

Auckland Care Limited

Seventrees

Inspection report

Blackfield Road
Fawley
Southampton
Hampshire
SO45 1EH

Tel: 02380892671

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Seventrees is a care home without nursing. Seventrees provides care for up to eight adults living with a range of learning difficulties and mental health needs. At the time of our inspection there were eight people living at the home some of whom also lived with physical disabilities. The service is in a residential area and has an accessible garden and parking.

Rating at last inspection

At our last inspection in April 2018, we rated the service as 'Requires improvement'.

Why we inspected

This was a planned inspection based on the previous rating.

People's experience of using this service

Improvements had been made since our last inspection and the service was, overall, meeting the characteristics of a 'Good' service.

However, further work was needed to ensure that staff consistently acted in line with the principles of the Mental Capacity Act and its Code of Practice.

Recruitment checks were now being more robustly implemented.

Overall, the design and layout of the premises met people's needs. Some improvements had been made to the décor and some fixtures and fittings had been updated. Further improvements were planned which included the installation of ensuite bathrooms and new carpets.

Staff understood how to recognise and respond to abuse and had a good understanding of risks to people's health and wellbeing. Medicines were managed safely and there were sufficient numbers of experienced staff to meet people's needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes. The principles reflected the need for people with learning disabilities to live meaningful lives that included control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and

the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

Professionals were positive about the outcomes people achieved at the service. People continued to be supported to have enough to eat and drink and their dietary needs were met. Staff worked effectively with a range of other healthcare professionals to help ensure people's health care needs were met.

People were supported by staff who were kind and caring. People were cared for with dignity and respect and staff were mindful of their need for privacy.

People received personalised care from staff who understood their needs well. People were supported to follow their interests and take part in activities that involved them in the local community.

Feedback about the registered manager was positive and people and staff felt the service was well led. There were systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

Follow up

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

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Seventrees

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.

Service and service type

Seventrees is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced.

What we did

We reviewed information we had received about the service since the last inspection. 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 used all this information to plan our inspection.

During the inspection we spoke with four people who used the service and five relatives. We spoke with the registered manager, a team leader and five support workers. We reviewed the care records of three people. We also looked at the records for four staff that had been recruited since our last inspection and other records relating to the management of the service such as medicines administration records, audits and

staff rotas.

Following the inspection we received feedback from four health and social care professionals.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had their health needs monitored and we saw risk assessments in relation to preventing falls and managing the risk of malnutrition.
- To help manage risks associated with weight loss or gain, each person had a protocol in place, agreed with their GP, which described at what point staff should seek additional advice from a healthcare professional.
- Staff had spent time with one person helping them to understand their new dietary requirements and the risks of eating unsuitable foods and they had a clear choking risk assessment in place. Clear records were maintained to show that one person was having regular drinks to prevent the risk of dehydration.
- Restrictions on people were minimised and risk reduction measures were proportionate to help ensure that people had maximum control over their environment. For example, the kitchen and fridges were no longer locked.
- A social care professional spoke positively about how staff looked for the least restrictive options saying staff understood that some risks were worth taking due to the benefits they brought to the people they supported. This was echoed by a second professional who said, "There isn't a sense that [Person] has a lesser or reduced experience of life because of his learning disability, that is to say that Seven Trees tries to ensure that [Person] has equality of opportunity, and they don't presume he can't or wouldn't want to try all sorts of experiences".
- The staff we spoke with were well informed about the risks to each person and there was evidence that staff meetings were used to reinforce risk management strategies to ensure these were embedded.
- Health and safety checks were carried out to make sure the building and equipment within it were maintained and serviced as required. These included regular checks of the environment, fire safety, gas and electrical systems.
- People had personal emergency evacuation plans (PEEPS) which detailed the assistance they would require for safe evacuation of their home.

Staffing and recruitment

- Our last inspection found that recruitment checks were not sufficiently robust. This inspection found that improvements had been made.
- All of the required checks had been completed to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS).
- There were enough trained and skilled staff to assist people with their support needs.
- The staffing levels continued to be based upon people's assessed needs and the amount of funding provided by the commissioners of their care.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate policies and procedures for reporting abuse.
- Staff had a positive attitude to reporting concerns and to acting to ensure people's safety.
- Staff had supported people using easy read leaflets to understand what abuse was and how to seek support should abuse occur.

Preventing and controlling infection

- Staff followed infection control guidance and most areas of the home were visibly clean with no malodours.
- Records were maintained to show that cleaning schedules were followed.

