Tamarind Care Limited

Tree Tops

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?	**Requires Improvement**

Overall summary

This inspection took place on 11 November 2014 and was unannounced.

At our last inspection in September 2013 the provider met the regulations we inspected.

Tree Tops provides accommodation and personal care for up to ten adults with learning disabilities some of whom also have physical disabilities and/or sensory impairment. Accommodation is provided over three floors with lift access. The service is suitably designed for people who use wheelchairs. On the day of the inspection there were eight people using the service.

There was a registered manager in post who had worked in the service since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider carried out regular audits to monitor the quality of the service and to plan improvements. However, action plans were not used effectively to

Summary of findings

monitor whether necessary changes had been made. There were also no arrangements to capture the views of people who used the service, their relatives and external professionals involved with the service. This meant they did not have formal opportunities to influence service improvement and the way Tree Tops was run.

There were positive interactions between staff and people who used the service. People were offered choices, supported to feel involved and staff knew how they should respond to their communication styles or body language. People were relaxed and comfortable in the company of staff.

People's needs were assessed, monitored and reviewed. Care plans and risk assessments were followed which ensured that people received the care and support they required. We saw that these were regularly reviewed to ensure the care was current and relevant to people's needs. People were provided with a range of activities in and outside the service which met their individual needs and interests.

Where people did not have the capacity to consent, care was provided in their best interests. A wide range of health and social care professionals were involved in people's care. Others close to them, such as their family members, were also involved.

Staff recruitment procedures helped ensure that people were protected from unsafe care. There were enough staff to provide the level of care and support each person needed. Staff received regular training and management support to meet people's needs.

Tree Tops was undergoing refurbishment and redecoration. We found the service was clean, safely maintained and furnished to comfortable standards. Consideration had been given to the needs of people with physical and sensory disabilities and they were provided with specialist equipment to promote their independence and meet their assessed needs.

People were treated with respect and dignity. Staff showed patience and gave encouragement when supporting people. They were knowledgeable about the care needs of people using the service and the ways in which individuals liked to be supported.

People were supported to keep healthy. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to social and health care professionals to help keep them safe and well.

There was an open and inclusive atmosphere in Tree Tops and the manager led by example. Staff felt well supported and able to discuss any issues openly with the manager. Health and social care professionals told us the registered manager worked with them to implement their recommendations to improve the service.

Summary of findings

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. Staff were aware of risks relating to people's care needs. Procedures were in place which helped to ensure people were safe, for example when receiving support with their mobility.

Staff understood their responsibilities in relation to safeguarding people from abuse and harm.

The environment was safe and maintenance took place when needed. The service was undergoing refurbishment which was managed in a structured way to reduce risks to people.

There were enough staff to support people's needs and safe recruitment procedures were followed.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective. Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

The environment was designed and equipped with physical aids and adaptations that people needed.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way and supported their dignity.

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

Summary of findings

Is the service responsive?

Good 

The service was responsive. People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded quickly when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Requires Improvement 

Some aspects of the service were not well-led. The systems for monitoring the quality of care and support people received needed developing. There were no arrangements for obtaining feedback from people using the service and their representatives.

There was a registered manager and people and staff spoke positively about them and how the service was run.

The service promoted an open, fair and transparent culture. Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

Tree Tops

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 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.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and outcomes, information from the local authority and the provider information return (PIR). The PIR 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.

This inspection took place on 11 November 2014 and was unannounced.

The inspection was carried out by two inspectors. During our visit we spoke with two people using the service, five members of staff, the registered manager and one visiting healthcare professional. Due to their complex needs, other people living at Tree Tops were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We looked at four people's care plans. We checked three staff files and the records kept for staff allocation. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed.

Following our inspection visit, the manager sent us some information about a refurbishment plan, staff training and recent quality assurance visits undertaken by the provider. We also spoke with two relatives of people using the service and a speech and language therapist. They agreed for us to use their feedback and comments in our inspection report.

Good

Is the service safe?

