

3 Trees Community Support Limited

3 Trees Community Support

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an inspection of 3 Trees Community Support on 1 March 2016. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in October 2013 no breaches of the legal requirements were identified.

3 Trees Community Support provides personal care and support to people in their own homes in Bristol, South Gloucestershire and Bath and North East Somerset. 3 Trees supports people with a learning disability, Autism Spectrum Disorder (ASD), sensory and physical impairments and dementia. At the time of our inspection there were 27 people receiving personal care and support.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service ensured people were safe by having thorough recruitment procedures. A structured process sought to employ staff committed to the ethos of the organisation. New staff completed a full induction programme aligned with the Care Certificate. Ongoing training ensured staff were skilled and effective in their roles.

There was a positive approach to managing risk which promoted people's independence. Care records were detailed and gave clear guidance and strategies on how people were effectively supported. People were encouraged and assisted to participate in a range of activities and be part of their local community.

The service was responsive to people's needs as staff showed a positive understanding of working with individual strengths and preferences. This enabled people to work towards their own desired outcomes. People's needs were fully assessed to ensure the service was able to meet them.

The service had engaged with people and staff to gain feedback. It had used this information to make positive changes in the systems it used and the way the organisation operated.

A range of systems were in place to enable the quality of the service to be effectively monitored. Regular meetings took place to ensure care was consistent and proactive. Comments received from relatives about the service were positive and consistently good.

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.

Risk assessments were in place to help keep people safe whilst promoting independence.

Appropriate recruitment procedures were followed to ensure checks were completed before staff began work.

People's medicines were administered safely.

Is the service effective?

Good ●

The service was effective. Care and support met people's needs

The provider had an induction programme aligned to the Care Certificate.

Staff were supported and developed through effective training and supervision.

People were supported to maintain good health. People's health was regularly monitored.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff with whom they had developed positive relationship.

Staff supported people in a way that upheld their privacy and dignity.

Staff were knowledgeable about people's needs and personal preferences

Is the service responsive?

Good ●

The service was responsive. Care and support was person centred.

The service was flexible to the changing support needs of people.

People were supported to engage in activities of their choice.

The provider had a complaints procedure in place and dealt with complaints in a thorough and open way.

Is the service well-led?

Good ●

The service was well-led.

The provider gained feedback from people and staff and responded by implementing changes.

Structures were in place which helped to ensure the service was efficient and well organised.

The provider promoted a positive culture and valued staff.

Meetings were in place to communicate information and support staff.

3 Trees Community Support

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.

The inspection took place on 1 March 2016 and was announced.

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

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and the information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

During our inspection we went to 3 Trees Community Support office. We spoke with two senior staff and five staff members. The registered manager was on leave at the time of the inspection. After the inspection visit we undertook phone calls to 16 relatives of people who received care from the service.

We looked at four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People felt safe using the service. We observed people with support staff being relaxed and happy. Relatives gave positive feedback about 3 Trees Community Support and said people were safe and well supported. One relative told us, "She [relative] always has a big smile on her face as soon as she sees her support worker and when she comes back from her activities the smile is just as big. I always think this is the best sign that she is being looked after well."

The provider had policies in place for safeguarding and whistle blowing. Staff we spoke with were knowledgeable about safeguarding and whistle blowing procedures. Staff received training in these subjects in their induction programme, which we viewed a copy of. There was on-going refresher training in these subjects and the training records confirmed this. Information we held about the provider showed that when concerns were raised in relation to people's safety they had reported them to the local safeguarding team.

People were kept safe as care and support were delivered at the agreed times. Relatives informed us there were no experiences of missed or late support visits. People told us, if a member of staff was absent, cover was arranged by existing team members to ensure consistent care. One relative said, "Compared with my experience of other agencies, this one does really well in trying to minimise disruptions to my son's care. When someone suddenly goes off sick, they will usually be able to cover it with other members of the team."

