

Twelve Trees Home Care Limited

# Twelve Trees Home Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service:

Twelve Trees Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to older adults. At the time of our inspection the service was providing support for approximately 100 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoken with told us they felt safe and did not express any concerns about their safety. At our last inspection we found concerns about the documentation being used to assess people's potential risks. At this inspection we found action had been taken to improve the assessment of people's risks. We saw the system in place to ensure the registered manager was notified of any concerns raised about a person by staff required improvement. The registered manager assured us that immediate action would be taken to ensure all concerns were reported to them or their deputy in their absence.

People who were supported with their medicines told us they received their medication at the right time. The new registered manager had identified the completion of Medication Administration Records required improvement. They had arranged for all care staff to receive refresher training in the new year. We have made a recommendation to the provider about the management of medicines to support them to make further improvements.

During the inspection we found concerns about staff recruitment records as some of the information scanned onto the computer system was incomplete. The registered manager took immediate action in response to our concerns to locate the missing documentation.

People told us they received support from a regular team of staff so they experienced continuity with care. People spoken with told us care workers turned up on time and stayed the full time. A few people told us they had experienced some late calls or irregular calls. If staff were running late people would often receive a call telling them they were delayed. People could ask for a copy of their weekly rota so they could see which care worker was due to visit them.

People spoken with were satisfied with the quality care provided to them. People told us support staff were respectful and treated them in a very caring and supportive way. Most of the relatives we spoke with were satisfied with the quality of care provided. One relative felt improvements could be made, we shared this feedback with the registered manager.

Staff received a range of training and support relevant to their role. The service was in the process of retraining all the care staff at the service. Staff told us they felt fully supported, valued and listened to. People were confident care workers had received appropriate training to meet their needs. Most of the

relatives felt the staff were well trained.

People's needs were assessed and care was planned in a way which met people's individual needs. People were supported with their dietary needs, where this was part of their plan of care. Staff understood the importance of respecting people's diverse needs and promoting independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt confident they could raise any concerns with the registered manager and those concerns would be taken seriously.

There were quality assurance systems in place to monitor the quality and the safety of the service. People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences.

The registered manager was supported by a team of senior staff and the nominated individual. The service had a live action plan to continuously improve the service. Staff told us management of the service had improved since the new registered manager had been appointed.

Rating at last inspection:

At our last inspection Twelve Trees Home Care Ltd was rated good (report published 6 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

**Good** ●

# Twelve Trees Home Care Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Twelve Trees Home Care is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced. We gave a short period notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection. Inspection activity took place over two days, the 12 and 18 December 2019.

#### What we did before the inspection:

We reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We contacted healthcare professionals for feedback about the service. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with 11 people, six relatives and one person's supporter by telephone. We also spoke with the registered manager, deputy manager, the human resources manager, an administrator, care planner and two care workers.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found at the visit to the main office.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We saw the provider's system in place to safeguard people from the risk of abuse and improper treatment required improvement. For example, scratches had been noted on one person's body map by care staff. Staff told us the district nurses visited the person weekly and any concerns were raised with them about the person's skin integrity. However, the registered manager had not been kept informed about these concerns. It is important the registered manager is aware of any concerns so they can check whether they require investigating. The registered manager told us immediate action would be taken to ensure all concerns were reported to them or their deputy in their absence.
- People told us they felt safe whilst being supported by staff. People valued the fact they were being supported by the same group of staff. Staff told us they were introduced to people before they started supporting people.
- Staff confirmed they had received safeguarding training and knew how to respond if they felt someone was being abused. Staff told us they would always report any concerns to the registered manager
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

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

- The service had an incident and accident log. Any incidents or accidents were reviewed at the weekly compliance staff meeting. The registered manager understood the importance of investigating accidents and incidents, reporting to the relevant agencies and acting to reduce the risk of recurrence. However, we saw the process to ensure staff reported any untoward occurrences to the registered manager needed to be more robust.
- We saw the new care planning documentation contained tools to help staff assess people's risk and to put methods in place to minimise the risk of occurring.
- Risk assessments were reviewed regularly or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- An environmental risk assessment was undertaken of people's homes before staff started to support the person.

