

# Rotherham Metropolitan Borough Council

# Treefields Resource Centre

## Inspection report

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Rotherham  
South Yorkshire  
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Date of inspection visit:  
13 July 2017

Date of publication:  
23 August 2017

## 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

Treefields Resource Centre is a six bedded service providing respite care [short stay] to people with learning disabilities, on both a planned and short notice basis. It is within easy access of Rotherham town centre and Meadowhall shopping centre. Overall the service supports approximately 55 people with respite care over the year.

This unannounced inspection took place on 13 July 2017. The home was previously inspected in July 2015 when we rated it as 'Good'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Treefields' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service had a registered manager in post at the time of our inspection. 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.

On the day of our visit there were four people staying at the home. The people who agreed to speak with us said they enjoyed visiting the home and were very happy with the care and support they received during their stays.

Systems were in place to protect people from the risk of harm. Staff were knowledgeable about keeping people safe and were able to explain the procedures to follow should any concerns be raised. Risk assessments had been completed to help keep people safe and encourage their independence.

There was a stable staff team who knew the people who stayed at the home very well and provided individualised care and support. People were enabled to continue with their usual routines, such as attending day centres and taking part in their hobbies and interests.

There was a robust medication system in place which ensured people received their medications in a safe and timely way from staff who had been trained to carry out this role.

The recruitment system helped the employer make safer recruitment decisions when employing new staff. A structured induction programme was undertaken, which included staff completing essential training at the beginning of their employment. An on-going training and support programme ensured staff maintained and developed their knowledge and skills.

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 support this practice.

People received a well-balanced diet that they were involved in choosing, shopping for and helping to prepare.

People's assessed needs were checked and updated prior to each visit to Treefields, and this information was used to update their support plans. Care files provided detailed information about the areas people needed support in and reflected their abilities and preferences, which enabled staff to provide individualised care.

The provider had a complaints policy to guide people on how to raise concerns and there was a structured system in place for recording the detail and outcome of any concerns raised. This was also available in an easy to read version that used pictures to help people understand the process.

There was a system in place to enable people to share their opinion of the service provided. We also saw an audit system had been used to check if policies had been followed and the premises were safe and well maintained.

## 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 was caring.

Staff supported people in a caring, sociable and inclusive way. They interacted with people positively, while respecting their privacy, preferences and decisions.

Staff demonstrated a very good knowledge of the people they supported, whilst understanding the need to maintain their independence.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led

Since the last inspection a manager has been registered with the Care Quality Commission. They oversee the running of the home and are supported by a deputy manager who monitors the day to day running of the service.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. Action plans had been used to make sure any shortfalls were addressed and improvements made where needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

# Treefields Resource Centre

## 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 was planned to check whether the provider was 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.

The unannounced inspection took place on 13 July 2017 and was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We requested the views of professionals who may have visited the home, such as social workers and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were four people staying at Treefields. We asked each person if they would like to speak to us and two people agreed to share their experiences with us. We also spoke with three relatives and observed how staff supported people.

The registered manager was not present during our visit, but we spoke with the deputy manager, a senior care worker and three care workers to gain their views on how the service operated.

We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care and medication records, staff recruitment files, training and support records, audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt the home was a safe place to stay. Records demonstrated that there was a risk management system in place to help to keep people safe. This included clear guidance for staff about managing potential risks to people, as well as the general environment. For instance, we saw that following a visit from the fire office the fire risk assessment had been reviewed and updated. We also found each person had an individual fire evacuation plan. We saw fire safety had been discussed with people as part of the weekly meeting to ensure they knew how to react when the fire alarm went off. During our inspection the weekly fire test took place; this was then recorded to show systems were working.

Care files clearly highlighted potential risks to individual people and provided clear guidance on how to minimise the risk. For instance, in one file we saw it had been identified that certain things could trigger the person to exhibit behaviour that may challenge other people. The guidance provided to staff was easy to follow, identifying the triggers that may cause the behaviour and detailed what staff should do to manage situations. The staff we spoke with were all aware of this risk and the actions they should take to manage it.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training about safeguarding people and were knowledgeable about keeping people safe. There was a whistleblowing policy available which told staff how they could raise concerns outside the company if they felt their concerns were not being addressed internally. Staff we spoke with were aware of the policy and their role in reporting concerns. They felt any concerns raised would be swiftly actioned by the management team.

