Supreme Care Services Limited

Fir Trees House

Inspection report

283 Fir Tree Road
Epsom
Surrey
KT17 3LF

Tel: 01737361306

Date of inspection visit:
05 September 2018

Date of publication:
23 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 5 September and was unannounced.

Fir Trees House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fir Trees House provides care for up to seven people with learning disabilities or mental health support needs. At the time of our inspection there were four people living at Fir Trees House.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
There was no registered manager in post. The previous registered manager had left the service in May 2018. 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. A new manager had been appointed and supported us during the inspection. They informed us they had applied to register with the CQC and our records confirmed this was the case.

Sufficient numbers of staff were available to support people and robust recruitment processes were in place. Staff had completed safeguarding training and understood their role in protecting people from the risk of harm. Risks to people were identified and managed in a way which kept people safe whilst supporting them to take reasonable risks to promote their independence. People's medicines were stored administered and recorded safely. Health and safety checks were completed and a contingency plan was in place to ensure people would continue to receive their support in the event of an emergency. People lived in a clean and well-maintained environment and safe infection control practices were followed.

The provider had systems in place to ensure people's needs and compatibility to live with others were considered prior to someone moving into the service. People were supported by staff who received on-going training and supervision to support them in their role. The principles of the MCA were followed to ensure people's rights were protected. People received support to access healthcare services. A choice of food and drinks were available to people.

People liked the staff supporting them and staff knew people well. There was a positive and relaxed atmosphere and people and staff communicated well. People's privacy and dignity was respected and people were supported to practice their religious beliefs. Visitors were made to feel welcome to the service and people were supported to maintain relationships with those who were important to them.

People and staff were involved in developing and reviewing care plans. Care plans were detailed and

reflective of the support people required. However, we found that information regarding the support people wanted at the end of their life had not been discussed or incorporated into people's care records. We have made a recommendation regarding this. People told us that staff responded to requests for support and staff understood people's needs and personalities. People were encouraged to participate in activities both when spending time at home and within the local community. The provider had a complaints policy in place and people were aware of how to raise concerns.

People were supported by staff that understood their roles, responsibilities and the ethos of the organisation. Systems were in place to monitor the quality of the care people received and people and staff were able to voice their opinions regarding the service. Records were up to date and securely stored.

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 had received training and demonstrated understanding of safeguarding procedures.

Risks to people's safety were assessed and measures implemented to keep them safe.

People were supported by sufficient staff who had been recruited appropriately.

People received their medicines in line with their prescriptions.

Accidents and incidents were monitored and action taken to minimise them reoccurring.

People lived in a clean environment.

Is the service effective?

Good

The service was effective.

People received support from staff who received training and supervision to support them in their role.

People were provided with choices regarding their meals and drinks.

Support to access healthcare professionals was available to people.

The principles of the MCA were followed.

People lived in an environment which was suited to their needs.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who had developed positive relationships with people.

People's religious and cultural needs were respected.

People were treated with respect and their dignity and privacy was maintained.

People were supported to maintain their independence and to keep in touch with those who were important to them.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were understood by staff.

People and staff were involved in developing and reviewing care plans.

Details regarding people's end of life care wishes were not known to staff or recorded. We have made a recommendation regarding this.

People were supported to follow their individual routines and to access the community.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a positive culture amongst the staff team.

Systems were in place to monitor the quality of the service provided.

People and staff were able to contribute to the running of the service.

The provider understood their responsibilities to submit notifications although more thorough checks regarding this were required.

Records were securely stored.

Fir Trees House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 September 2018. The inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with all the people living at Fir Trees House and observed the care people received. We also spoke to the manager, a representative from the provider and two members of staff.

We reviewed a range of documents about people's care and how the home was managed. We looked at three care plans, medicines administration records, risk assessments, accident and incident records, complaints records, quality assurance processes, three staff files and minutes of team meetings.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff supporting them. One person told us, "They're alright the staff. You can talk to them." Another person said, "They (staff) are good people." We observed people appeared relaxed in the company of staff and approached them for support without hesitation.