The ethos of the provider was to encourage people to engage and be involved in activities and their community. Appropriate risk assessments were in place to positively manage risk to people but promote people's opportunities and independence. Risk assessments were clear and gave specific guidance to staff on the management of risk. This could be in terms of how a person would react to particular occurrences and to ensure these were kept to a minimum. For example a risk assessment in relation to travelling in a vehicle gave instructions on where to park at different locations. It described why this was important and strategies to implement if a person became distressed or anxious. Another risk assessment detailed how to keep a person safe during their swimming session. This stated to check on each occasion the swimming pool was open. This was to avoid upset for the person if they arrived and for some reason the pool was closed. It also related to the training the staff member must have to deliver this support safely.

There was an effective system in place to monitor accidents, incidents and near misses. Accidents and incidents were recorded on an online system via the staff intranet. Paper copies could also be completed and given to the office whereby they would be logged onto the online system. Records detailed what happened before an incident or accident, possible triggers and the recovery of the person afterwards. People had complex care and support needs and this information was important to update and guide strategies. For example, a person had got distressed by people talking about a particular topic of conversation. From the incident report, people working with the person and other relevant people were informed so this did not reoccur and risk assessments and care records were updated. Senior managers conducted regular audits of these events to monitor for any patterns or triggers that could be effectively reduced. Within people's care records an individual log of incidents, accidents and near misses were

evident so this could be tracked.

Staff were trained in the administration of medication. Practical competency assessments were regularly undertaken to monitor staff members' skill level. A relative told us, "My daughter has to take some tablets when she was out during the day with her support worker. Once she arrives home, the support worker will write in the book to say that my daughter has had the right medication and the time when she had it. We have never had any problems with this."

The provider had a safe recruitment process. This was a well-structured process which focused on attracting staff who shared the aims and values of the organisation. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people.

People were not booked onto any shadow or actual shifts until the pre-employment process was completed and the relevant manager notified. Responsibility for ensuring there was sufficient staffing levels to support people safely was dedicated to a particular person. There was an on call system in place to deal with any emergencies or unforeseen circumstances. The provider showed that where unsafe practice was identified, in terms of staffing, the organisation's disciplinary processes were quickly followed and other relevant agencies notified. Changes were made to the provider's policies and procedures to ensure improvements were made. This meant people were kept safe.

The provider had a civil contingency plan in place to address disruption to the service such as adverse weather conditions, disaster, health outbreak or a reduction in staffing. This meant that in such an event, people's care needs would still be met and people would be safely supported

Is the service effective?

Our findings

People received effective care and support which met their needs. Relatives told us that staff were well trained and proactive in their work. One relative told us, "They have all been looking after my [relative] really well." Another person told us, "In terms of my daughter's needs, they have never been lacking in the skills to look after her properly."

Staff had received training on the Mental Capacity Act 2005 (MCA) within their induction and on-going training programme. Staff showed they understood the principles of the MCA and gave examples of how this knowledge was put into practice. They described supporting people to be able to make their own decisions. In one care record we viewed, it described how a person choose what to wear. Two outfits would be laid out and from this they could make a choice, they needed to be given lots of time. Care records contained details when a best interest decision was needed and who had been involved in making this decision. Senior managers recognised clearer records of capacity assessments and best interest decisions were needed. We were told action would be taken to address this.

New staff completed a three week induction programme aligned with the Care Certificate. During the inspection we viewed a current induction programme in progress and people commented positively on it. All the staff we spoke with confirmed they had received the three week induction when they began working for 3 Trees Community Support. One staff member said, "It was very good. I enjoyed it." We viewed the content of the induction programme and saw it included training on the administration of medication, safeguarding, person centred care, effective communication and crisis intervention. Staff spoke about how the values and aims of the organisation were included in the induction programme so people were clear about the purpose of their role.

Included in the induction programme, was time allocated for new staff to shadow a more experienced staff member. This enabled new staff to gain insight into supporting different people. One relative said, "The agency always ensure that if they need to introduce a new carer they will shadow one of the existing carers for at least a couple of shifts before they are looking after her on their own."

