

Devon County Council

New Treetops

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

This unannounced comprehensive inspection took place on 8 April 2018 and was carried out by one adult social care inspector. We last inspected this home on 27 October 2015 when it was rated as 'Good' overall and in every key question.

New Treetops is a 'care home'. People in care homes receive accommodation and nursing or 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. New Treetops provides respite accommodation and personal care for up to six adults at a time who have learning disabilities. Nursing care is not provided by staff at New Treetops. This is provided by the community nursing service. At the time of this inspection there were five people staying at the home.

The service had a registered manager. 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.' The registered manager also managed another care home run by the provider and shared their work week between the two homes.

At our last inspection in October 2015 we rated the service good. At this inspection in April 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Although the care service had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published, it followed these values and principles. These values related to people with learning disabilities using the service living as ordinary a life as any citizen. They achieved this by promoting enablement, independence, choice and inclusion. They demonstrated how they delivered person-centred care and how they ensured people had easy access to the local community.

New Treetops provided people with learning disabilities and physical health needs with respite care in the mornings, evenings and weekends. During the day in the week people attended day services and New Treetops was closed. At the time of our inspection five people were staying in the service on respite. We inspected on a Sunday and therefore people were there for the entire day, although one person went back to their own home during the day. People's level of need was varied, with some people being independently mobile and others needing support to mobilise.

Staff treated people with kindness and respect. The atmosphere at the home was jovial with people clearly enjoying staff's company. Staff knew people's preferences and communicated with people using their

preferred methods of communication, such as signing. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People who stayed in New Treetops were protected from risks relating to possible abuse, to their needs and their health conditions. Staff knew how to recognise possible signs of abuse. Staff had assessed individual risks to people and had taken action to minimise these. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisals.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able.

There was open and effective management at New Treetops. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below

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 remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

New Treetops

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 comprehensive inspection took place on 8 April 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the service, including notifications of events the service is required by law to send us.

Most of the people who were staying in New Treetops were unable to talk to us about their experience. We spent time with everyone staying in the home but did not conduct a SOFI during our inspection. As people were enjoying our presence and the activities staff were engaging them in, it was not appropriate to undertake a SOFI. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. We did, however, use the principles of SOFI when conducting observations around the home.

We looked around the home, spent time with people in the lounge, the kitchen, and looked at people's rooms with their permission. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime meal periods. We spent time observing how people who were staying in the home were supported by staff. We spoke with one relative and three members of staff. Following the inspection we received communication and further documentation from the registered manager who was not present during the inspection. We received feedback from one external healthcare professional.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed information about staff recruitment processes and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

Is the service safe?

Our findings

The home continued to provide safe care. Where people were unable to tell us whether they felt safe, we observed people's interactions with staff. We saw people spending time with staff, reaching out to them with affection, smiling and looking comfortable in their presence. This indicated to us that people felt safe in staff's company. One relative said of their loved one: "I know she's safe."

Risks to people had been assessed and were safely managed. Where required specialist advice had been sought in order to provide staff with guidance on how to minimise risks to people. For example, where one person had a technical piece of equipment designed to manage their epilepsy, staff had sought guidance and training on how to use this. Plans and risk assessments had been created and staff had been provided with clear guidance to follow in order to keep this person safe.

People were protected from risks relating to the management of medicines. All the people at the home at the time of our inspection needed help from staff to take their medicines. Staff had received training in medicine management and received regular competency checks from management. Regular medicine checks were carried out along with medicine audits.

Accidents and incidents were recorded and where these had taken place, the care officers, the assistant manager and the registered manager had discussed these and taken action in order to ensure they did not reoccur. For example, where people experienced seizures relating to their epilepsy diagnosis, action was taken in line with specialist guidance. Staff had responded to these incidents immediately, had followed guidance, and had ensured they completed records in order to help identify possible triggers and patterns. This helped ensure people's epilepsy profiles were highly detailed and accurate.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it.