Staffing and recruitment

- Staff recruitment records had been scanned onto the provider's computer system. We found some staff recruitment records were incomplete. For example, one staff member's Disclosure and Barring Safety (DBS) check had been requested, but their DBS number was not recorded in their computer file. This was located later in the day. An audit of staff files was undertaken and the registered manager sent us information

relating to staff recruitment records. This showed that staff recruitment records required improvement. The provider's new human resources manager assured us that improvements would be made.

- People told us they were supported by regular care workers who knew them well. This showed there were sufficient staff employed at the service so people experienced continuity of care. People could request a copy of their weekly rota to be sent to them.
- Most of the people told us their calls were delivered on time and staff stayed the full time. A few people told us that they had experienced a few late calls or inconsistent call times. We shared this feedback with the registered manager.

#### Using medicines safely

- People who were supported with their medicines told us they received their medication at the right time. Relatives spoken with did not raise any concerns related to the management of their relative's medicine.
- Staff care rotas identified where people required a time critical call to ensure they received their time sensitive medicine.
- We saw some examples where staff had not completed people's Medication Administration Records (MARs) correctly. For example, staff had not always signed the person's MAR chart to confirm they had administered the person's medicine. This had not negatively impacted on the individual; however, it is important an accurate record is kept. The registered manager had identified these concerns and had arranged for all care staff to receive refresher medicines training at the beginning of 2020. Care staff medication competency was also being rechecked.
- We saw that further improvements could be made to ensure medicines were managed safely at the service. For example, ensuring there was guidance in place for staff to follow when people were prescribed "as when required" medicines.

We recommend the provider consider current guidance on the management of medicines for people receiving homecare.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- People spoken with told us staff used gloves and aprons appropriately whilst supporting them.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed and recorded people's needs and preferences in their care plan. Relatives told us they had been fully involved in their family member's care planning.
- During people's needs assessment their protected characteristics under the Equality Act were explored. For example, some people required gender specific care workers because of their beliefs.
- People were supported with their health and dietary needs, where this was part of their plan of care.
- Relatives and people were satisfied with the quality of care provided by the service. Comments included, "I am happy with the service," "Couldn't get a better service" and "Oh yes, I am quite happy (with service)." One relative felt the care provided to their family members could be improved. We shared this feedback with the registered manager.

Staff support: induction, training, skills and experience

- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. However, we noted that some staff refresher training was overdue. The new registered manager had an action plan in place to retrain all staff. We saw staff were scheduled to complete training early in the new year.
- Most of the relatives we spoke with felt staff were well trained. One relative said, "Staff are well trained and managed, they have the knowledge and skills to carry out their job." One relative felt the training of staff could be improved. We shared this feedback with the registered manager.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff told us they felt supported and they were encouraged to further develop their skills and knowledge. Since the appointment of the new registered manager staff had received regular supervision sessions and their work was being spot checked. The human resources manager told us each member of staff would receive an appraisal at the beginning of 2020. A new appraisal system was being rolled out and senior staff were being provided with training. .

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- The service had clear processes for referring people to other services, where needed.
- Staff sought advice from community health professionals such as the GP and the district nurses. This supported staff to achieve good outcomes for people and to help people maintain their health.
- People could be assisted by staff to attend medical appointments. Staff had visited one person whilst they

were in hospital to see if they could provide any assistance or reassurance.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. We found the service was working within good practice guidelines.
- At the time of the inspection none of the people supported by the service had a Court of Protection Order in place.
- People had signed to indicate their consent to their care plans where able. People told us care workers consulted them and asked for their consent before providing care and support.
- Support staff had received training in the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.

# 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

- People and relatives made positive comments about the care staff and office-based staff. Comments included, "They [staff] are caring towards her [family member]" and "Thank you, four different equally as good men [care staff] lovely men. Couldn't have been better." Relatives and people also named individual members of staff and described how caring they were. We shared this feedback with the registered manager.
- People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- Staff gave positive feedback about the caring nature of the service and the quality of care and support provided. Staff understood about respecting equality and diversity and gave consideration to promoting inclusivity.
- The registered manager was knowledgeable about the people they supported, their preferences and their communication needs.

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

- People told us they had been involved in making decisions about their care and support needs. Reviews of people's care plans recorded people's comments and opinions. People told us they could ask for changes to their care and support.
- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The feedback received from people, relatives and staff showed respect for privacy and dignity was at the heart of the service's culture and values. People's comments included, "Respect and dignity 'absolutely' they [staff] care for you" and "They [staff] definitely treat you with dignity and respect."
- Staff felt respected, listened to and influential since the appointment of the new registered manager. One staff member said, "They [senior managers] care about us as well as the client, they are willing to answer any questions."
- Relatives told us their family member was treated with respect and promoted to be as independent as possible by staff. One staff member said, "I treat people like I want to be treated, with dignity and respect."
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.