Our findings

People who were able to talk with us said they felt safe living at Tree Tops. Staff understood their responsibilities in keeping people safe from harm and knew who to contact if they had concerns. One member of staff explained that people's body language and behaviour would tell them if there was something wrong. Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. Staff told us that they had received safeguarding training and we saw records to support this. Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary. Prior to our inspection we were informed about a safeguarding incident and the investigation outcome had not been concluded at the time of our visit. We found the service had co-operated with the investigation and taken action to review or improve practice as needed. For example, more checks were carried out on environmental safety and staff told us they undertook further observations of people throughout the day and night.

Records showed that any risks to people had been assessed and kept under review. The assessments were personalised and covered risks that staff needed to be aware of to help keep people safe. These included moving and handling, accessing the community and mobility and falls. One assessment noted that the person should be supported using their wheel chair outside and another record stated that the person should be encouraged to keep their room free of obstacles. Staff also showed an understanding of the risks people faced. One explained that a person was at risk of choking and they made sure the person was sitting correctly when eating. They said another person had a mattress on the floor by their bed because they were at risk of falling out of it at night.

Regular health and safety checks were carried out on all aspects of the premises and equipment which contributed to people's safety. This included appropriate maintenance contracts concerning fire, gas and electrical safety. Servicing and routine maintenance records were up to date and evidenced that equipment was regularly checked and safe for people to use. This included maintenance checks on wheelchair safety, the lift, hoists and adapted baths. Visual checks were carried out on moving and handling equipment such as slings. The service was undergoing major refurbishment throughout the building and there was a written plan to support this. Redecoration was planned in stages to minimise disruption to people using the service. On the day of the inspection building works were being carried out. We saw various items of broken furniture, carpets and tiles discarded in the rear garden. The manager explained that the garden was temporarily out of bounds to people while the building works were taking place. We asked the manager to carry out a risk assessment in relation to this which she agreed to do.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call management support was always available. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. There was an up to date fire risk assessment for the home and practice evacuation drills were regularly held involving both people using the service and staff. People had specific risk plans on how staff should support them to leave the building in the event of a fire.

People received appropriate staff support to meet their needs. They did not have to wait for attention and staff responded promptly when people needed assistance. Staff told us there was enough of them to meet people's needs and said they did not feel under pressure. Staff allocation records showed that staff support was planned flexibly. During the day there were a minimum of three staff with one member of staff working a mid-shift where a person required one to one support with activities or appointments. At night, there were two members of staff available. Rotas showed staffing levels were consistently maintained and changes were recorded where staff cover was needed. The service was in the process of recruiting five staff, including a deputy manager. To cover the vacancies and maintain consistency of care for people, regular agency staff worked in the home.

Staff records showed that a six month probation period had to be passed before they were confirmed in a permanent post. Criminal record checks and two references were evident in the staff files we looked at. There were recruitment policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

Each person had a care plan about the medicines they were prescribed. The plan explained what people's

Good

Is the service safe?

medicines were for and how they were to be administered. The information was written in a person centred way. For example one person's stated, "I take my medication with a glass of water, but occasionally I may refuse water, please give me weak squash instead." Where people needed medicines 'as required' or only at certain times, there were individual guidelines about the circumstances and frequency they should be given. Protocols were in place for people who did not have the capacity to agree to, or understand the purpose of their prescribed medicines. The protocols had been agreed and signed in people's best interests by healthcare professionals, such as their GP.

All medicines were stored securely in a locked cabinet. The manager and four members of staff had completed training in the safe handling of medicines. One member of staff was undertaking a distance learning course at college. The manager told us she had plans to assess staff's practical competency in administering medicines by the end of December 2014.

We checked the medicines for two people which corresponded with their Medication Administration Records. The records were up to date although there were two gaps in the signatures for administration for one person. We found that the person had received their medicines and identified this was a recording error. The manager acknowledged that further checks were needed and showed us an audit form they had prepared for introduction the following month. They also told us that the service had recently changed its pharmacy supplier and they were due to carry out a full audit of medicines.

The service had an up to date policy for the safe management of medicines. A copy of the Royal Pharmaceutical guidelines for the handling of medicines in social care was also available for staff to reference. We told the manager about guidelines issued by the National Institute for Health and Care Excellence (NICE) in March 2014 for managing medicines in care homes. The manager agreed to obtain a copy and share information with staff.

