

## Priory Education Services Limited

# Tree Top View

### Inspection report

204 Longmeanygate  
Midge Hall  
Leyland  
Lancashire  
PR26 7TB

Tel: 01772458990

Date of inspection visit:  
17 December 2019  
30 December 2019

Date of publication:  
10 February 2020

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Tree Top View is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people between the ages of 18-65 with learning disabilities and autism. There are six ensuite bedrooms with shared communal space. There is a separate building adjacent to the main house that contains a small gym, an education room, laundry facilities and staff offices.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received an exceptional standard of person-centred care and support which enabled them to experience positive outcomes. This was because the service applied the principles and values of Registering the Right Support and other best practice guidance including Positive Behaviour Support (PBS). PBS is an approach used to understand the behaviour of an individual. It is based on an assessment of the social and physical environment in which the behaviour happens, includes the views of the individual and everyone involved, and uses this understanding to develop support that improves the quality of life for the person and others who are involved with them. These principles ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that include control, choice, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We received extremely positive feedback about the service people received, comments centred around how well the service was led, social inclusion and person-centred care. Relatives told us, "Tree Top View supports each [person] on an individual basis, and with person centred planning. The managers and experienced dedicated senior support staff build up a programme of activities that suits preferences as well as needs. Loved ones are fully supported by the service and parents are included throughout the personalised journey to discover the needs and likes of each resident, the result of which provides a safe, happy and stimulating environment for residents to live, learn and enjoy life in" and "Staff are kind, caring and have the right attitude."

Staff truly embraced a holistic approach to supporting people in a person-centred way by undertaking thorough assessments of their needs and taking time to understand their preferences, keeping them at the heart of all assessments. Staff received training by the organisation which was person-centred for their needs as well as of those they supported. Staff told us they were supported and the registered manager went over and above to ensure they were safe and happy at work.

The service was exceptionally managed by a team of skilled and co-ordinated staff. The registered manager invested in staff's professional growth to ensure in their absence the service continued to sustain outstanding outcomes for people. Stakeholders consistently told us about the positive changes to the culture and staffing since the registered manager took over. The registered manager was innovative around staffing and recruitment and they had undertaken a piece of work around agency staff consistency including agreed terms with agency providers for temporary to permanent employment, this ensured candidates were right for the job.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The senior management team were asked to participate in a steering group with local commissioners to share best practice around restrictive practices. Professionals told us staff were respected for their knowledge and commitment to PBS.

People had achieved significant and life changing positive outcomes since the last inspection. Staff genuinely cared for people and their relatives. There was a clear inclusive culture. Staff were passionate about making a difference to people's lives and helping them to achieve their goals and challenge their abilities.

People were protected from abuse and avoidable harm. Staff understood about positive risk taking, reporting risk. People's medicines were managed in a safe and person-centred way. The environment was clean and refurbishment plans had been approved to improve some areas of the environment.

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

#### Rating at last inspection

The last rating for this service was good (published 16 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Outstanding 

The service was exceptionally 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?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Tree Top View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by one inspector.

#### Service and service type

Tree Top View 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 members of staff including the registered manager, operations manager, the positive behavioural support practitioner, deputy manager, senior care workers, care workers, the house keeper and

skills for life co-ordinator. We observed the support people received to help us understand the experience of people who could not talk with us. We looked at secure online videos and photographic evidence of people engaging with activities and daily life skills. We reviewed a range of records. These included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with six relatives who provided feedback about the experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- Staff were knowledgeable about safeguarding procedures and understood the importance of whistleblowing. External professionals told us staff were, "Exceptional examples" and "Robust" in following safeguarding procedures.

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

- Staff protected people from the risk of avoidable harm.
- All grades of staff understood people's individual needs and their risk management plans. Staff developed people's care plans and risk assessments in-line with Positive Behaviour Support (PBS) and plans recorded clear consideration for positive risk taking to help people achieve an enriched life.
- The registered manager created a positive and open culture which allowed staff and relatives to feel involved in the assessment, monitoring and management of risk. A relative told us, "Tree Top View has provided [name] with a stable, safe environment in which to thrive with a great quality of life."
- Staff completed comprehensive accident and incident records. The senior management team analysed each incident and supported the staff team to develop new strategies to keep people safe.
- Staff carried out health and safety checks to ensure the premises were always safe. People had individual evacuation plans which guided staff on how to support them safely in case of emergency.