Using medicines safely

- Medicines were administered and stored safely.
- Medicines were kept safely in a locked cabinet within a locked cupboard.
- The temperature of the area used for storing medicines was monitored daily to ensure the medicines were being stored within recommended temperatures.
- We reviewed three people's medicines administration record (MAR). These did not contain any gaps or omissions and therefore provided assurances that people were receiving their medicines as prescribed.
- Person centred protocols were in place for the use of 'as required' or PRN medicines. These included information about the signs and symptoms which might indicate the medicine was needed.
- A number of medicines had been recorded as awaiting disposal. However, when we checked, the medicines could not be found within the home. The registered manager was able to confirm following contact with the supplying pharmacy that medicines had been collected from the home, but the medicines returns book had not been signed to confirm which medicines and how many of these had been collected. The registered manager has put additional systems in place to help prevent this from happening again.

Learning lessons when things go wrong

- Learning from incidents, safety related events or risks was effectively shared with the staff.
- Handovers and a system of detailed memos drafted by the registered manager had ensured for example that all staff were aware of the guidance from the ambulance service about being watchful for signs of deterioration for one person who had suffered a fall.
- Learning following a medicines error had been shared with staff at a team meeting.
- A falls register was maintained which included consideration of what might have contributed to the falls and what remedial actions might be needed.
- Whilst a log was maintained of all the incidents and accidents that had occurred within the service, the registered manager did not currently undertake a periodic analysis of these to identify any themes or trends that might benefit from further remedial actions. This would further develop the systems in place to learn from safety related events.

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

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff displayed a commitment to protecting and respecting people's rights.
- It was evident that people were given every opportunity to express their views and choices.
- People had decision making profiles which provided information about the decisions people could make and how staff could help them to be involved in decision making. These were personalised and included information such as when it might not be a good time for the person to make a decision.
- Overall, there was evidence that staff considered a person's mental capacity and ability to consent to their care as part of the care planning process and people had been involved in drawing up contracts about how their care should be provided.
- A social care professional was positive about the commitment of staff to support people's involvement in decisions saying, "Staff without exception have always discussed [person's] capacity to make each decision on an individual basis and are able to work with him to make choices regarding his money wherever possible. I would therefore say that they appear to have a good working knowledge of the MCA principles".
- However, further work was needed to ensure that staff consistently acted in line with the principles of the MCA and its Code of Practice.
- An application for a deprivation of liberty authorisation for one person had been submitted, but staff had not completed a mental capacity assessment to demonstrate that the person lacked capacity to consent to their care and support at Seventrees.
- In the case of a second person, staff had not undertaken a mental capacity assessment to assure themselves that the person understood the risks involved in declining thickener in their drinks.
- One person's care plan referred to mental capacity assessments previously undertaken by other

professionals. However, the registered manager did not have copies of these to assure themselves of their validity or relevance.

- Applications for DoLS had been submitted by the home and had either been authorised or were awaiting assessment.

Adapting service, design, decoration to meet people's needs

- Each person had a comfortable, single room with ensuite toilet and hand basin. These fully reflected people's individual tastes and choices and people expressed no concerns about their environment.
- There was a comfortable lounge/ dining room and conservatory, a kitchen, laundry and one shared bathroom and one shower room.
- Since our last inspection, some improvements to the internal décor had been made. New kitchen worktops and unit doors had been installed. A small smoking shelter had been built in the garden. Many of the communal areas had been painted.
- A health care professional told us, "I believe that the care home is ideal for [person] as it has facilities such as the garden where [person] can smoke, and communal areas for him to enjoy as he is very sociable. His room is nicely decorated and was ideal for his needs at my last visit".
- Despite the improvements, there was still more that could be done to enhance the environment further for people and to ensure its security.
- Upon our arrival at the home, we found the front door open and no staff in the entrance hall. Three people were subject to a deprivation of liberty authorisation due to there being known risks were they to leave the home without staff support.
- Whilst three ground floor fire exits were all alarmed, the front door was not. We were concerned that a person might be able to leave the home via the front door and no alert be raised. We discussed this with the registered manager who felt this risk was low. However, they plan to undertake further risk assessments regarding this and in the interim they have arranged for an alarm to be installed.
- There were insufficient seats in the lounge should all of the people using the service wish to spend some time together there. The registered manager told us that there were plans to bring down an additional sofa from elsewhere in the home once support with removals had been organised.
- The carpet in the communal areas was worn and in some areas was stained and would benefit from being replaced.
- The registered manager told us that the provider had plans to refurbish the home which included the installation of ensuite bathrooms and new carpets with work hopefully starting as early as July 2019.