People's comments, our observations and the records we saw indicated there were enough staff available to meet people's needs. We found staffing was determined by the number of people staying at the home at any one time and what activities people required support with. The deputy manager told us they were supernumerary to the planned staffing numbers, but would fill in if there was a shortage of staff. One member of staff told us, "There are no issues [with the number of staff on duty]. Staffing is flexible to meet service user's needs, for example to go on trips."

There was a structured recruitment and selection process in place which checked potential staff were appropriate to work with vulnerable people. This included face to face interviews and undertaking pre-employment checks, such as written references and a criminal records check. The deputy manager told us new staff were not permitted to provide care until all relevant checks had been made and were satisfactory. Once appointed staff took part in a structured induction programme.

We looked at the arrangements in place for the administration and management of medicines and found that these were satisfactory. Medication was securely stored and there was a robust system in place to record all medicines going into and out of the home. This included staff counting each person's medicines on their admission and discharge. Prior to admission staff also checked if there had been any changes in people's medication so records could be amended. We found Medication Administration Records [MAR] were accurately completed and regular checks had been undertaken to make sure staff were following

company policies and best practice guidance.

Staff told us if people were able to be responsible for administering their own medicines this was encouraged. Although no-one was doing this at the time of our visit, staff explained how an assessment would be carried out on an individual basis to make sure the person was able to be responsible for their medicines. A lockable facility was available in each bedroom so medication could be stored securely.

We saw all staff who administered medication had received training on this topic, with refresher training being completed periodically. However, there was no formal system in place to check staffs on-going competency. The deputy manager said she would look into introducing a formal system to periodically check staffs medication competency as soon as possible.

# Is the service effective?

## Our findings

People were empowered to be involved in decision making and they felt safe and happy while they were staying at the home. The people we spoke with gave positive feedback about the home in general and how staff delivered support. Relatives also spoke positively about how staff communicated with them and supported people.

People were supported to maintain good health and to access healthcare services if required, while they were staying at the home. The deputy manager told us that most people who stayed at the service would not have any prearranged healthcare visits planned. However, staff would support people to access professionals such as their GP, optician or dentist as needed.

People described how they were fully involved in choosing the meals they wanted. We saw one person helping themselves to drinks and snacks, and people choosing what to have for their lunch. People described how they went food shopping with staff support. One person using the service said, "I go into the kitchen and choose what I want from the fridge, then staff help me make it." A relative told us their family member was very happy with the meals available, they added, "[Person using the service] chooses what he wants." Another relative commented, "The care staff encourage [person using service] to eat. He is quite a fussy eater so we were worried, but it's all been good."

We saw care records contained detailed information about people's individual likes and dislikes in relation to food, as well as any particular dietary needs. This helped staff to make sure they received the diet they needed and preferred.

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 support this practice. Care files contained evidence of people consenting to their care and being involved in decision making.

The deputy manager described to us how new staff completed a structured induction at the beginning of their employment. This included completing essential training and working alongside experienced staff until they were assessed as competent to work on their own. They told us it would also be assessed if new staff needed to complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they had access to a good training programme at either face to face sessions or using e-learning. Topics covered included health and safety, fire awareness, manual handling, the Mental Capacity Act 2005 and nutrition. We saw certificates in staff files to confirm these sessions had taken place. However, the overall training matrix had gaps so did not evidence all staff had completed the expected training. The deputy manager said she was working to improve the information recorded on the matrix and staff had been asked to provide evidence of completion of all training or redo the training. They said this subject was also being discussed in supervision sessions. A care worker confirmed they had received a list of training



they needed to refresh.

We also saw staff had access to specialist training and nationally recognised care awards. For instance, one member of staff said they had undertaken a three month coaching course which they said was aimed at helping people solve their own problems. They said this would be used to support staff, as well as people who stayed at the home. Another care worker said they were starting the 'autism gold award' in September, they added that they had already completed the bronze and silver awards. We also noted most staff had either successfully completed a nationally recognised care award, or were currently undertaking one.