Staffing and recruitment

- Safe procedures were in place for the recruitment of staff.
- Staff and relatives consistently told us enough staff were deployed to support people in a person-centred way.

Using medicines safely

- Staff managed people's medicines in a safe and effective way.
- The registered manager had embedded an improved and robust system to ensure medicines were administered as prescribed. Staff administered medicines in pairs and this reduced the risk of an error being made.

Preventing and controlling infection

- Staff protected people from the risk of infection and cross contamination.
- The environment was clean.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff truly embraced a holistic approach to supporting people in a person-centred way by undertaking thorough assessments of their needs and taking time to understand people's preferences, keeping them at the heart of all assessments. One person had not been into the community for many years, staff worked closely with them to establish understanding of their needs and preferences. They used positive behavioural support and worked in partnership with them which established improved trust and belief that they could achieve a multitude of positive outcomes.
- Staff had an intrinsic knowledge of people's non-verbal communications and ensured their opinions and experience were shared to the wider group of professionals and relatives responsible for making decisions about their care and treatment.
- A professional told us, "Whenever I have requested information or arrange a meeting [staff] have been very attentive. I feel the team around [name] are doing an amazing job the fact [name] is still living at home and engaging in activities they are happy with, says it all."
- Staff were passionate about ensuring people did not miss out on opportunities to access health care services. We saw examples of staff working in partnership with other agencies to ensure people received the treatment they needed. For example, one person had podiatry treatment following intensive work with staff to gain their trust, this was a significant achievement which improved their quality of life.

Staff support: induction, training, skills and experience

- Staff received a high standard of training to ensure they had the skills and competence to support people in an effective way. There was an in-house PBS practitioner who worked closely with staff and people to ensure effective outcomes.
- We saw numerous examples where people's abilities and tolerance of everyday life had significantly improved in the last 12 months. This was because of the level of individualised training plans devised to ensure staff understood the most effective way to support people. Training was ongoing and due to the nature of people's complex and rapidly changing needs, often staff had to adapt to different strategies they had been trained in to ensure safe and effective care was provided.
- Staff told us, "We have a great skill mix between team members" and "The training is good and allows me to undertake my role safely. PBS is the guidelines we use and underpins everything we do."
- Staff were supported and listened to. Staff told us the registered manager cared about their well-being and went the extra mile to ensure they were happy and safe at work. The registered manager invested in staff's professional development to ensure in their absence the service continued to operate at a high

standard.

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

- Staff had built exceptional, trusting relationships with people and this allowed them access healthcare services. One person had attended a vital dental appointment which involved a significant amount of multi-professional planning and partnership working. This substantially reduced the risk of traumatic impact for the individual because staff understood their needs and effectively worked in partnership with external professionals.
- A professional told us, "I have found staff to be very responsive to our requirements and not afraid to be challenged or to challenge themselves in ensuring [name] lives a full and active life."
- Staff supported people to maintain physical activity, some people engaged in exercise classes in the gym studio. We saw great examples of staff encouraging people to live healthier lives by education and encouragement to remain active. A relative told us, "There is an emphasis on healthy living; I know [name] loves the gym sessions provided with a personalised routine." One person had a weight reduction plan which showed bespoke guidance for staff to follow when meal planning and guiding the individual to make good choices.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were passionate about supporting people in the least restrictive way. Staff were trained and competent in the assessment of mental capacity and demonstrated good knowledge about best practice ways to gain people's understanding by effective communication strategies.
- The provider had robust policies and procedures in place to ensure restraint, seclusion and segregation was used in a person-centred and lawful way. Staff received advanced training in supporting people who displayed heightened or aggressive behaviours and we saw evidence of clear risk assessment and DoLS records which outlined any restrictive practice authorisation.
- Staff engaged with external professionals and people's representatives during the best interest decision making process.

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

- Staff supported people to maintain a balanced diet and stay hydrated.
- We saw examples of people being supported to make choices about what to eat and drink. One person had made huge progress and was able to engage in basic cooking skills, we saw evidence of how this had a significant positive impact on their sense of self-worth and independence. Another person was supported to buy, prepare and cook foods inline with their religious preferences.

