was supported by regular care staff. Relatives comments included: "I have no problem with timing, all the tasks are done for us - in fact more if we needed something done" and "Very reliable indeed – this gives me the assurance that my relative is in good hands." One relative we spoke with told us their family member's calls were not always delivered on time and they would support their family member to get dressed, so they were ready to go to the day centre. We shared this feedback with the registered manager so appropriate action could be taken.

We reviewed a sample of people's care rotas and saw that people were supported by regular team of care staff so they received continuity of care. People we spoke with expressed how they felt about having regular care staff. Their comments included: "Yes I have a lovely regular care worker," "Yes I have the same care worker – so helpful" and "I am very fortunate I have had the same care worker for a while."

Relatives we spoke with also valued the consistency of care staff. One relative commented: "Yes my relative does have the same care worker - this care worker is excellent – the consistency has helped my relative tremendously." One relative we spoke with told us there is sometimes a slight timing issue when the regular care staff goes on holiday.

Care staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. The service had a process in place to respond to and record safeguarding concerns.

The registered manager told us a few people who used the service were provided with a shopping service. The registered provider provided monies to care staff to purchase shopping requested by the person. A

receipt for any shopping was obtained by staff. The registered provider sent an invoice to the person or their representative for payment. We found there were satisfactory arrangements in place to safeguard people from the risk of financial abuse.

The service had a whistleblowing policy and procedure. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure.

We saw the registered provider's recruitment policy needed updating. We spoke with the nominated individual; they assured us the policy would be updated so it reflected current legislation.

We reviewed staff recruitment records for four staff members. The records contained a range of information including the following: application, satisfactory conduct in previous employment, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people. We noted that one staff member's full work history had not been recorded on their application form. The nominated individual assured us that this information would be obtained. They told us all the staff recruitment records would be checked as part of the registered provider's quality assurance process.

We reviewed four people's individual risk assessments. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. We saw that some people's risk assessment would benefit from being more detailed. Others had identified potential risk, but the measures in place to reduce and manage the risks to the person were not always clearly linked to the identified risk. For example, there were measures in place to reduce the risk of a person scalding themselves whilst making a hot drink, but this had been linked to a potential risk of nutrition. We spoke with the registered manager who told us they were in the process of reviewing the service's risk assessment documentation, so it clearly identified any potential risk to the person and the measures in place to reduce and manage the risk. The risks identified would be used to formulate the person's care plan.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns and investigations. This reduced the risks to people and helped the service to continually improve.

People and relatives we spoke with did not raise any concerns relating to medicines. Where people were required to take their medicine at the right time each day, a time critical call was included in their care rota. The registered manager told us they had identified some concerns relating to the management of medicines when they had started working at the service in December 2016. The registered manager told us people's medication administration records (MAR) were now collected on a regular basis from their homes and checked by a senior member of staff. Completing regular checks helps to ensure people are receiving their medicines safely. In people's records and within the service's on call reports, we saw evidence that action had been taken by the registered manager and senior staff when any concerns relating to medicines had been identified. The registered manager told us that care staff were also undertaking advanced medication training to increase their knowledge.

We saw there was a lack of information available to guide staff on when to administer some medicines which were prescribed to be taken only "when required" and for some topical medicines (creams). This personalised guidance helps to ensure people are given medicines safely and consistently. We shared this information with the registered manager; they assured us this would be put in place.

Relatives and people we spoke with did not raise any concerns about infection control. The registered manager told us that each member of the care staff had been issued with a boot bag, which contained personal protective equipment they may need. For example, gloves, aprons, shoe covers and hand cleansing gel.

Is the service effective?

Our findings

People we spoke with told us they were satisfied with the quality of care they had received. One person commented: "They [staff] always contact us – they are excellent - I would definitely recommend this company to my friends – family."

People were supported with their dietary needs, where this was part of their plan of care.

Relatives we spoke with were satisfied with the quality of care their family member had received. One relative commented: "They [care staff] are very good with my relative – very engaging – knows what she likes, they are able to engage her with things she likes to do."

We saw the registered provider had received compliments about the quality of care provided at the service. For example, one person's representative had contacted the service in January 2017 to tell them they were really happy with all aspects of the care being provided.

People were supported to maintain good health. If people required escorted doctors or hospital appointments this could be arranged. The registered manager told us the service had developed a good relationship with the local district nurse team. The quality assurance officer described how they were liaising with one person's specialist nurse to ensure they received the best care possible. For example, obtaining specialist equipment for the person to help alleviate discomfort and pain.

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. We checked whether the service was working within the principles of the MCA.

Care staff we spoke with were able to describe how they involved people in making decisions about their care. Their comments included: "I always explain to the client what I would like to do, but ask if that is okay," "I have got to know the clients and even if they don't communicate very well, I can understand their expressions and body language" and "I check the care plan and always ask the client, I don't do anything without their permission."

