

3 Trees Community Support Limited

3 Trees Respite (Westbury)

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 3 July 2018 and was an announced inspection. We gave notice because the service provides respite care for up to two people and we wanted to be sure the service was being used at the time of our inspection. This was the first inspection of the respite service, although the provider also operates an outreach service. People using the service have a learning difficult and/or autism and attend the service for regular days each week.

The accommodation is made up of two self-contained flats. One of these flats was in use at the time of our inspection. Four people used the service regularly at various times throughout the year.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People using the respite service receive accommodation and personal care as 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 provided safe care. Staffing was shared with the provider's outreach service. Safe numbers of staff were provided in accordance with people's assessed needs. People received support with their medicines where this was necessary. Staff liaised with families to ensure the right medicines were given at the right times.

The service was effective. Staff were aware of people's rights in line with the Mental Capacity Act 2005 and when necessary made decisions in their best interests. Staff worked with other health professionals when necessary to ensure people's health needs were met. People were supported nutritionally. There were kitchen facilities in each flat for meal and snack preparation.

People were supported by staff who were kind and caring. Due to the needs of the person being supported at the time of our inspection, we weren't able to observe care and support taking place. However, feedback from relatives was positive and they told us they were very happy with the service provided. One family member commented on how their relative's behaviour had improved since being involved with the service.

People were treated as individuals with their own unique needs and preferences. Staff worked closely and regularly with people so that they understood their likes and preferences and how they communicated. People were able to make complaints if they wished to and were supported to do so.

The service was well led. Senior staff worked closely with support staff and the people they supported. There was a collaborative approach between senior staff, staff and people being supported to identifying areas for

improvement and create strategic plans for the future of 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?

The service was safe. There were sufficient numbers of staff to meet people's needs.

Staff were aware of their responsibility to safeguard people from the risk of abuse and were confident about doing so.

There were risk assessments in place to guide staff in providing safe care and support.

The environment was clean and accommodation was deep cleaned on a monthly basis.

Good ●

Is the service effective?

The service was effective. People's rights were respected in line with the MCA.

Staff worked with other professionals where necessary to meet people's health needs.

Staff received training and support to enable them to carry out their roles effectively.

People's nutritional needs were met.

Good ●

Is the service caring?

The service was caring. Relatives told us they were happy with the care provided.

Staff worked closely with families to ensure people's needs were met whilst using the respite service.

Good ●

Is the service responsive?

The service was responsive. Staff understood people as individuals and knew their likes and preferences.

There were systems in place to manage and respond to complaints.

Good ●

People were supported to take part in activities and events outside of the service.

Is the service well-led?

The service was well led. Senior staff worked collaboratively with the whole staff team to identify areas for improvement.

There were systems in place to monitor the quality of the service provided.

Staff felt well supported and able to raise any issues they had.

Good ●

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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 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 3 July 2018. We gave short notice of the inspection so that we could be sure the service was in use when we visited.

The inspection was undertaken by one Inspector. Prior to the inspection we gathered all information available to us. This included the Provider Information Return (PIR). This is a form completed by the provider that gives key information about the service, what they are doing well and improvements they plan to make. We also looked at any notifications about the service. Notifications are information about specific events, the provider is required to tell us by law.

During the inspection, we viewed the respite accommodation. We spoke with eight members of staff, including support staff, senior staff and the registered manager. Following the inspection, we attempted to contact relatives of all four people who used the service and were able to speak with two. We contacted professionals involved with the service but received no feedback from them. We reviewed two care files and looked at other documents in relation to the running of the home such as audits, safety records and complaints.

Is the service safe?

Our findings

The service was safe. People were cared for in a secure environment with staff who understood how to minimise the risks associated with their care and keep them safe.

One relative mentioned they initially had some misgivings about the arrangements in place overnight to keep people safe in their flat. However, they had discussed this with staff and now felt reassured and confident that arrangements were robust. There were door sensors in place overnight so that staff would be aware that a person had woken up and left their room. The registered manager also told us how they had minimised the risks in the environment according to individual need. For example, by closing the kitchen overnight to minimise access to objects such as kitchen knives but making sure they still had access to drinks if they needed them. Plugs in the bathroom were also removed overnight to avoid the risk of flooding but allowing people to use the room when needed. This reflected a positive approach to risk taking that didn't create unnecessary restrictions in people's lives.

Staff were shared between the provider's outreach service and the respite service. Staffing levels were adapted to meet the individual's needs. For some, this meant 2:1 support in order to manage their complex needs. There were suitable arrangements during the recruitment process to check on people's suitability for the role. This included undertaking a Disclosure and Barring Service (DBS) check. The DBS identified people who are barred from working with vulnerable adults and whether they have any convictions that would affect their suitability for the role. Photographic identification was kept for staff and references were sought. We did note that for the staff files we reviewed, a personal reference had been sought alongside one from a previous employer. We discussed with the registered manager how the regulations require references where a person has previously worked in health and social care or with children. The registered manager told us they would ensure this was the case.