There were sufficient numbers of suitable staff deployed to keep people safe and meet their needs. We observed that staff had time to spend with people socially and responded promptly to people's needs. The provider had a bank of staff who were able to cover any shortfalls on the rota. This ensured that people continued to be supported by staff who they knew and who were aware of their needs. Rotas confirmed that where bank staff were used to cover shifts they always worked alongside a permanent staff member. Staff confirmed they felt there were sufficient staff to support people safely. One staff member told us, "Yes, there is enough staff. We can go out or do things with them. Everything gets done."

Staff had received training in safeguarding and had guidance to follow should concerns be identified. Staff were able to describe the different types of abuse and signs they would look for which may raise concerns. One staff member told us they would report any concerns immediately. They told us, "It's our job to protect service users, to keep them from harm. I would tell my manager and if nothing happened I would have to whistle-blow and tell the social services." Information was displayed in the office area which directed staff on the action they should take in response to any safeguarding concerns.

A thorough recruitment and selection process was followed to help ensure staff employed were safe to work in care services. Application forms and interview records were completed and references were obtained from previous employers. Disclosure and Barring Service (DBS) checks were in place for all staff. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with people who use this type of service.

Care records contained up to date risk assessments to keep people safe whilst encouraging independence. The PIR stated, 'Our ever evolving and improving risk management protocols: risk assessing, risk rating and risk management are tried and tested and have supported all our interested parties in ensuring that the care provided is appropriate and remains safe. We work collaboratively with our local authority colleagues to review the risks for all residents holistically and agree risk management strategies jointly'. We found this to be the case.

Risk assessments were completed in areas including use of electrical equipment, food hygiene, road safety and independent travel. One person told us that they sometimes went out on their own and sometimes preferred to go with staff, particularly when attending appointments. The person told us they would always inform staff where they were going and when they would be back. They showed us they had a mobile phone with the number of the service so they could call staff for help if needed. The person's risk assessment confirmed these were things staff should check with the person before they went out and gave guidance as to what action they should take should the person not return when expected.

Accidents and incidents were documented along with the actions taken to prevent a reoccurrence. Accident and incident reports recorded the time, location, people involved and a detailed description of what had happened. The provider was then able to use this information to look at any trends and ensure appropriate action was taken. Records showed that the majority of reports related to people's behaviours. These showed that staff had followed the guidance in place and the situation had been reviewed with other professionals involved where appropriate. The service had recently supported a number of people to move on to more independent accommodation. Since this time there had been a reduction in the number of incidents occurring at the service.

People's medicines were managed and administered safely. Staff worked within the providers policy with regards to the ordering, receipt, storage, administration and disposal of medicines. One person told us that they felt staff managed their medicines safely. They told us, "Staff do my pills. They know about them. It's better if they do them." Each person had a medicines administration record (MAR) in place which showed no gaps in the administration of people's medicines. MAR records also contained an up to date photograph, details of their GP and information regarding any allergies for staff to refer to. We observed staff followed best practice guidance when administering medicines and explained the process to people.

The service was clean and well maintained. Cleaning schedules were in place and followed by staff. All staff had received training in infection control and we observed guidance was followed. Staff had access to gloves and told us they always ensured these were used when supporting people with their personal care needs. People were supported to do their own laundry which minimised the risk of cross-contamination. Maintenance issues were reported and tracked to ensure they were addressed promptly. Fire equipment was regularly checked and serviced and a personal emergency evacuation plan was in place to guide staff on the support each person required to leave the building in the event of an emergency. There was a contingency plan in place which included provision for people to be supported at other services managed by the provider in the event the building could not be used.

Good

Is the service effective?