Records also showed staff received periodic one to one support meetings and an annual appraisal of their work performance. Staff told us they felt they had received all the training and support they needed.

## Is the service caring?

### Our findings

The home had a relaxed and homely atmosphere with people going about their daily routines. People using the service told us staff were 'kind', 'friendly' and 'lovely'. One person said they stayed at the home quite often adding, "I love it at Treefields. I look forward to coming." A relative told us staff were helpful adding, "They have been very good with him [person using the service]."

Staff told us most people who stayed at the home had been doing so for a number of years so they knew a lot about each person's needs and preferences. We saw staff consistently supported people in a responsive manner while assisting them to go about their daily lives. They treated each person as an individual. People were asked what they wanted to do, giving them control over what and how things were done. Throughout our visit we saw staff encouraged people making their own decisions.

Although people only stayed at the home for a short period of time they were encouraged to bring their favourite things in with them, such as CD's and games. Staff told us each bedroom was equipped with a television and a CD/DVD player so they could spend time privately if they did not wish to sit in the communal lounge area.

People's preferences were detailed in their care files, along with information about what was important to them. The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs, likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences to a high standard.

Staff enabled people to be as independent as possible while providing support when required. We saw staff supporting people to access the community, unpack their case on arrival and prepare for going home. During all these staff were led by the person they were supporting, it was their choice what to do, how to do it and when.

We saw staff respected people's privacy and dignity by allowing them time on their own and valuing their opinions and preferences. People freely went to their room or out into the garden when they wanted to. Staff knocked on doors and waited for a reply before entering. One care worker described to us the importance of respecting people's privacy. They added, "I also remind clients about maintaining their dignity in front of other people, like when they are bathing or walking around the home."

The registered manager told us in the provider information return that the service had a 'Dignity Pledge' written and agreed by staff, which was also a fixed agenda item at all meetings. They told us the senior team and many other staff were dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They aim to promote care that is compassionate and person centred, as well as efficient, and are willing to try to do something to achieve this. The registered manager told us, "It is an expected culture throughout our service that customers are always treated with dignity and respect and that a person's individuality and privacy is respected. This is checked through observed practice and customer responses. Customer feedback consistently shows that

this is happening and that it is really important to, and appreciated by the customers." We also saw all staff had completed training in this subject.

Care files contained information about people's religious beliefs and staff said they would endeavour to support them continue to follow their usual practices. We also saw information regarding people's wishes should they die while staying at the home.

Relatives we spoke with told us staff welcomed people when they visited the service. Staff said as people's stays at the home were short they were often not visited, but they said there were no restrictions on times or lengths of visits.

We saw people were given information about how the home intended to operate, such as the complaints procedure and a service user's guide. These were also available in an easy read version with pictures to help people understand what was being explained.

## Is the service responsive?

### Our findings

People spoke positively about their stays at Treefields and described how staff supported them as they wished and responded to their preferences and changing needs. They told us staff were helpful and friendly, and when people asked for assistance we saw staff stopped what they were doing and offered support or guidance. On the day of our visit we also saw how staff were responsive to a request for an urgent respite stay, which they were able to accommodate. They checked if there had been any changes in the person's condition and arranged a time for them to come to the home.

Staff outlined how each person who stayed at the home had received a full assessment of their needs prior to their first stay. The deputy manager told us before staying overnight people would be invited to visit the home for a short time, for instance for a meal, so they could see if they liked it. This also gave staff the opportunity to assess if the home could meet their individual needs. They said this then progressed to an overnight stay; if this was successful a longer stay could be arranged.

Care file detailed the care and support each person required, as well as their preferences and daily routines. Support plans were person centred so they were tailored to meet people's specific needs. They clearly involved the people who used the service, as well as other people relevant to their care, such as family members. The files also contained information about people who were important to them and the activities they enjoyed taking part in. Information available provided a quick reference for staff on how they could best support the person and their preferred daily routines. We saw records were maintained about how people had spent their day, what they had enjoyed doing and any changes in their wellbeing.

We saw before each stay at Treefields a member of staff contacted the person's representative to establish if there had been any changes in the person's wellbeing, such as their needs, health or medication, or if they had any appointments or planned activities. This information was then used to update their support plans. We also found six monthly reviews had been routinely completed, which included family members, friends and professionals, as applicable.