Good

Is the service effective?

Our findings

Records showed that new employees had completed an induction programme which involved shadowing shifts with an experienced staff. Staff said that training was regularly available and records in their personnel files supported this. They told us they received the training they needed to care for people and meet their assessed needs. Staff gave examples of training they had undertaken. This included training on epilepsy, nutrition and hydration, using hoists and caring for people with sensory needs. Staff undertook practical training sessions on moving and handling so they knew how to move people safely and comfortably. There was no overall record of staff training at the time of our inspection. Following our visit, the manager sent us a prepared spread sheet record which would enable them to monitor the training staff received and ensure they were up to date.

Staff told us supervisions took place every six weeks and we saw records to support this. Staff felt supported and able to discuss any important issues with the manager at any time. They said they also talked about their training needs and personal development. Yearly appraisals of work performance were held with staff and the manager was in the process of reviewing these.

Staff understood the importance of gaining consent. Throughout our inspection staff always sought people's permission before carrying out any care or support. Policies and guidance were available to staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. The manager had assessed whether any people would need applications made to deprive them of their liberty. We saw applications and emails from the local authority DoLS team showing that the manager had been in contact with them. Staff confirmed that none of the people using the service had their freedom restricted. One staff member said, “They [people using service] are free to go out when they want, we just need to make sure they are safe.” Staff had not received DoLS training, but told us that training was scheduled to take place in a couple of weeks. We saw records to support this.

People were supported with their nutritional needs. Where people required physical support from staff to eat, this was provided in a dignified and unhurried manner. The staff worked at each person's pace, paused as necessary, and talked and engaged with people throughout their meal. People had appropriate aids to promote their independence such as adapted cups, plate guards and grip handled cutlery. We heard care staff telling people what the food was and chatting to the people they were assisting. One staff member served the dessert and showed people a choice of ice cream or cream.

Staff showed us pictures of meals they used to let people know what was available and help them to have some choice when menus were being planned. Staff said people who could not verbalise or indicate choices through pictures were not always given a choice over food. They told us that staff ensured that these people had a balanced diet by regularly varying the menus. Staff also explained that the manager had reviewed all menus because people using the service used to eat a lot of ready-made meals. As a result, staff had introduced more home cooked meals using freshly prepared ingredients.

Care plans contained information about the areas people needed support with and any associated risks. For example, where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported. Where concerns about a person’s food intake or swallowing ability were identified, these were referred to a specialist. For example, one person had been referred to a dietician due to weight loss. A high protein diet was recommended and the person was discharged when they gained weight. Another person had involvement from a speech and language therapist. Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met. At lunch time we saw this person received food and drink in accordance with these recommendations. We found that people’s weights were checked according to their assessed needs.

People had access to the health care services they needed. This included GPs, opticians, dentists, chiropodist, occupational therapist and speech and language therapist (SALT). Records contained information from health professionals on how to support people safely. This included guidelines for using a hoist, epilepsy management and instruction from the SALT. One person had recently been referred to Occupational Therapy services for a new wheelchair. This showed that healthcare professionals were being appropriately involved to help

Good

Is the service effective?

ensure people's needs were met. Records of all health care appointments were kept in people's files. These records detailed the reason for the visit or contact and details of any treatment required and advice given. People each had a health passport which contained important information about their health including GP details, other health care professionals involved in their care, medical history and any allergies. This document could be taken to the hospital or the GP to make sure that all professionals were aware of a person's needs.

Good

Is the service caring?

Our findings

People said that staff treated them with respect. One person told us, “They listen to me when I say ‘no thank you’.” Another person said, “I am about to go out to get a magazine, I decided I want to go and staff take me.” A relative told us staff respected their family member’s choices. A healthcare professional told us, “I believe the service to be caring and have seen people gently and sensitively supported at mealtimes, despite a busy and uncoordinated environment.”