Staffing numbers were suitable to meet people's needs and recruitment practices at the home helped ensure that, as far as possible, only suitable staff were employed. The registered manager confirmed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. Where people required one to one support from staff this was provided.

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal

emergency evacuation plan in place. Clear information was kept of who was staying at the home at any given time in order to have accurate information in the event of an emergency, such as a fire. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People were supported by staff who knew them well and had the skills to meet their needs. One relative said of their loved one: "All her needs are met; they know her well and can communicate with her. They're really on the ball." One healthcare professional said "The service is well equipped to meet my client's needs. I would have no hesitation in recommending this service from my experience of them."

During our inspection it was clear staff knew people well and could comfortably and easily communicate with them. One member of staff said "We get lots of information from parents and previous services to get as much info about people and how they communicate." Care plans contained detailed information about how best to communicate with people and how to use body language, signs and interpretation to best understand people. We saw staff demonstrated a clear knowledge of this when speaking with people. For example, we saw one person making a sign the staff immediately identified as them wanting a milkshake. Staff went to fetch the person two different flavours of milkshake to choose from, which they did by pointing at the one they wanted.

Staff had undertaken training in areas which included, fire safety, infection control, safe handling and administration of medicines, Mental Capacity Act 2005, safeguarding adults, food and drink. Staff also undertook training which was tailored to the people they supported, including; dementia awareness, epilepsy awareness, dysphagia, behaviours and communication. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. Comments from staff members included "The training is brilliant here", "We get offered training all the time" and "We're lucky, if someone comes in with something like a peg (Percutaneous endoscopic gastrostomy) we all get trained on it immediately."

Staff received regular supervisions and regular appraisals. During supervision staff had the opportunity to sit down in a one to one session with the manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs. One member of staff said "Supervisions are always done. We do feel supported."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had undertaken training in the MCA. Staff and records demonstrated an understanding of the MCA's principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the

decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, where one person had been assessed as lacking capacity to make certain decisions, best interest decisions had been made for them. These decisions included the use of bed rails, giving staff permission to administer their medicines, the use of an epilepsy monitor and the use of a belt when using their wheelchair. These decisions had been identified as being the least restrictive options for the person whilst also ensuring the person was safe. This helped to ensure the person's rights were respected where they were unable to make a decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had made the appropriate DoLS applications to the local authority. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were supported to have enough to eat and drink. People had free access to the kitchen and could choose what they wanted to eat. People were supported to eat in personalised ways which met their needs. People were provided with the meals they wanted, for instance, one person wanted a vegetarian meal and therefore the staff went with this person to the freezer to choose the meal they would have for lunch. The person chose cauliflower cheese bakes which they enjoyed with roast vegetables. Others had roast pork with roast vegetables. Everyone clearly enjoyed their meals. Staff encouraged people to eat with gentle persuasion, encouragement and praise.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care.

Is the service caring?

Our findings

The service continued to be caring.

Throughout our inspection we saw people smiling, laughing, enjoying jokes and physical affection with staff. People reached out towards staff when they walked past and enjoyed their company. The atmosphere at the home was warm and welcoming and a relative told us they were welcome to come any time they wanted and always felt comfortable. One relative said "The staff are friendly and lovely. They spoil her."

The staff made comments to us which demonstrated how much they cared for the people who stayed in New Treetops, enjoyed their personalities and individual attributes. Comments from staff included; "She's so jolly and just so lovely", "It's so lovely to get to spend time with them. Their personalities are amazing" and "She has such a gentle, lovely nature."

People's care plans showed they were as involved as possible in decisions about how they wanted to live their lives and the time they spent at New Treetops. These contained information about what people enjoyed doing, what they cared about and what they did not like very much and wanted to avoid. This helped staff develop a clear picture of people and how to best support them in the ways that met their preferences as well as their needs. Staff worked hard to ensure people were as happy and comfortable as possible. For example, one person disliked having their hair washed and brushed. Staff had identified this in the person's care plan and had suggested singing the person's favourite song with them whilst performing this activity in order to relax them. The person responded well to this which reduced the unpleasantness of the experience for them.