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

- The environment in some areas was in need of redecoration. The registered manager provided plans for

re-decoration which included consideration for impact on people who may become distressed with environmental change.

- Staff and relatives had supported people to create their own personalised space. The registered manager also told us some areas of the environment are to be refurbished, which included people's bedrooms and bathrooms.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Staff supported people in a kind, dignified and respectful way. Staff told us they had built positive relationships with the people they supported and their relatives.
- Relatives told us, "Staff are kind, caring and have the right attitude" and "Staff genuinely care, respect and love my [relative]."
- Staff were trained in equality and diversity. Staff embraced diversity and encouraged people to be in control of their lives as much as possible. Staff respected people's cultural and spiritual needs and ensured they received support in line with their cultural preferences.

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

- Staff encouraged and supported people and relatives to be involved in making decisions about their care. Staff worked closely with relatives to ensure they had regular updates and were able to feel consistently involved. The registered manager was passionate about working in the least restrictive way with people and their relatives to ensure partnership working.
- Staff worked with people in an exceptional way to promote effective communication. They used communication aids such as Picture Exchange Communication System (PECS). We observed staff kindly support one person to use and learn Makaton (a technique that uses symbols, signs and speech to enable people to communicate) when they responded to Makaton staff used praise and reassurance to emphasise this was effective communication.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and promoted their independence. Staff were passionate about making a difference and supporting people to go beyond their usual daily routines. People had achieved fantastic outcomes which showed their quality of life and levels of independence had significantly improved.
- A relative told us, "We feel completely at ease with the care and support [name] receives at Tree Top View and we have complete trust in the staff and management there to provide [name] with everything they need to have a healthy and happy life."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives were extremely complimentary about the high standard of personalised care people received. Comments included, "Tree Top View supports each [person] on an individual basis, and with person centred planning. The managers and experienced dedicated senior support staff build up a programme of activities that suits preferences as well as needs. Loved ones are fully supported by the service and parents are included throughout the personalised journey to discover the needs and likes of each resident [person who used the service], the result of which provides a safe, happy and stimulating environment for residents to live, learn and enjoy life in."
- Staff supported people in an exceptionally person-centred way. Each person had a tailored care plan which had been developed with the person, staff, relatives and external professionals. Care plans were structured around PBS, what people could do as well as positive outcomes.
- We saw examples of exceptional person-centred support which enabled people with expected limited outcomes in life, to achieve huge milestones. One person had recovered from a serious and life-threatening injury caused by distressed behaviours. Their recovery was as a result of specialised support from staff who took the time to learn and develop positive ways to support them. Staff supported people at times of relapse or deterioration in their well-being, to reassure them of ways forward.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were innovative and passionate about supporting people to engage in activities, to enrich their lives. We saw examples of positive risk taking and staff were confident to challenge historical limitations on people's participation in community engagement. Staff supported people to make significant achievements and overcome their fears or anxieties through holistic and person-centred approaches. A relative told us, "[Staff] come up with new ideas about how to support [name] and get the best out of them."
- Relatives told us staff understood the importance of family connections and maintaining relationships. Staff supported people to visit their relatives and have time with them to socialise. A relative told us, "We invite the care staff to come to our family home, this is an 'us' situation, everything and everyone is inclusive." Another relative told us, "Staff are good at communicating with us. They know our expectations and the importance of being close to [name]."
- Peoples care records held clear information about people's preferences, abilities and interests. Each person had a care document which showed their family tree, pictures of their growing up timeline, and what is important to me information.
- Staff used innovative technology to keep in touch with people's relatives and share their experiences by

video footage and photographs on a secure online system. We looked at some examples and saw evidence of fantastic outcomes for people. For example, how people had learnt new life skills, committed to a new interest or hobby and accessed the wider community.

- People accessed educational lessons at the service in a dedicated classroom. We observed one person being supported during a mathematics lesson, staff encouraged them to learn and gain confidence in their skills. A relative told us, "[Name] is provided with learning opportunities, not only in life skills but also educational ones. [Name] is stimulated through learning sessions which are individual and personalised to provide them with the cognitive stimulation [name] thrives on."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had complex communication needs, we saw staff had developed individual ways to promote effective communication. People's support plans showed clear information about how to engage with the person including specific language, words and sounds. We observed staff follow people's plans and engage with them in a person-centred way.