People and relatives we spoke with felt care staff were well trained and able to meet people's needs. Care staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. The service used a staff training spreadsheet to monitor the training completed by staff. The training provided covered a range of areas including the following: safeguarding, fluids and nutrition, infection control, mental capacity, dementia, and health and safety. We saw the registered provider's staff training spreadsheet needed updating. We noticed that two of the office based staff had not been included in the spreadsheet. The nominated individual told us the spreadsheet would be updated. They also assured us that any overdue

training relevant to the staff member's role would be completed.

Care staff we spoke with thought the standard of care and support for people who used the service was very good and that it was a good company to work for. We received positive feedback from care staff about the induction training they had received. The induction training was described by care staff as 'good' or 'thorough'. Care staff also told us the registered provider was very keen on training. One staff member commented: "There are a lot of courses available and the company are very good about sending me if I ask." A few staff we spoke with told us they were also being supported to obtain further qualifications. Some of the care staff we spoke with told us they had been spot checked by a senior member of staff and some staff told us they were expecting one to be completed. A spot check is carried out by a senior member of staff to check the care being provided by the staff member is appropriate and safe.

The registered manager told us the competency of staff to administer medication was checked during their induction. It would also be checked if any concerns were identified. We saw that the systems in place to ensure that staff's competency to administer medication was completed annually needed to be more robust. The National Institute for Health and Care Excellence (NICE) recommends an annual review of staff knowledge, skills and competencies relating to managing and administering medicines. The registered manager assured us that a staff competency check would be completed each year.

Most of the care staff we spoke with felt supported by senior staff working at the service. One staff member felt the support they had been given could have been improved. For example, they felt their rota had been changed too often by the manager. We saw the frequency of supervisions and annual appraisals provided to staff varied and were not always delivered according to the registered provider's supervision policy. For example, some care staff told us they received a supervision every three months, whilst others had received a supervision every six months. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The registered provider's policy states that a formal supervision should be undertaken every two months and a formal appraisal annually. We shared this feedback with the registered manager and nominated individual so appropriate action could be taken.

Is the service caring?

Our findings

People told us they were treated with dignity and respect. People made positive comments about the staff. Their comments included: "Delightful care workers," "Oh definitely – they are lovely," "They are so helpful - always trying to make me independent where they can," "I can have banter - a laugh with them - they are my friends" and "I am very fortunate – the care worker is more like a friend – we have a good relationship."

Relatives we spoke with also told us their family member was treated with dignity and respect.

We spoke with the registered manager, who told us the service was supporting a person to hold a garden party at their home. Some of the people from the registered provider's care home were planning to attend. During the inspection we spoke with the person who was holding the party. They described the relationship they had with the registered provider to us. "We have just a good relationship, I am going to have a garden party at my home with the staff and service users - this is how close we are - they looked after my wife at home – she then moved to the company care home where she passed away."

Relatives made very positive comments about the care and office based staff. Their comments included: "They [staff] are absolutely wonderful - no issues at all," "They are brilliant – they are always caring and kind," "My relative really enjoys their company - they [staff] are brilliant – they are the only people who come to see her - they support her - it gives me great assurance my relative is happy as I am not here all the time." One relative described how the quality assurance officer came out personally to rectify a plumbing problem for their family member and how caring this was.

Care staff we spoke with told us they enjoyed working at the service. They felt the standard of care and support for people who used the service was very good. Staff comments included: "I do care about the clients so it's easy to be kind to them. I try to listen to them [people] because some of them hardly see anybody," "I try to notice things that they might need doing," and "I try to be gentle and don't go in grumpy."

The quality assurance officer described how they tried to match staff to the person using the service wherever possible. For example, they had the same interests and hobbies. One of the relatives we spoke with described the benefit of matching staff to their family member. "My relative gets on well with the care worker- she needs support to have someone to engage and make conversation with her - the care worker she has is excellent - the care worker goes for a walk with her - this is what she enjoys."

Care staff we spoke with described how they preserved people's privacy and dignity. For example, making sure curtains and doors were closed whilst supporting a person with their personal care and making sure a person was covered as soon as possible after bathing. Care staff understood the importance of confidentiality. One staff member commented: "I never gossip either to or about clients."

Each person who used the service had been given a welcome pack. The nominated individual told us the welcome pack included details of an advocacy service. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People we spoke with told us the office based staff responded to their enquiries positively. For example, if they needed to make changes to their care. People's comments included: "Very happy with the office - no complaints," "The office engages very well with us and listens to me," "Office is brilliant" and "Delightful people - no complaints."