Staff understood their responsibility to safeguard people from the risk of abuse. Staff received training in this topic and knew where to find relevant policies and procedures if they required them. Staff gave examples of when they had raised concerns previously and confirmed that the issue was addressed by senior staff.

Medicines were stored carefully in people's flats. Given that people using the service were receiving respite care, families were responsible for preparing and providing their medicines in preparation for their stay. One relative told us how staff recorded the medicines that the person brought with them and signed to show what had been returned to the family. Staff checked the medicines against the person's medicine administration record. The service kept records to show what medicines the person was currently taking and what times they needed to be given. Staff signed a record sheet to confirm when medicines had been administered.

The premises were clean and fresh. The registered manager told us that staff were responsible for cleaning the accommodation between people staying at the service. The accommodation was also 'deep cleaned' on a monthly basis.

There was a system for reviewing incidents and accidents. These were reviewed by senior staff and gave opportunity for reflection on the incident and whether any steps were necessary to prevent recurrence.

There were individual evacuation plans in place for people so that staff would know how to support them in the event of emergency. Checks were also undertaken of the building and environment to ensure it was safe for people to stay in. This included for example, testing the water supply to minimise the risks of legionella. Fire drills took place periodically so that staff were prepared and knew what to do in the event of an emergency.

Is the service effective?

Our findings

The service was effective. One relative commented, "They're doing a very good job".

There was evidence to show that staff had an understanding of the Mental Capacity Act 2005 (MCA). The 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.

There was a member of staff with particular responsibility for ensuring capacity had been assessed and best interests decisions made where necessary. These were in place for example in relation to managing a person's finances. Not all capacity assessments had an associated decision made where it was found the person lacked capacity. We discussed this with the member of staff concerned who told us they would be discussing the issue at the person's next review meeting. If the decision was more urgent and involved an issue that was causing significant restrictions in the person's life, then the decision would be made sooner. We noted that in the respite accommodation, a door sensor was in place to alert staff when a person came out of their room. This was so that staff could take action to ensure they were safe. From discussion with the registered manager it was clear that thought had been given to the issue and it was being used to support people in the least restrictive way. However, consent to use door sensors had not been gained from people or a best interests decision made on their behalf. This is important so that any impact on the person is considered. The registered manager told us this would be addressed.

Staff received good training and support to enable them to undertake their roles effectively and develop their careers. One member of staff told us about the support they'd received to move in to a senior support role, commenting that it was "really really good". There was a senior member of staff responsible for overseeing the training programme and ensuring training was refreshed as necessary. When necessary, training could be adapted and tailored to the individual needs of people using the service. Staff also told us how they were able to arrange 'ad hoc' sessions with the trainer as necessary to refresh particular skills if they needed to.

There was a member of staff with expertise in managing behaviour and who was able to work with and support staff to implement strategies for individuals. Staff told us how successful and effective this had been in designing a behaviour plan for one person. One member of staff told us about an occasion when they had put the strategy in to action and it had worked well. A relative told us how their relative's behaviour had improved since using the service. The registered manager told us, and staff confirmed that physical restraint was only used if absolutely necessary and as a last resort. The registered manager told us that staff were trained in safe techniques to use if restraint was ever necessary. There were systems in place to reflect on how behaviour was managed to ensure it was always done safely and in the least restrictive way possible.

Staff worked with community health professionals to ensure people's health needs were met. For example, in one case staff had worked with the occupational therapist to develop sensory exercises. The therapists

advice had been incorporated in the support plan. Arrangements could be made for people to see a local GP if this was necessary during their time at respite.

People were supported nutritionally whilst staying at the service. Each of the flats had a kitchen area for people and staff to prepare meals and snacks. Staff told us how some people were able to prepare their own snacks. There was guidance in place for those people who were at risk of choking whilst eating their meals. This included encouraging the person to slow down whilst eating.

Is the service caring?

Our findings

The service was caring. People were supported by staff who were kind and caring. Feedback from relatives was positive; they told us staff treated people well and understood their needs. Comments included "They're doing a very good job", "My relative seems in a happier place". Another person told us their relative was "very happy".

Staff spoke warmly and positively about the people they supported. There was only one person using the service at the time of our inspection and due to their anxiety, we didn't observe any care taking place. However, staff told us about the ways in which they supported them and gave them privacy. We saw that when we visited the accommodation, the person was settled in their room and staff were giving them space and privacy by placing themselves in another part of the flat.