Staff received on-going training in areas such as first aid, manual handling and equality, diversity and inclusion. Staff commented that the training provided by 3 Trees Community Support was very good. One staff member said, "Training is of a high level. They pride themselves on quality training." Another staff member commented, "The training we receive is exceptional. I am very impressed." Staff spoke about the training being bespoke and interactive. For example they had recently had training on epilepsy. This had covered general knowledge but allowed time to discuss and tailor to particular people they supported. One relative told us, "I've never had any concerns about the level of their training and certainly there have been no problems." The provider encouraged staff members to further their development by facilitating access to nationally recognised qualifications. Staff spoke about how the qualifications they had or were in the process of achieving had benefited them by enhancing their knowledge and skills.

Staff were supported by regular supervisions arranged with managers. Staff said that supervision was

"essential" for carrying out their role effectively. Staff spoke about how supervision gave them feedback on their performance and identified areas which may need further development or additional training. It also gave them time to discuss any challenging situations they may have encountered and time to reflect on their practice. Observational supervisions were conducted by managers to see how effective staff were in their role. These supervisions focused on staff's knowledge of the person they supported, how they interacted and checked if they followed guidelines and protocols.

Care records gave details and protocols for managing people's health needs. Staff completed a daily log during the support time. They recorded any observations or concerns about a person's health. Staff said they would report any concerns immediately to the team leader. One relative said, "The team leader in particular is very proactive and will take any action that is necessary regarding my son's health. I was very impressed that they had picked up just a very small warning sign that could have flared up into something a lot more serious had they not noticed it." Staff often supported people to participate in exercise and maintain a healthy lifestyle. This included supporting people to go swimming or attend health appointments such as the dentist or GP. One relative said, "My daughter loves doing as many physical activities as she can find. Therefore it's been important that her team of support workers is made up of like-minded people who don't mind mucking in and helping her take part in these activities."

People had a 'hospital passport'. This was a document containing vital information about the person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as known allergies or medical conditions.

Care records gave details about staff's involvement with people's preparation of food and drink. This gave information about personal preferences, diet and allergies. For example for one person, the staff member prepared all their meals. The care record described how the person liked to be included by watching the staff member make the meal.

Is the service caring?

Our findings

We observed staff interact with people in a kind and caring way. Relatives spoke positively about the attitude of staff and their approach to the support they provided. One relative told us, "If you see the look on my child's face when one of his carers arrives you would understand how important they are to him and how much he looks forward to going out with them." Another person said, "I have been really impressed. I have never come across a more caring group, than those that look after my son."

We reviewed the compliments record, which contained 10 compliments in the previous 12 months. One compliment said, "A Huge thank-you for making [person's name] birthday so special. Thanks to everyone for all you do." Another compliment had been recorded as a member of the public had approached a support worker after observing them engage in an activity with a person. The person praised the support worker for the good job they were doing. Another relative had written, "Staff show first hand commitment and knowledge of [person's name] needs and behaviours."

Staff showed knowledge of people and could explain how people communicated their choices and wishes. For example a member of staff explained that one person would push away an object offered to indicate they didn't want it or would lead a member of staff to something they did want.

Clear protocols were given to staff on how personal care should be delivered. This included personal preferences and how to maintain people's dignity. For example to use a dressing gown to keep the person warm and maintain dignity. One person told us, "When my son has come back from respite stay, he always comes back properly dressed in clean clothes and looking as I would expect him to look. I've never had any complaints about them ensuring that his privacy and dignity is to the top of their consideration."

Staff developed trusting and caring relationships with people they supported. One relative said, "It is never easy entrusting the care of your son to strangers and it takes a while to build up your confidence in their abilities. I have to say though, I have not been let down once by the agency and I am particularly impressed by the dedication of all the care staff that they employ." Another person said, "In all honesty, I cannot think of anything that the agency doesn't do well. I love the fact that they have built a small supported team around my son and that their foremost consideration is his well-being and happiness."