People's care records showed that people had a written plan in place with details of their planned care. We saw that people's personal preferences had been reflected in their care plan. There was a record of the relatives and representatives who had been involved in the planning of people's care. Relatives we spoke with told us they were involved in their family member's care planning. We saw there was a system in place to ensure people's care plans were regularly reviewed to meet people's need. The registered manager told us the documentation used to design the care was in the process of being reviewed to ensure there was clear guidance in place for staff. We noticed that care plans did not include the person's life story. Life Story work can help encourage better communication and an understanding of the person's needs and wishes. This can inform their care and ensure that it is provided in a positive and person-centred way. The registered manager told us they were planning on introducing this to care plans.

The service was open five days a week from nine o'clock in the morning to five o'clock in the evening and operated an on call service outside of those hours. People and relatives we spoke with did not raise any concerns regarding the on call service. Care staff we spoke with told us they could contact the office or the on call service if they needed advice or assistance whilst at a visit. Care staff also described the steps they would take if a person became unwell to ensure they received medical assistance if needed. The nominated individual told us staff had access to two, four wheel drive cars in case of adverse weather conditions such as snow.

We looked at two recent on call reports for the service. The reports showed that any concerns reported by staff, people or their representatives were explored and responded to in good time. A copy of the on call reports were sent to the nominated individual to keep them updated. Any concerns reported via on call were also reviewed at the weekly compliance meeting.

The registered provider had a complaint's process in place. A copy of the complaints process was included in people's welcome pack. We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns. Most of the relatives we spoke with told us the office staff were responsive and any concerns addressed. One relative commented: "No issues whatsoever, they [staff] listen to any issues I may have." One relative we spoke with told us they had contacted the office, but their concerns regarding early calls being delivered had not been fully resolved. We spoke with the registered manager who was aware of the relative's concerns and was taking action to resolve them.

Is the service well-led?

Our findings

The manager had started working at the service in December 2016 and had registered with the Care Quality Commission. It was clear from our discussions with the registered manager that they knew people who used the service well and were able to describe people's individual needs.

During the inspection we found some concerns relating to records. We found the risk assessment documentation being used by the service required improvement. The registered manager was in the process of reviewing the service's risk assessment documentation. Although we did not find this had negatively impacted on people who used the service, the lack of clear guidance for staff to follow, presented a risk that staff may use inconsistent and ineffective practices whilst caring for people. We also found there was a lack of information available to guide staff on when to administer some medicines which were prescribed to be taken only "when required" and some topical medicines (creams).

During the inspection we saw the staff training spreadsheet needed updating as two of the office based staff had not been included in the spreadsheet. This had resulted in the staff not receiving some of the training relevant to their role. The nominated individual told us the spreadsheet would be updated and the training arranged for the staff members. This showed the registered provider's system to monitor staff training required improvement.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, a safeguarding alert had been referred to the local safeguarding authority. During the inspection we found a notification had not been sent on two occasions by the previous manager. We spoke with the nominated individual, they assured us that this would not reoccur and this would be checked as part of their compliance checks.

People we spoke with made positive comments about how the service was managed. Their comments included: "Love to recommend this company – they are patient with me - the owner is wonderful," and "I am satisfied with everything."

Relatives also made positive comments about the way the service was managed. Their comments included: "The service provided is brilliant – we had full support for my relative at home – now my relative has gone into the same company's care home - it's brilliant because it is connected and convenient," "No problem with the company at all" and "Not much to do with the company, but no issues at all."

People and relatives we spoke with told us their views were actively sought regarding the quality of care being delivered. The registered manager told us people received a courtesy call after they started using the service. A follow up call would be completed two weeks later. A further visit would be undertaken six weeks after a person started using the service to seek and act on any feedback about the quality of care provided. The person or their representative would then be contacted every three months for feedback. This showed the service actively sought the views of people using the service and their representatives to continuously

improve the service.

The registered manager told us they had changed the quality assurance processes in place when they had started working at the service to make them more robust. For example, people's medication and daily records were collected regularly from people's homes and checked. In people's records we saw evidence that action had been taken by the registered manager and senior staff when any concerns had been identified during these checks.

Staff made positive comments about the registered manager and staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made. Regular staff meetings help services to improve the quality of support provided and to underline vision and values.

We found the registered provider had a system in place to assess, monitor and improve the quality and safety of the service provided. The nominated individual told us they visited the service three days a week and received regular on call reports during the week. A compliance meeting was held each week at the service, which the nominated individual, the registered manager and senior staff attended. We looked at a copy of the minutes for compliance meetings held on 19 April and 4 May 2017. We saw that a range of topics had been discussed which included: the follow up to any concerns, complaints, changes in care packages, the number of quality checks completed, staffing and recruitment. The registered provider also held a monthly manager's meetings. It was clear from our discussions with the nominated individual that they knew people who used the service well and were able to describe people's individual needs.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

As part of their plans to continuously improve the service, the registered provider was in the process of introducing electronic call monitoring at the service. This records the actual time the care staff arrives and leaves a person's home. It allows the service to see if a member of care staff is delivering calls on time or they are running late.