Our findings

The provider had systems in place to assess people's needs prior to them moving to Fir Trees House. The had been no admissions to the service for a number of years. The providers representative acknowledged that in the past more attention could have been paid to ensuring people would be able to get along with each other. They told us that going forward they would ensure the assessment and transition period would be planned to ensure that people had the chance to get to know each other and to enable staff to better understand people's needs prior to them moving in.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the MCA and how this impacted on their role. One staff member told us, "We have to give them the right to do what they want and we have to listen to them." The staff member used the example of one person living at Fir Trees House who made choices which were known to have a negative impact on their well-being. The staff member understood the person had the right to make unwise choices and risk management plans were in place to help keep them as safe as possible. There were no people living at the service that lacked the capacity to make decisions regarding their care and no restrictions to people's liberties were in place. Where it had been unclear if one person had capacity to certain decisions a capacity assessment had been completed. This had demonstrated that the person was able to continue to make specific decisions regarding their finances and medicines. Throughout the inspection we observed people making their own decisions regarding how they spent their time, if they wished to go out and what they had to eat.

People were supported by staff who had the skills and knowledge to provide their care. The PIR stated, 'The Supreme Group has three in-house trainers working full time. They are tasked to ensure compliance at any given time and that staff have not only attended training but are competent and confident in their role. Competencies test are being completed for medication management and moving/handling. All staff have attended the Care Certificate training modules.' We found this to be the case during our inspection. Where staff had no previous experience or qualifications working in care they were required to complete the Care Certificate during their induction period. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. New staff also completed a period of induction before working without supervision. One staff member told us, "They showed me how to go about everything, how to work with each person." Staff received on-going training in areas including safeguarding, medicines, health and safety, food hygiene and positive behaviour support. Staff told us they found this training useful in supporting them in their role. One staff member told us, "They build you up to the job. It's very helpful." Staff told us they regularly met with their line manager to discuss their performance and

learning. One staff member told us, "The one to ones are very useful because you go through all you are capable of and can express what support you need. The managers (within the organisation) develop confidence and abilities."

People received support to manage their healthcare needs. We asked one person if they were supported to attend appointments. They told us, "They [staff] went with me yesterday, they need to ring the nurse today to make an appointment." We heard staff later ring the surgery for an appointment in the presence of the person. Following the call, they explained to them when they would be going and reassured them this had been written in the diary. Care records contained evidence of appointments with a range of people including GP's, community nurses, dentists, opticians and specialist consultants. People were also supported to look after their own health. One person's records showed that staff had supported them to attend specialist appointments in order to look at making changes to their lifestyle. Another person told us they had received support to stop smoking and use a vaping device instead. They told us, "I've been doing this for months now. The staff have really helped me." In response a staff member told the person, "You've done really well with it. We're really proud of you." Each person had a care passport in place. This gave detailed information to share with hospital staff should people need to be admitted to hospital.

People had varied choice of foods available to them. People told us that they were able to choose what was on the menu each week but if they wanted something different on the day they were able to change their mind. We saw this was the case during our inspection. One person said they would prefer something different at lunchtime and others were asked if they had any preferences. In the evening people were offered a range of options and were encouraged to help prepare their own meal. People told us they enjoyed the food. One person told us, "The staff can cook. It's always nice." Another person told us, "I choose what I want. It's nice." People's weight was monitored and staff told us that any significant changes would be reported to the person's GP.

People lived in an environment which was suitable for their needs. Adaptions had been made to bathrooms to meet people's needs as they grew older. Communal areas were spacious and a separate small lounge was available should people want to sit in a quieter environment. High level comfortable chairs were available for people who found it difficult to stand from standard chairs. During the inspection we heard the manager discussing replacing furniture in the lounge and asking people's opinions and preferences.

Good

Is the service caring?

Our findings

People told us they enjoyed the company of staff. One person told us, "They're good the staff. You can talk to them and have interesting conversations." Another person told us, "I have a laugh with them."

There was a relaxed atmosphere within the service and people and staff interacted well. People chatted easily with both each other and staff. There were jokes shared and laughter was heard throughout the day. They added, "I like the new staff though, they're nice." Two people continued to talk about this, saying that the staff were friendly and good company. Staff told us they enjoyed working at the service and felt they had built a good rapport with people. One staff member told us, "It's a very clam place here. We have a chat and have a joke with them. It's a nice place to be." We observed staff knew people well and adjusted their approach when talking to different people. They were knowledgeable about people's likes and dislikes and their different communication styles.