The service focused on enabling people to achieve their desired outcomes. A separate document detailed areas that people were working on and gave progress on achievements made. For example this could be around feeling comfortable socialising with peers or being able to be involved in activities with others. One relative said, "It has become really important since my son has reached 18, that he has a meaningful social life and access to a range of activities by his support workers."

An annual audit gained views and feedback from people that used the service. This was available in a standard and easy read format. This enabled the service to monitor if people were happy with the service they received. Overall the results were positive. The service made changes as a result to the survey in developing the opportunities for people to gain qualifications and for additional staff training in report

writing. Senior managers recognised that in addition a shorter process may be beneficial for people that may find the audit difficult to complete independently.

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Each care package catered for people's individual needs and chosen activities. One relative said, "I have been really impressed with how flexible this particular agency will be around my son's needs. I am forever grateful for the way they will bend over backwards to help us if they can."

People had an assessment to ascertain the level and type of support they needed. We saw documentation that detailed people's daily routines, preferences and communication. It gave information on requirements with medication, mobility support and personal care. Information was gathered from other sources, such as health and social care professionals, advocates and family members. Further training which staff may need was also recognised. One relative told us, "I was impressed that the agency themselves were prepared to invest the time and effort to understand my son and his condition and how this manifests sometimes in his behaviour. Having seen other agencies in the past, I must admit that I was very impressed with how it works here." This process was person centred and ensured the needs of people were fully identified. One person told us, "We made sure that we talked through at length about my daughter's needs and how she required to be supported. A team leader was introduced to us and then took time to get to know my daughter and understand her little ways which can be quite confusing to outsiders. I have to say that this worked really well for my daughter and it has ensured that we haven't had any difficulties as a result."

Care records gave essential information and people's background history. An overview was given on the areas the service was providing care and support with. For example road safety, personal care, medication or finances. Each area had detailed information on how people wished for their support to be delivered. This included how often support was needed, equipment required and personal preferences. For example, for a person that was supported with communication. The care record described how they communicated indications of unhappiness such as rocking motions and a change in tone of voice. Care records specified choices around male or female carers. Cultural and religious needs were recognised and how people required support. For example, to attend a religious service.

3 Trees Community Support worked closely with people around their behaviours which could be viewed as challenging. There was detailed guidance and protocols for staff on strategies to support people in a responsive way. This included triggers such as bright lights, being hungry or a loud noise. How to recognise that people's behaviour may be changing for example, pacing or being withdrawn. Ways staff could engage to support the person for example, if they responded to humour, clear boundaries or reassurance from staff.

People were fully supported in a range of activities of their choice. People had an individual timetable in picture format of their week. A further timetable gave information for staff on the fine details of people's day. Including specific times, transitioning from an activity or an environment to another and support around mealtimes. A relative told us, "The important thing is that my son gets the most of the activities he is able to take part in."

Daily notes were written by staff to help them monitor people's care and support. These were summarised

into a monthly overview detailing areas such as well-being, health and activities. They showed key information and any action required, for example an update in the risk assessment or appointments that needed following up. The monthly overview identified any changes which may be needed to people's care and support.

Regular reviews were held with people to ensure the service was meeting their needs and to make any changes to arrangements of level of support. One person said, "We had a review a few weeks ago." Another person said, "We've had at least two reviews with the manager from the service."

The provider had a complaints procedure which was given to people and their relatives in their information pack. One relative said, "Yes I know how to make complaint, there is the leaflet about it is my son's folder. I can't say as I've never had to make a formal complaint but I'm sure they would listen to me if I did so." Another person said, "I do recall that when meeting with the manager of the service for the first time they pointed out the complaints procedure and let us know there is a copy of what to do about making a complaint in our daughter's file. I haven't had to use it though."