People were supported to be independent as far as they were able. For example, in people's care plans, the aspects of their personal care they were able to undertake independently were described. For one person, there was plans for them to move in to supported living accommodation in the future and so staff were supporting them with this. Staff told us for example, they would encourage the person to keep their flat tidy by taking plates back to the kitchen.

Staff worked closely with families to ensure people received the care they needed. One family member told us they had a communication book that was filled in at the end of each stay so that they knew what had happened over the course of their relative's stay.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. Relatives confirmed staff knew people well and understood their individual preferences for their care and support. All of the people using the respite service were known to the provider through their outreach service also. This meant people had continuity of care and support with staff who knew them and their families well. One relative commented, "They get to know my relative very well".

It was clear through speaking with staff that they had a clear understanding of people's support needs. One member of staff for example, spoke with us about the non verbal communication one person used. They told us that through spending a great deal of time with the person, they were able to understand them well and what different behaviours meant. Another member of staff told us about the places they took a person too, which worked well for them because they were quieter and reduced the risk of the person becoming anxious.

There were clear person centred support plans in place to guide staff in providing consistent support. These referred to a range of people's needs such as their communication needs, emotional wellbeing and behaviour. Plans contained details that acknowledged people as individuals with their own unique needs and preferences. For example, one person was described as not liking the sensation of rain on their hood so wouldn't use one in wet weather. In relation to behaviour, there was information about 'triggers' of challenging behaviours. Strategies were described in relation to how best support a person when they were in a situation that might cause anxiety. In one example, a person became worried around a particular animal. A phrase that staff could use to reassure the person at these times was set out in their support plan.

Care reviews took place periodically to check that the person's support continued to meet their needs and wishes. These were carried out by one of the directors of the organisation and were an opportunity for families to feedback their views and opinions.

There was a process in place for recording compliments and complaints about the service. We saw for example that a member of the public had noticed and commented on the positive conduct of staff when supporting a person in the community. Complaints were recorded online using an electronic system. Senior staff kept an overview of complaints and monitored whether they were being responded to according to their own policy. The provider also looked at the complaints to identify any common themes or trends in what was being highlighted.

The provider had made links with the local community and this benefitted people using the service. A member of staff from the provider was on the board of a local community centre. There were a number of activities taking place at the centre that people were able to take advantage of, such as basketball sessions and community lunches. People were also supported to go to places such as coffee shops and galleries so they could take advantage of what was offer in the local area.

Is the service well-led?

Our findings

The service was very well led. Senior staff were highly involved in the day to day running of the service which gave them first hand experience of how the service was working and any improvements that needed to be made. One of the directors for example told us they carried out service user reviews with people which gave them direct contact with people using the service and enabled them to hear first hand about the support they were receiving. Another senior member of staff told us how they liked to spend time informally with staff hearing about the service and any problems they were encountering.

There was a strong sense of inclusiveness within the staff team where staff were valued for the experience and insight they had. Senior staff actively sought the views of staff to help them create a plan of action for the service. The service had carried out a SWOT analysis; this is a model used by organisations to support and inform their strategic planning. The analysis looked at the strengths, weaknesses, opportunities and threats to the service. The senior staff carrying out this analysis told us they had involved staff in meetings to give their feedback and ideas. Some themes from these meetings had already been identified and these would feed in to the strategic plan, although some steps had already been taken to before the plan had been finalised. For example, staff had identified IT as an area where resources could be improved for team leaders; this was something that the provider was in the process of implementing.

Staff gave us examples of times when they had made suggestion to senior staff about improving the service people received. One member of staff told they had gone to a director with a particular suggestion about recording the way in which they worked with a person. They told us the director had been "very interested". Another member of staff told us they had made suggestions about how people's finances were managed and these had been successfully implemented.

There were good systems in place to communicate with the staff team. This included using technology to send messages and reach the whole staff team easily. A system called 'basecamp' was used for this purpose. The provider also produced a newsletter to communicate with families about developments within the service.

The provider had also involved staff in developing the company vision and values. It was clear that a lot of thought had gone in to ensuring these were right and had the support of the staff team. One example of how the provider had put their values in to practice was in how they addressed staff development needs. The provider told us that where staff performance needed to be addressed, they wanted to make this a collaborative process and as far as possible reduce the anxiety and stress that the process might cause. This linked to the company value of the service being 'enjoyable'.

Senior staff were involved in local forums and groups, which gave opportunity to network and share good practice with other providers. They told us they attended a care home forum and learning disability forum. They were also part of a group of providers in South Gloucestershire looking at the activities available for people with learning disabilities. The provider told us they were members of Care and Support West and attended their conferences, which had provided some good learning opportunities.

There were systems in place to monitor the quality of the service. Feedback was sought from people through the care plan review process and through the use of service user questionnaires. The service were in the process of implementing an internationally recognised quality management system used by businesses to improve their performance.