Staff support: induction, training, skills and experience

- New staff had received a comprehensive induction into the organisation which including learning about the organisation's policies and procedures and the needs of the people they would be supporting.
- There was now a robust system in place to check the competency and progress of staff through their probationary period and an improved system of supervision and appraisal had been embedded.
- Staff told us they felt well supported and valued the opportunities to discuss any concerns or training needs. For example, one staff member said, "Its useful to have a catch up, get praised, know what you are doing well, if you have concerns, you can raise them".
- Staff were positive about the training available and told us it helped them to perform their role effectively.
- Training included, administering medicines, first aid, food safety, health and safety, fire safety, Mental Capacity Act 2005 (MCA 2005), infection control and safeguarding people from harm.
- Staff had also completed training in epilepsy, diabetes, dementia and moving and handling.
- The training provided was a mixture of online and face to face training and was mostly refreshed every three years, although some additional training had been provided in subjects such as safeguarding and fire training.

- Alongside this formal training, the registered manager was introducing a range of competency assessments. These involved observing staff to ensure they were delivering care in line with people's care plans but also provided choices and positive experiences. The registered manager told us, "If I observe something that is not quite right, I can speak with staff about this".

Supporting people to eat and drink enough to maintain a balanced diet

- Menus continued to be planned each week at a 'Chill and Chat' meeting and the main meal options were based on the individual choices of people using the service.
- People were encouraged to get involved in food preparation. One person told us, "It's chicken tonight, I do the potatoes and carrots".
- People told us the food was good. For example, one person said, "Yeah I like the food, it's good". Another person told us they often had their favourite meal of liver and onions.
- We observed the evening meal on the first day of our inspection. People ate together in the dining room alongside staff and so the occasion was sociable. People were offered a choice of dessert with one person saying they would like to have this later, demonstrating that there was flexibility offered.
- Staff were mindful of which people needed to be supervised when eating and were observed to be following care plan guidance in relation to this.

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

- Where necessary staff worked effectively with a range of other healthcare professionals to help ensure that people's healthcare needs were met. This included GP's, mental health professionals, dentists and opticians.
- When one person had recently been admitted to hospital, staff had visited them each day to provide support and continuity of care.
- Staff had been working closely with a physiotherapist to assess and plan for one person's deteriorating mobility.
- A health care professional commented on the effectiveness of the registered managers collaboration with the community mental health teams. They were developing care plans of how to manage one person's challenging behaviours given that there have been difficulties in the past with previous placements.
- The registered manager had developed a very detailed guide and resource folder for staff to assist them in supporting one person through a potentially life changing diagnosis.
- Most people had a health action plan, which provided information about past and current medical conditions.
- Very detailed records were maintained of all healthcare appointments and these evidenced that staff were proactive in identifying healthcare needs and seeking medical advice. This was confirmed by a health care professional who told us, "Staff inform me if there are any changes in [person's] needs so that these can be addressed".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives felt the care and support provided was effective and was having positive outcomes for people. For example, a relative told us, "[Person] always seems so happy and content and physically well. We are very happy with his placement". Another relative said, "[Family member] is as happy as Larry there, it's by far the best place she has been, they are a happy bunch".
- A social care professional who told us, "I feel that [person] has a really good quality of lifeand has as much community support with activities as he wishes, and this is a vast improvement from the previous placements he has been in... staff are always knowledgeable regarding [person's] mental health and wellbeing, and are able to update me regarding this".

- We observed staff used appropriate moving and handling techniques to assist a person to stand and to walk. The approach used was following guidance in a recent physiotherapist assessment.
- Overall, people's care plans described the support they required. They covered a range of areas including decision making, medicines, alcohol consumption, eating and drinking, finances, falls, communication and end of life wishes.
- The format of the support plans varied and there were some areas where they needed to be developed further. For example, the support plan for one person who had come to live at the home six months previously was less detailed and did not yet include a detailed behaviour support plan. However, there was evidence that the registered manager and staff were working effectively with the person and a range of healthcare professionals to develop this.
- Incident and accident records showed that one person was prone to bruising and this had been discussed with their GP who had advised that this could be a side effect of their medicines. However, there was no risk assessment or skin care plan in place to limit the impact of this or to provide clarity about when unexplained bruising might need to be escalated as a concern.
- The mobility plan for one person had not been updated with revised guidance from the physiotherapist issued some three months earlier. However, the guidance was available, and staff were familiar with this.
- There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people. For example, staff had been asked to read a Quick Guide issued by the Social Care Institute for Excellence (SCIE) and the National Institute for Health & Care Excellence (NICE) on helping to prevent pressure ulcers.