Staff were able to provide examples of how they treated people with dignity and respected their privacy. One staff member told us, "If I'm supporting (person's name) I will help get things ready then remind her to wear her morning coat before going into the bathroom. We shut the door always." We observed staff knocked on people's doors prior to entering. When offering people support with their personal care this was done discreetly. If people chose not to engage at that time staff asked again later, reassuring the person they could let them know when they were ready. Some people chose to spend time in their rooms rather than with others in communal areas. Staff respected their right to privacy but periodically checked on their welfare.

People were encouraged to take part in daily living tasks and to maintain their independence. Staff involved people in household jobs such as laundry, cleaning, preparing simple meals, setting the table for dinner and clearing the kitchen. People had developed a routine around these tasks and completed them automatically, with occasional prompts from staff. People went to the kitchen to make drinks and snacks when they wished, occasionally offering to make drinks for others. People were independent in making decisions regarding how they spent their time and activities they took part in. One person told us they went out each morning for a walk and a coffee at a local shop. Another person told us they enjoyed watching TV, walking around the garden and used their iPad when they wanted to. Another person said, "I go into town when I want to. It's up to me."

People were supported to maintain links with their family and friends. One person told us, "My family come here whenever they want. It's nice to see them." Another person told us they had visits from an old friend and would sit in the quiet lounge to talk. Records showed that one person was supported to visit their friend and go out for coffee with them. People's cultural and religious needs were supported. The PIR stated, 'Our residents are diverse and we want to ensure we meet their specific requirements, cultural, spiritual, language preferences'. We found this to be the case during our inspection. Some people living at Fir Trees House had strong links with local churches which staff encouraged them to maintain. One person told us they were due to visit Lourdes on pilgrimage which they were looking forward to. Another person told us they continued to attend church and a prayer group which they had been part of for many years. Another

person preferred not to practice their religion outside their home but had been supported have significant items in their room which were of importance to their faith.

Good

Is the service responsive?

Our findings

People told us they received their support in the way they wanted and that staff responded to their needs. One person told us, "I can ask staff if I want anything, the new ones (staff) as well." Another person told us, "They staff help if I ask them to."

People's care plans were regularly reviewed and updated. This meant that staff had the most up to date information regarding people's needs. Staff discussed people's care plans with them when updating information. Staff were also involved in reviewing care plans to ensure they contained all the required information prior to them being finally agreed with people and placed on their file. Plans covered areas including communication, personal care needs, daily living skills, travel and behaviour. All contained detailed information regarding the support people required and staff were able to describe people's needs in different areas when we spoke with them. People's routines were known to staff. One person liked to have their breakfast prior to being supported with their personal care. Staff were aware that the person did not like to be rushed with this and gave gentle prompts rather than asking the person directly if they were ready. One person liked to complete certain tasks in the kitchen each afternoon and staff supported them to do this whilst chatting with them. Each person had a 'Life Picture' in place which contained information about things which were important to them such as friends, leisure interests, brief history, religious beliefs and favourite foods.

There was no information available regarding the support people would like when approaching the end of their life. Whilst no one living at Fir Trees House was nearing this stage in their life the provider's representative acknowledged that this was an area which needed to be explored with people to ensure their wishes were known. They told us this was something they were currently exploring as an organisation and one staff member told us they were completing training in supporting people at the end of their life.

We recommend that the provider continues to develop their processes with regards to supporting people to plan the care they would prefer at the end of their life.

People were supported to engage in activities of their choice. People told us they were happy with the activities available and that staff would support them with anything new they wanted to try. One person told us they had decided to look at the possibility of doing voluntary work and staff were supporting them with this. They told us, "Staff have talked about it before but I think I'm ready to give it a go now." People had routines which they enjoyed each week such as going to the shops, the local café, attending church groups, spending time in the kitchen and local walks. In addition, activities such as swimming, cinema, shopping and bowling trips were planned with staff support. We observed staff encouraging one person to keep up their swimming sessions as this was helpful as part of their physiotherapy. Staff praised the persons skills in this area and the person agreed that they would attend the following week. When at home people engaged in different activities such as colouring, puzzles, watching TV, chatting with staff and using their tablet device.