- Staff maintained a low stimulus environment to help people process their preferred format of communication. Staff supported one person to quietly eat their breakfast and did not disturb them with unnecessary conversation, staff clearly understood that this was the best way to allow the individual to concentrate and they acknowledged conversation would possibly overstimulate and distract them.

- Staff used a wide range of person-centred accessible information to promote effective communication. Each person had a clear care plan which outlined how best to communicate with them in different situations and environments. One person had a complex visual impairment, staff understood their abilities and told us about ways they supported them to encourage independence.

#### Improving care quality in response to complaints or concerns

- The registered manager was very responsive to people's complaints and concerns. They worked in partnership with all stakeholders and demonstrated understanding of the importance to listen to and act on people's experience.

- Relatives told us, "The manager and senior team are exceptional at listening to our concerns and ideas" and "The service is well led by [registered manager], who is approachable, enthusiastic, caring and has an open-door policy."

#### End of life care and support

- There was a person-centred approach to end of life care and support. Information about people's end of life preferences was tailored around their individual situation. Staff respected people's beliefs and wishes and explored these when possible. One person had expressed specific beliefs about what death meant to them, staff worked with them using communication aids to establish their wishes in relation to spirituality and death.

- The registered manager told us about ways they intended to work with people's relatives to effectively communicate the importance of having end of life care and support discussions when the time was right. This was a piece of work on-going at the time of the inspection.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Feedback from stakeholders consistently told us people and their relatives were at the centre of the service. The registered manager's passion to ensure people received outstanding care and support was embedded throughout the staff team. A relative told us, "[Name] is supported by people who really care and embrace us all as a family."
- Staff were passionate about inclusivity for people with autism and learning disabilities, this formed a positive culture which centred around supporting people to achieve positive outcomes and challenge their limitations. We saw this culture had significantly improved people's quality of life and continued to encourage people to achieve their goals and aspirations. For example, staff worked with people and their families to develop more positive outcomes during their visits and challenge what previous had been accepted as a limit to the individual's abilities. One person engaged in activities in the community which allowed them to experience age appropriate outcomes including building relationships with peers.
- The registered manager created a culture which developed staff's understanding of their role and responsibilities which essentially supported them to provide effective care. Staff told us they were encouraged to be autonomous and staff were confident they could maintain the improvements made.
- The managing director and operations director rolled out a 'positive culture' roadshow which outlined the organisations expectations, aims and achievements in the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and exceptional at carrying out their role and legal responsibilities. We received regular updates from the registered manager and they were very effective at sharing information with all stakeholders.
- Relative's and professionals consistently provided positive feedback about how the service was led. For example, "Management is well organised, providing an open-door policy for parents and together we form what I consider is an essential partnership to provide [name] with everything they need."

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

- There was a superb approach to partnership working embedded throughout the service. People's care plans showed how a multi-disciplinary approach to people's care ensured improved outcomes. One

person's multi-disciplinary team comprised of multiple high-level professionals who met on a regular basis with staff to discuss the person's care plan and associated risks. Professionals told us staff were 'exceptional' at communicating any changes.

- Dedicated and skilled staff worked closely with people to promote their independence. One person's individual risk had substantially reduced with effective PBS, this meant they were able to access the community on a frequent basis, allowing them to carry out spiritual activities. Staff worked with relatives to improve their understanding about their relative's needs. Examples included, epilepsy training and bespoke behavioural management.
- The registered manager ensured continuous learning to improve the service. They had robust quality monitoring systems to assess and monitor the quality of the service. Staff were highly driven to provide the best care for people.
- Staff survey results showed job satisfaction increased from 46% in 2018 to 85% in 2019. This was after the registered manager came into post. 90% of staff said they were proud to work at the service.
- The senior management team were involved in a task group with commissioners to improve the way restrictive practice is monitored throughout other health and social care environments. An external professional told us the provider was asked to participate in the task group because they were highly respected for providing effective support for people in the least restrictive way through use of PBS.