## 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People we spoke with told us they could ask for changes for their plan of care.
- The service was in the process of updating people's care plans with the new care planning documentation. We saw the new care plans were more person centred. They included details of people's life stories and their goals. These care plans contained detailed information on how best to support the person with their personal care and support.
- People's care plans contained information about their health needs and long-term health conditions. We saw people's catheter care plans would benefit from containing more information and guidance for staff. The registered manager told us that people's catheter care plans would be reviewed.
- People's care plans and risk assessments were regularly reviewed and in response to any change in needs. Staff told us people or their representative were regularly contacted to check their plan of care was meeting their needs.
- The service provided an on-call service for staff to contact if they needed assistance and advice. Care staff described to us how they would respond if someone became unwell.

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

- Some people using the service were supported to attend activities within community, where this was part of their plan of care.
- The registered manager told us transport could be arranged, if people wanted to socialise with residents in their care home or participate in outings.

Improving care quality in response to complaints or concerns

- A copy of the service's complaints policy was provided to people using the service.
- People and relatives felt confident they could raise any concerns with the registered manager and those concerns would be taken seriously.
- Records showed the service had responded to people's and/or their representative's concerns and taken action to address any concerns. However, we saw an acknowledgement letter and/or a letter confirming the agreed action had not always been sent to the person or representative if their concerns was resolved verbally. This was not in line with the provider's complaints policy. We shared this feedback with the registered manager and deputy manager. They assured us that in future the organisational policy would be followed.

The provision of accessible information

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's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us the service could provide information in different formats to meet people's needs if required. They told us there was a range of easy read material available for people to look at. For example, an easy read service user guide.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were explored during their initial assessment.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager had been managing the service since July 2019. A new team of senior staff had been appointed including a deputy manager and human resources manager. The registered manager had a live action improvement plan. A weekly compliance meeting with senior staff took place to review the quality of the service provided and to identify where improvements could be made. We saw action was being taken to continuously improve the quality and safety of the service. For example, the staff were being retrained and the new care documentation had been introduced. We saw the assessment of people's individual risks had improved since the last inspection.
- The new management team had introduced additional logs to monitor the quality and safety of the services. For example, the accident and incident log. However, we saw the systems in place to ensure senior staff were kept informed of concerns by staff needed strengthening. We shared this feedback with the registered manager. They told us they would review these systems immediately to ensure they were notified of any concerns.
- A range of regular checks were completed at the service to identify and areas for improvements and to ensure it provided high-quality care and support. For example, people's daily records and medication checks were checked. We saw the frequency of some audits would benefit from increasing to monthly to ensure any errors were picked up quickly. For example, medication audits. We shared this feedback with the registered manager.
- The nominated individual regularly visited to monitor the quality and safety of the service. They also attended some of the weekly compliance meetings and were sent minutes of the meetings. They were also sent details of any concerns reported to the on-call service so they had oversight of the service.

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

- People and their relatives were given opportunities to be involved in the service and to give feedback about their experiences.
- We saw the registered manager ensured staff actively sought peoples and their representative views, by ringing people or their representatives for feedback. People and relatives were also spoken with when staff were being spot checked.
- All the people and relatives we spoke with felt confident that they could raise any concerns and they would be listened to.

Planning and promoting person-centred, high-quality care and support with openness; and how the

provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the duty of candour and what incidents needed to be reported to bodies such as CQC and safeguarding. During the inspection we shared some concerns raised by a relative and they took immediate action.
- The service had an open culture. Staff were committed to providing person-centred care and learning from any incidents. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
- They registered manager or deputy manager were available to staff to speak with. We received positive feedback from people and relatives about the management of the service.
- We received positive feedback from staff about the way the service was run since the new registered manager was appointed. They told us the registered manager was supportive and proactive at dealing with any issues that arose. Staff told us there was a good team of people working at the service and they worked effectively as a team.

Working in partnership with others:

- The service worked with other agencies such as the local district nurse, social workers and clinical commissioning groups who commissioned care for some people using the service.