People had been supported with their personal care and choices regarding clothes and accessories that were important to them. Staff were caring, showed patience and took time to respond to people’s individual needs. During our observation at lunch staff frequently checked if people were comfortable and engaged in conversation with them. Staff gave encouragement by saying, “You’re doing well”, “well done” and “Do you want some more?” Staff sat next to people and asked their permission to undertake tasks such as putting on an apron or wiping a person’s face. They supported people in a dignified manner and provided reassurance about what they were doing. One staff explained to a person that their ice cream was “going to be a bit cold” before supporting them to eat it. Another staff reminded another person to eat their food slowly and remember to chew. After lunch staff checked with people what they wanted to do. Comments included, “Did you enjoy that? Are you ready to come away from the dining table?” and, “Let me know when you want me to take you to the other room.”

There was guidance about how people communicated and their ability to make decisions about their care and support. People’s care needs, choices and preferences were recorded and written in a person centred way such as, “things I like to do” and “how I communicate”. This information helped staff make sure people were involved in daily decisions about their care. Although care records were personalised and addressed people’s individual needs and preferences, records did not show how they, their family or representatives had been involved in decisions and agreements about the care. For example, where able to, people had not been encouraged to sign their care plans. We highlighted this to the manager who explained they were in the process of reviewing all records and would look at further ways to involve people in their care planning.

People were supported to maintain relationships with their families and friends. Relatives told us they felt involved in their family members’ care and confirmed they were invited to yearly review meetings and kept informed about any significant events.

The staff had a detailed knowledge of people's needs and knew how to provide care and support for them. Not everybody who used the service was able to express their views verbally. People reacted positively when staff approached and spoke with them and their body language indicated that they were relaxed and comfortable in the company of staff. Staff were able to identify with the gestures and reactions that people gave and what these were likely to mean. One staff explained how they talked with a person if they began to shout and supported them to a quieter room if they remained unsettled. Another staff described the different vocal sounds a person used to indicate if they were happy or upset.

People’s dignity was upheld and staff were mindful of their privacy. When people needed support with their physical care needs, we observed staff made sure doors were closed to maintain individual’s dignity. People were dressed appropriately and provided with protective clothing when eating and drinking. Staff always knocked on doors before entering people’s rooms. We observed staff addressed people respectfully and maintained confidentiality when discussing individuals’ care needs.

Good

Is the service responsive?

Our findings

Relatives we spoke with were positive about the care and support their family members received. One relative told us, “The carers seem very relaxed with people, there is good integration.”

People’s care records contained pre-admission assessments which included details of the person’s needs and what they liked. For example, one record noted, “After my shower I like to have a cup of tea with my breakfast.” Another noted, “I like to help with the cooking.” The assessments took account of a range of needs relating to physical health and care, and activities of daily living. They included details such as mobility, level of assistance people needed for personal care and their communication needs. The manager told us that a person was due to move to Tree Tops in January 2015 and explained how the service had prepared for their admission. The person had visited with their family and stayed for a meal. A needs assessment had been completed and we were shown a hoist was provided in their bedroom.

People’s care plans were personal to them and based upon their needs assessment. The plans contained information about people’s likes and dislikes and were tailored to their individual needs. The manager told us that care reviews had been completed for five of the eight people using the service. They were arranging annual reviews for the remaining individuals. Care records were regularly reviewed and reflected where there had been any changes to people’s care or support needs. One healthcare professional told us, “I have found the staff team responsive to recommendations and suggestions made concerning menu planning and techniques for supporting people to eat and drink.” Another professional explained that they were involved in reviewing one person’s guidelines due to a change in their needs. They were regularly visiting the service to teach and advise staff on the most suitable approaches to support the person. This had included breaking instructions down when communicating with the person. They felt the service was making improvements.

Staff wrote daily records about each person's daily experiences, activities, health and well-being and any other relevant events such as health and social care appointments. This helped staff to monitor if the planned care and support met people's needs. People using the service had various different folders. There was a care file, daily folder, and separate files for bowel, fluid and body map charts. We discussed this with the manager who told us there were plans to merge the records into one care file and a daily folder for easier reference.