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

Good: 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 told us that they were treated with kindness. One person told us, "It's a lovely place to live, yes they [staff] are very kind".
- Our observations indicated that staff interacted with people in a caring, good humoured and friendly manner and we saw people's enjoyment in response to this. For example, a staff member was supporting one person to have a drink. They spoke tenderly to him about his nice smile and later were seen trying to engage him with singing a song.
- A social care professional told us, "In all contact I have had with the staff at Seventrees both by phone and during visits, the staff have been extremely positive in all their interactions with [person], and I would say that they are kind, caring and nurturing". Another healthcare professional said, "Yes at every visit all the staff that I have come across appear kind and sensitive". Another professional said, "The interactions I have observed between [Person] and staff have always been positive, intelligent, appropriate without being patronising and from a base of genuinely interested and caring of [Person].
- Staff spoke fondly about the people they supported, and it was clear that they had developed a meaningful relationship with each person and showed a genuine interest in their wellbeing.
- There was evidence that people felt able to share their concerns or worries with staff. For example, one person had disclosed to their key worker that their relationship with others outside of the home was not working so well and staff were exploring with the person how they might address this to prevent the person experiencing loneliness and isolation.
- Most of the people living at the service had lived there for many years and knew each other well. They were encouraged to show care, concern and tolerance for one another. For example, when we arrived, one person told us, "[person] has hurt himself and we are looking after him".
- We did note that there was little reference in the support plans to people's spiritual needs or sexuality and this is an area which could be developed further.

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

- Staff understood people's communication needs. Where people were not able to verbally communicate their choices or emotions staff were well informed about people's non-verbal communication methods and were seen to use these to encourage people to express their views.
- Relatives told us they were involved in their family members' care and that their opinions and input was valued. Whilst most relatives had not attended any recent formal reviews, they all felt that they were kept informed. For example, one family member said, "I have not been involved in formal review meetings for some years now, but I am kept informed about [person] and activities he undertakes by email and phone. Emails often include photos that are really lovely to see".
- Where people did not have close family or visitors we saw that staff continued to work with formal

advocacy services to ensure that people had every opportunity to express their choices and wishes. Advocacy services help people to be involved in decisions about their lives, explore choices and options and speak out about issues that matter to them.

Respecting and promoting people's privacy, dignity and independence

- The importance of supporting people to try new things and use their existing skills was referenced throughout their care plans and we observed that staff supported people in a way that maintained their independence. For example, one person told us, "They help me with my budgeting".
- We observed that people got involved in daily chores such as preparing elements of their meals and clearing away afterwards. Plate guards were used to help two people be independent with eating meals.
- People were cared for with dignity and respect. Staff spoke with, and about, people in a respectful manner and people's care plans were written in a manner that was respectful of their individuality and personhood.
- Staff were respectful of people's personal spaces and knocked on doors before entering.
- All staff had signed up to the National Dignity Council's ten-point dignity code and it was evident from staffs' practice that they supported people in line with this. For example, as referenced elsewhere in this report, each person was treated as an individual and offered as much choice and control over their care and support as was possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Staff continued to demonstrate a good understanding of the needs of the people they supported, and this enabled them to care for them in a person-centred manner that was responsive to their individual needs.
- Staff were able to talk in depth about people's preferred activities and routines and the things that made them happy. For example, we were told how one person loved a bus ride and people watching and how another person loved looking around charity shops to buy DVD's to watch.
- Relatives commented positively on the person-centred care provided. For example, one relative said, "They seem very attentive to his likes and dislikes... they are very good at this and communicate with him in a way that reflects his needs. They are also attuned to the different moods he has that changes how much and in what ways he wants to interact on different days".
- Support plans contained some specific, individual information, about the person such as the things that were most important to them and how staff might best support them. For example, we saw that it was important to one person that staff 'laughed and joked' with them and that they had several cups of tea first thing in the morning.
- One person had a communication passport which described how the person might communicate they were hungry, thirsty or frightened.
- Staff maintained detailed daily records and undertook regular key worker meetings. These were used to reflect upon how the week had been for the person in a range of areas such as their relationships and health and wellbeing. Following this, goals could be set which staff would then support the person to achieve. For example, we saw that one person had been supported to buy a present for a family member.
- People knew who their key worker was and talked fondly of them. For example, one person told us it was soon to be their key worker's 50th birthday.
- A daily handover took place which helped to ensure staff all remained informed about any changes in people's needs.
- A 'read and sign' file was used effectively to ensure staff were kept up to date on new policies and procedures, but also key changes to people's needs. For example, staff had been provided with a very detailed memo following a revision to one person's nutritional guidelines. In a second example, the registered manager had provided guidance for staff on how to best manage a potentially life changing diagnosis that had been received by one person.

