

Castlehaven Care Limited

# High Trees Residential Home

## Inspection report

Hightrees  
Bull Lane  
Bishops Castle  
Shropshire  
SY9 5DA

Tel: 01588638580

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

High Trees is a residential care home which consists of two separate houses leading off a shared driveway. High Trees is registered to accommodate, between both houses, up to 16 people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 12 people living there.

The care service had not been developed or designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because High Trees provided accommodation for up to 16 people, some of whom were expected to use shared facilities including bathrooms and communal areas.

People's experience of using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and understood what to do to safely support people.

People received safe support with their medicines by staff who had received training and who had been assessed as competent. The provider had systems in place to respond to any medicine errors. The provider completed regular checks to ensure that people were receiving the right medicine at the right time.

Staff members followed effective infection prevention and control procedures. When risks to people's health and welfare were identified, the provider acted to minimise the likelihood of occurrence.

The provider supported staff in providing effective care for people through person-centred care planning, training, supervision. People were promptly referred to additional healthcare services when required.

People were supported to maintain a healthy diet and had choice regarding the food and drinks they consumed. The environment where people lived was well maintained and suited their individual needs and preferences. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age and gender and disability. People were supported to develop their independence and actively took part in decisions about where they lived.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider understood the requirements of their registration with the Care Quality Commission and was meeting the legal requirements. The provider had effective systems to monitor the quality of the service they provided and to drive improvements where needed. The provider had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection:

At the last inspection High Trees was rated 'Good' (Published 24 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection, 'Good.'

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# High Trees Residential Home

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type

High Trees 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 site visit took place on 17 April 2019 was unannounced.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is

required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with four people living at High Trees. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, team leader, two assistant team leaders, cook and two carers. Following the inspection site visit we spoke with one relative on the phone.

We reviewed a range of records. This included three people's care and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt safe and protected at High Trees. One person told us, "I am safe."
- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had systems in place to make appropriate notifications to the local authority to keep people safe.
- The environment and equipment were safe and well maintained. People had personal emergency evacuation plans in place, which contained details on how to safely support them at such times.

Assessing risk, safety monitoring and management.

- People's care plans contained detailed risk assessments linked to their support needs. These plans included details about people's individual medical conditions and how they were safely supported by staff. One person told us they felt reassured by these plans and with the staff members knowledge.
- We saw checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to ensure the firefighting equipment was maintained and in working order.
- We saw people were prompted by staff members to keep themselves safe. For example, we one person become unsteady on their feet whilst walking. A staff member saw this and supported them with advice and physical guidance.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and, if needed, retraining of staff members. We saw one staff member identify a potential dispensing error regarding one person's medicines and acted to correct this. This demonstrated their systems supported people safely and proactively.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.
- Medicines were safely stored in accordance with the recommended storage instructions.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses and which followed recognised best practice.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. The registered manager had oversight of any incidents, accidents or dangerous occurrences like trips or falls. They analysed such incidents to see if any additional actions were required. For example, referrals for additional healthcare assessment.



# 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.

Good: People's outcomes were consistently good, and feedback confirmed this.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Those we spoke with told us they were involved in developing their care and support plans which reflected the care they wanted. When it was required, people had specific assessments regarding identified areas of support like skin integrity and nutrition and hydration. We saw these were accurately scored and the care and support plans reflected these scores effectively support people.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them to retain their individual identities.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, food hygiene and infection prevention and control.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. One staff member said, "This was a good time as we could ask as many questions as we want. It was very supportive."
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care. In addition, the provider had also supported staff in obtaining other training provision. For example; diploma in health and social care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have enough to eat and drink to maintain their well-being.
- People were supported with specific diets associated with their specific needs. For example, food which was soft. We saw when someone needed assistance with eating, this was provided at a pace to suit the person.
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or Dietician for advice.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective communication to share important information with those involved in the continued care and support of people living at High Trees. For example; we saw detailed and accurate

records of visits to the GP and Psychologists involved in people's care and support. Staff members could tell us about the outcomes of such appointments indicating to us their systems were effective.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. This included access to district nurses, foot health, GP and dentists. People were referred for healthcare assessments promptly if required.
- Staff members we spoke with knew how to support people in the best way to meet their personal health outcomes.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People told us they had personalised their own rooms.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed, and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- All those we spoke with were complementary and spoke positively about the staff members who supported them. People described staff members as, "Good," "Great," and "Nice." One person said, "They (staff) are good. I like them."
- During this inspection we saw many incidents of kind and compassionate interactions between people and staff. We saw people and staff members talking about shared interests. For example, pets and their views on a local cat which visited the property. We saw people openly expressing their opinions with those supporting them.
- Staff members we spoke with talked about those they supported with fondness and compassion.
- As part of the care assessment process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.

Supporting people to express their views and be involved in making decisions about their care.

- We saw people were supported to be involved in making decisions about their care. For example, we saw people discussing what it was they wanted to do and where they wanted to go. Should someone not wish to engage in something alternatives were offered. We saw one person make a decision to relax rather than take part in something. This was supported and after a while a staff member returned to see if the person wanted to do something else which they did.
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities. For example, people had a choice of food at lunchtime. We saw one person decide they wanted something else which was provided. This person later told us, "I liked that, it was one of my favourites."

Respecting and promoting people's privacy, dignity and independence.

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. For example, we saw one person was employed in a setting where they could develop their individual skill of interaction with members of the public.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One person said, "I do what I want and they (staff) help me how I want."
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included what was important to them. This included people's individual preferences, health and welfare issues and the things they found important to them.
- We saw people's care and support plans were reviewed to account for any personal or health changes. For example, following one person's significant change in their health we saw their care and support plans were changed to reflect this. We spoke with staff members who confirmed their knowledge about the changes regarding this person. We later saw staff members supporting this person whilst following the guidance to best meet their needs.
- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, easy to read with picture prompts. Staff members knew how to effectively communicate with people. The management team were meeting the principles of the Accessible Information Standards. The team leader told us the specific elements of the Assessable Information Standards would be captured as part of people's individual reviews of their communication. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
- People told us they enjoyed the activities that they did which they also found interesting and stimulating. One person told us they hadn't decided what they wanted to do but said, "I may do some pottery which I like." We saw people taking part in vocational leisure activities which included working in a café and swimming.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- At the time of this inspection High Trees was not supporting anyone who was receiving end of life care. The team leader told us should someone approach the end of life then this would be assessed as part of their care and support planning. They would also seek the support of local GP and district nurse provision to provide additional assistance and guidance.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Everyone we spoke with told us, and we saw, they knew who the registered manager was. One person said, "I know [registered manager's name] they come in and chat." We saw the registered manager and members of the management team supporting people throughout this inspection.
- Staff members found the registered manager and management team to be supportive and approachable. There were systems in place for staff members to make their views and opinions known and staff felt their input was valued.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout this inspection. The registered manager understood the requirements of registration with the Care Quality Commission.
- The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at High Trees.

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

- We saw that people were involved in decisions about where they lived and the support they required. For example, people told us they were regularly involved in meetings about their home and they were all aware of the alterations that were currently underway. People told us about choosing the colours of their bedroom and the decoration in communal areas.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care.

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included, but were not limited to, checks on the environment the care and support people received.

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at a provider representation groups as well as regular updates regarding developments in health and social care practice.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.