People were supported to do the things they liked to do, including listening to music, going to a day centre and cooking. One person said that staff had arranged for them to help them do some paper shredding when they asked to help with this task. The person said, “I did it last year, I would like to do more.” Relatives we spoke with told us people were provided with a good range of activities. Records supported that people had opportunities to experience a variety of activities and events that met their social and physical needs and interests. These included trips to the park, shopping, baking cakes and gardening. Staff knew what activities people enjoyed and supported them with their choices. One staff talked about a person’s enjoyment of country and western music and how they liked to sing along. In the afternoon, we saw the person engaged in this activity. People had the use of a sensory room for therapeutic activities using lights and sounds for stimulation. This was not in use at the time of our visit as some repairs were needed.

People’s diversity, values and human rights were respected. People had the right specialist equipment to promote their independence and meet both their physical and sensory needs. This included picture communication aids, hoists and slings, specialist beds and adapted wheelchairs. Care records included information about any specific ethnic or cultural preferences.

People said they would speak to the manager if they needed to complain about anything. One person told us, “I don’t have a problem, but would tell [name of manager] if I did.” Relatives told us they had not needed to complain but had confidence that any issues would be addressed. One relative said, “No complaints. I ask the manager, she deals with it.” Records showed there had been no complaints about the service in the last twelve months. There was a complaints policy and a pictorial complaints leaflet had been drafted. The leaflet was kept in the complaints log, but not available to people using the service. The manager agreed to display complaints information to make it more accessible.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of systems to seek the views and opinions of relatives, people living at the home and key stakeholders. There were no surveys or meetings for people using the service. This meant that people's views and wishes may not be taken into account in regards to the way the service was delivered and run. We found that the provider's quality assurance methods did not always consider the needs of all the people that used the service. For example, six of the eight people were unable to complete a questionnaire or actively join in with meetings to share their views. These people relied on their relatives or representatives to provide feedback. The manager had identified that quality assurance processes needed strengthening and this was also reflected in the PIR. She also told us, "Some of the records are out of date; we are in the process of updating them."

Support was available to the registered manager to develop and drive improvement. A senior manager visited the home on a weekly basis to monitor, check and review the service. Records of these visits were not available at the time of our inspection but were provided by the manager after our visit. Where improvements had been identified action points were recorded for each month. The manager told us the majority of actions had been addressed or were underway although records did not show where previous actions had been completed. In addition, these reports did not consider the experiences and outcomes for people using the service. It was also unclear what was being audited when the senior manager visited the home.

There were some quality checks in place to ensure that people were safe and appropriate care was being provided. Staff had designated responsibilities to help audit and monitor service provision. These routine checks were undertaken weekly or monthly and looked at areas such as the environment and equipment, food safety, care plans, cleanliness and fire safety.

The registered manager had been working at the service since June 2014 and had spent time reviewing all aspects of the service and how it was run. She was able to tell us about the key challenges, such as ensuring there was a full complement of staff and improving the environment. The PIR also gave us information about how the service performed and what improvements were planned. The manager was making efforts to address these challenges and knew what was required to develop the service. This included reviewing records to improve people's care and support, increasing activities and developing the skills and knowledge of the staff team. Comments we received from a visiting healthcare professional included, "They are trying" and "Changes were needed here, the manager is addressing them."

One staff member gave examples of how the manager had made positive changes. They said, "People are getting out more" and "Food and diet has improved." There was an open, friendly atmosphere at Tree Tops. People were comfortable talking to staff and the manager who all took time to answer their individual requests for advice or support.

Staff felt there was good teamwork and there was ongoing dialogue and information exchange about the needs of people using the service. Comments made by the staff showed that the manager led the team effectively and kept them well informed about the service and any developments. One told us the manager was clear about "how she wants the house to run and work". They also commented, "She is open to ideas." Staff understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it. They had confidence in the manager and felt listened to.

There were team meetings for staff to share their views and keep updated about training needs and matters that affected the service. We looked at some staff meeting minutes which were clear and focused on people's needs and the day-to-day running of the service. Staff also shared information through a communication book and shift handovers.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. Care records showed how other professionals had been involved in reviewing people's care and levels of support required.