People were encouraged to continue with any hobbies, interests, education and stimulation they would normally access at home and in the community. We saw activities were tailored to each person's individual preferences. For example, swimming, bowling, outings for pub meals and social clubs. Staff said people also participated in food shopping, cooking, cleaning and gardening. People told us they enjoyed the activities they took part in. One person said, "It's nice here. I've been to Parkgate shopping today and we sometimes go to the pub at night."

In the communal lounge and the conservatory we saw people had access to electronic games, jigsaws and books. The conservatory overlooked the garden and offered a comfortable place for people to sit and relax. On the day we visited it was very hot, but there was an air-conditioning unit available to ensure the room was not too warm.

The service had a complaints procedure which was available to people staying at and visiting the home, this

was also available in an easy to read pictorial format. We found when concerns had been raised these had been recorded, actioned and responded to in a timely way. We also saw a letter complimenting the staff for the support provided, as well as several thank you cards.

During our visit no-one raised any concerns or complaints with us, but they said if they were worried about anything they would feel able to talk to the staff. A relative commented, "I have no complaints, but I would feel comfortable voicing my opinion if necessary."

In the provider information return the registered manager described how people were consulted about their satisfaction with the service provided. They told us, "Once information is collated from customer surveys, the staff team meet up to discuss the way forward in response to the information gathered. Recent feedback has been around complaints and how to do this if needed." We found that following this feedback from people action had been taken to ensure everyone was familiar with the complaints procedure.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was not based at the home on a daily basis as she was also the registered manager at two of the provider's other homes. However, we were told she was supported by a deputy manager, who monitored the home on a daily basis and visited the home at least once or twice a week, as they were also covering the other two homes. Other team members included senior care workers, care workers and domestic staff.

The home was well organised and there was a good atmosphere present throughout our inspection. We saw staff knew what their roles and responsibilities were and carried them out appropriately. Staff told us the registered manager and her deputy were very approachable. They also confirmed they had easy access to policies and procedures and other relevant guidance.

People's comments indicated they were happy with the care and support provided, as well as the way the home was run. They told us they felt they could speak openly with staff about anything, and they would be listened to.

The provider had gained people's opinions through weekly meetings and an annual survey, as well as feedback given at care reviews. The outcomes from recent surveys were displayed in the reception area and the deputy manager said this information was also shared with people in the home's newsletter.

Staffs views were captured at staff meetings, one to one discussions and informally during the working day. Staff told us they could add topics for discussion to the staff meeting agenda and felt able to voice their opinions. We also saw the provider gained the views of staff in an annual survey. When we asked staff if there was anything they thought could be changed to make the home better, no-one identified anything they would change. One care worker said, "Not really, but ideally it would be nice to have more staff for outings." Another member of staff commented, "I think what we provide is very good. We can't improve on what we do."

Audits and checks had been consistently carried out to make sure policies and procedures had been followed. This included health and safety, dignity, care files, staffing and infection control. This enabled the provider to monitor how the service was operating and staffs' performance. Where areas were identified as needing improvement action plans had been put in place to address them.

We also saw checks were in place to ensure equipment and systems were in good working order. For instance, the maintenance repair log showed when faults had been reported they had been addressed in a timely manner. We also noted a buildings manager had carried out periodic audits to ensure the environment was safe, and routine checks on areas such as the electric wiring at the service had taken place. The deputy manager told us monthly buildings meetings were held which also involved staff from the providers other services. This enabled discussion about any concerns or changes needed.

During our inspection planning and following the inspection it was found that Rotherham Metropolitan District Council was not displaying the last Care Quality Commission [CQC] ratings for Treefields, or their other services, on their website. This is required under Regulation 20A: Requirements as to display of performance assessments. CQC policy on display of ratings indicates that providers must 'conspicuously' and 'legibly' display their CQC rating at their premises and on their website (if they have one) within 21 days of the latest report being published. Not doing so may result in a fine and may impact on future inspection ratings.

We highlighted this to the registered manager and the nominated individual for the service. They have told us they are already addressing this and all ratings will shortly be clearly displayed on their website.