Staff had regular contact with people's families in order to strengthen their knowledge about people and their preferred daily routines. Where people had specific routines they wanted followed, these were detailed within their care plans and staff worked hard to ensure these were followed. This enabled people to feel at their best and in control.

Staff understood the importance of involving people in activities and increasing their independence. During our inspection we observed positive interactions between staff and people. Staff supported people to get involved in every aspect of their care and were encouraged to be as independent as possible. For example, where one person was being supported to play a puzzle game, staff encouraged them to complete as much of it themselves as possible. This was done with praise and encouragement. Once the person had enough of the game they were encouraged to pack it away themselves. The staff then praised this person for this complete activity and the person was clearly happy about their achievement.

One person's care plan read: '(Name of person) is very friendly and enthusiastic, has a lovely smile, a charmingly polite manner and a sunny disposition. Enjoys helping staff and it can increase self-esteem and reduce anxiety.' During our inspection we saw staff supporting this person to help in the kitchen prepare the meal, helping to lay the table and helping staff with other tasks around the home. It was evident the person enjoyed this as they kept smiling and laughing.

Staff valued people's privacy and respected people's dignity. This was confirmed by our observations, by the relative we spoke with and by people's care plans. Care plans contained clear instructions for staff to follow in order to best ensure people's privacy and dignity was respected.

Staff told us how they cared deeply for the people who stayed at the service and were deeply moved when people passed away. They told us that whenever a person sadly passed away, they would purchase a memento for the home or the garden which reminded them of the person. This way, they told us, they thought of them every time they saw it. When a person had recently passed away, the staff had purchased a memento for the home but also sent a memento to the person's family with a card detailing how much the person would be missed. We saw a card had been sent from the person's family thanking the staff at the service for the kindness they had provided when caring for their loved one and the thoughtfulness of the gift.

Is the service responsive?

Our findings

The service continued to be responsive.

The people who were staying at New Treetops at the time of our inspection had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were highly detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Some people communicate using words and signs and others preferred to use pictures. Staff told us they knew how best to communicate with people in their chosen form and we saw staff using signs to communicate with one person where this was their preferred format.

The recording of daily records showed regular routines and daily activities that staff supported. They clearly reflected the mood of the person as well as the choices for each day, including any changes to their plans for the day. People had access to activities that met their social care needs. During our inspection we saw people were supported to play skittles, play with puzzle games, play dominoes, watch entertainment programmes and have one to one time with staff. The service was only provided in the morning and in the evenings during week days and people all attended day services during the day. Staffing numbers did not allow for people to go out very often during the weekend but staff used the resources available to ensure people were stimulated and enjoyed themselves within the home.

The registered manager explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. We saw minutes from the most recent meeting and saw people were shown pictures of activities and where people were unable to communicate verbally; staff had observed their facial expressions and noted these in order to obtain their views.

A complaints policy was in place at the home. People were supported by staff to raise complaints should they wish to. Where people made complaints or made suggestions these had been acted on. For example, where one person's relative had asked staff not to use spray deodorant on their relation but instead roll on deodorant. This was organised and added to their care plan.

Is the service well-led?

Our findings

The service continued to be well led.

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.

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us that they could approach the registered manager about any issues and that everyone worked openly together. Staff said they had regular staff meetings where issues were discussed including any changes in policies or procedures. All staff felt that they were able to speak openly and able to make suggestions about any matters. This showed us that staff had a voice in the organisation and in any new developments.

People, relatives, staff and healthcare professionals were asked for their feedback in order to improve the service provided. People were encouraged to share their views and were supported to provide regular feedback in the form of 'service user meetings'. These were adapted to meet people's specific communication needs. Relatives were also asked to complete regular surveys and were asked for feedback regularly.

People benefited from a good standard of care because New Treetops had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

Following a recent fire safety inspection New Treetops had undergone a number of improvements which demonstrated responsiveness to feedback and safety issues.

The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.