Complaints were logged onto the provider's computer system. There had been five complaints received since September 2015; all had been resolved to the complainant's satisfaction. The system detailed the nature of the complaint, the investigation and action taken. People received a letter acknowledging any shortcomings and an apology if appropriate. The response gave details of any changes made as a result of the complaint. Concerns raised by people were encouraged go through the formal complaint system so that any issues were open and effectively resolved.

Relatives spoke of how flexible the service was. This was important for people as routines were maintained and additional support was given when necessary. One person said, "Flexibility is one of the major selling points of the agency. I think it's because they organise the care into small teams which is headed by a team leader and this allows them to be much more adaptable when it comes to last minute changes." Another relative said, "They are very good and the team leader in particular knows how important it is to my daughter that she is able to do her regular activities each week. Sometimes I have to phone them at short notice to say that an appointment has come up so she won't be available on her usual day, but if they can, they will try and arrange for her to have support on an alternative day so it means that she doesn't miss out completely."

Is the service well-led?

Our findings

People benefited from a service that was organised and well led. Relatives gave positive feedback on the way the service was set up. The structure enabled them to have a good relationship and effective communication with the team leader who could resolve any issues or arrangements.

The registered manager was supported by team leaders who oversaw a number of care packages. Team leaders were the first point of contact for people. Relatives spoke positively about this system as it meant team leaders could sort things out promptly and effectively. One person said, "Yes, I am aware who the manager is and I have met them on a number of occasions. To be honest though, I have more dealings with the team leader of my daughter's care because I find this is the person who has the most knowledge and understanding about my daughter needs." Another relative said, "I have met the manager a couple of times when we started with the agency and again when we had a formal review, but the way they tend to set things up here is that the first point of contact is the team leader who should be able to sort out anything that is needed quickly and efficiently. I am much happier with this type of set up."

Relatives spoke positively about the direct communication they had with team leaders. One person said, "I think the communication works really well because it goes two way between me and the team leader and back again. Because I will have contact with the team leader almost on a daily basis, it means that I never have to wait long for something to be sorted out or an answer to be found."

The provider had undertaken a staff engagement survey in 2015. This was to gain feedback from staff and to identify areas where improvements could be made. Staff we spoke with confirmed they had participated in this. Staff said the survey had a positive impact as changes had been made as a result. The survey identified that communication with staff needed to improve. A new computer system that could be used from people's mobile telephone devices had been introduced. This enabled staff to instantly communicate messages to people in their team about their support session, information to hand over and things that needed action. Other ways communication had been improved were memos sent to staff and posted on the intranet to notify people of changes and important information.

Staff described 3 Trees Community Support as "A happy place to work." They said senior managers were "fantastic" and "involved." Staff felt they were well supported in their roles and valued by the organisation. Staff spoke very positively about changes that had been made in developing the organisation and making improvements. This had positive outcomes for people who used the service as staff time could be more effectively used. For example, staff could complete a webform on the intranet instead of needing to visit the office.

The provider had enhanced their recruitment process, staff benefit package and personal development of staff. A senior staff member explained how they recognised recruiting and retaining high quality, committed staff were essential for the delivery of good care and support. These processes focused on the organisation's ethos and values. A personal development plan had been introduced for staff to enable people to reach their individual goals and aspirations.

The organisation held 'core group' meetings for staff. A team met to discuss and focus on a particular person. Meetings were also attended by a senior staff member. Minutes were detailed and gave clear actions to be taken. Staff said these meetings were very useful and ensured a consistent approach to care which was essential to many people the service supported. In addition to this there were meetings for team leaders and senior staff. Minutes were available on the intranet for all staff to view. This was to ensure the organisation was open and transparent and staff were involved.

The provider had audits in place to monitor the quality of care the service provided. For example in the management of medication, incidents and staff training. The registered manager understood the legal obligations in submitting notifications to the Commission and under what circumstances these may be necessary.

The provider kept up to date with developments and changes in health and social care. They did this by being a member of a relevant homecare association which provided regular updates and conferences to attend. The registered manager was also part of a network which provided information and support to registered managers and contributed to the local safeguarding adults board.