There was a complaints policy in place and people told us they knew how to raise a concern if they weren't

happy with any aspect of their care. One person told us, "I'd tell the staff or (provider's representative). They'd do something." They indicated to us that as people living at Fir Trees House had changed the atmosphere was much calmer and they did not have any concerns. The provider had a system in place for monitoring complaints. Records showed that no complaints had been received since the last inspection.

Good

Is the service well-led?

Our findings

There was a positive culture within the home and staff understood their roles and responsibilities. Staff told us that although there had been no registered manager in post for a few months they had been supported by the provider. They had also developed positive working relationships and relied on each other as part of a team. One staff member told us, "We've not had a problem with support here, we work together to create a good atmosphere." They went on to say, "We are here to empower people. I love to work with people, to help and support them." Another staff member told us, "I have a lot of passion for this work because of my family situation. I want to see people happy and here there are a group of people who laugh together. It's a good place to be and if there are any problems we sort it out together."

The manager had been in post for less than a week at the time of our inspection. They had used this time to get to know the views of people and staff regarding how the service was running and any areas of concern which needed to be addressed. They had held a staff meeting to introduce themselves to the team and met with people individually to discuss their support and aspirations. One person said of the manager, "(Name) seems nice. I think they'll be alright here." One staff member told us, "The manager has been here less than a week but I think they have already fitted in well."

Quality assurance systems were in place to monitor the service provided. The PIR stated, 'The consultant and Care Home manager conduct audits using our internal audit schedule plan which include training audits, care management audits, maintenance, health and safety, infection prevention and control etc. Findings will be shared with managers who will be tasked to draw up a time sensitive improvement plan.' We found that systems were in place to monitor and track safeguarding concerns, complaints and accidents and incidents. The enabled the registered manager and provider to ensure that any actions required had been implemented. Quality checks in areas such as care records had been reviewed which had led to care plans being reviewed and improvements made to the level of detail available to guide staff. The manager had completed a health and safety check and as a result had requested updates on the progress of maintenance requests.

People's confidential records were stored securely. Care records were stored securely in locked cabinets within the staff office. We found that although the CQC had been informed of some significant incidents which had occurred within the service there were two incidents which had not been reported appropriately. The incidents related to concerns which were already known to the local authority and CQC and the people concerned were already receiving the support they required. We found that the action taken by the provider to support the people concerned had been appropriate. Following the inspection, the provider submitted the notifications retrospectively. We have discussed this with the provider and will monitor submission of notifications closely.

People and staff had the opportunity to be involved in the running of the service. Resident meetings were held to gain people's views of any changes required in the service. People told us they discussed how people treated each other, food and activities. The manager told us they had spoken to people about taking turns to chair the meetings in future. In addition, keyworker meetings were held which allowed people to

comment on any aspect of the service they were unhappy with on an individual basis. The provider's representative told us that they continued to send annual surveys to relatives and seek people's views. They told us they were in the process of completing this and had not received any completed surveys since our last inspection when the comments received had been positive. Regular staff meetings were held and staff told us they felt able to contribute and discuss any concerns. Meeting minutes showed that discussions included the way in which rotas were planned, people's needs, housekeeping tasks and care records.

The provider was introducing several new initiatives within the organisation to promote community involvement and inclusion. The providers representative told us they were in the process of planning coffee mornings at Fir Trees House where families, friends and professionals involved in people's care would be invited. They told us, "It can be difficult to engage everyone so we felt that a relaxed event would be nice and might encourage people to come to us." In addition, resources and ideas for community activities were being shared at managers meetings and a quarterly newsletter was planned to share what was happening within the organisation. The provider had also been asked to share work with other providers regarding support to people and staff from the LBGTQ community. This had been led by two staff members from the organisation who volunteered to lead the project. This had led to changes in the assessment and care records used by the organisation and the development of training materials.