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

- People were supported to take part in a range of leisure activities and follow their own interests. The weekly activities were planned on an individual basis with each person at the weekly chill and chat meetings. A care worker told us, "[Person] wanted to go for lunch, it was an hour there and an hour back, but

it was what they wanted to do, so we did it".

- Planned activities included trips to see football games and drives to the beach or New Forest. One person told us, "[staff member] is going to take me to Winchester next week". Another person had recently been to see Take That with their key worker which they were very proud of. Staff had taken a number of photos and printed these and presented them in a folder so that the person could look at them and show them to their visitors.
- A social care professional told us, "[Person] has an active and varied activities programme that is appropriate to his interests, hobbies and level of comprehension, but also inclusive in the community e.g. going to a musical at the Mayflower theatre, going out on a boat around the harbour, both of which he appears to adore and talks about regularly".
- People also took part in activities within the home. For example, one person told us, "I like bingo on Wednesdays". There was also a games console. One person showed us their room where they had developed a home cinema experience. They told us, "In other homes I have lived in, I wasn't allowed to have this".
- Most people were allocated a certain number of one to one hours by the commissioners of their care at Seventrees. Clear records were maintained to show how this time was being used, although it was not always clear how this linked to known goals and this is an area which could be developed further.

Meeting people's communication needs

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.

- There was evidence that the service had taken steps to provide information to people in a way in which they could understand ensuring that the Accessible Information Standard was being complied with. For example, easy read information was available regarding abuse and how people might report this.
- Easy read 'Permission to Share information' and other consent forms were in use, enabling people to be as involved as possible in decisions about their care.
- Staff used visual aids to help people express their choice of dessert.

Improving care quality in response to complaints or concerns

- The service had not received any complaints although there was a system in place to manage and respond to these.
- All of the relatives we spoke with were confident that they could raise concerns with the registered manager and that these would be acted upon.

End of life care and support

- The registered manager had begun to develop end of life care plans with people. Those viewed were personalised and sensitive and had been prepared in an accessible format to assist people with expressing their wishes about how they would like to be cared for should they become very ill or be dying.

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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's aims and objectives were to ensure that people received a person-centred service and their choices and beliefs were valued and that their independence and community involvement was maximised. Overall, we saw that these values were followed in practice. There was a positive and inclusive atmosphere within the home and staff worked collaboratively to ensure people's individual needs were met.
- The registered manager displayed a good understanding of the importance of empowering people and staff were motivated to support people well. There was a focus on creating a homely environment where, wherever possible, people's needs came first. This view was shared by family members and health and social care professionals. For example, one relative said, "Staff work hard to make Seventrees a 'family home' and residents are individuals within the family unit". A health care professional told us, "Since [person] has resided at Seventrees, I have dealt mainly with the manager, and she is helpful, knowledgeable and very client focused. Therefore, I believe the service to be well led".
- There was evidence that people's support focused on them experiencing new opportunities, but also enabling them to live their life as any other citizen would. For example, people attended day services and workshops where they were supported to access activities and develop skills in community settings. People visited their local shops and used health care services. One person was being supported to attend a local café for others living with similar healthcare needs.
- This approach was commented upon positively by family members and a healthcare professional who told us, "I feel that Seventrees is particularly good at enriching and empowering the lives of clients who, although they need the care offered by a residential home, still wish to access the community, make decisions for themselves and lead a full and active life with all the support they wish for or need". A family member said, "I have noted that since [Registered manager] has been managing Seventrees, things have been better than ever before from my perspective - that of a family member who has to trust the service provider to give someone they love, the best attention possible; encouraging [Person] to try new things; encouraging him to do the things that he likes to do; allowing him his own space when he needs it, especially when it's part of his normal routine. I trust [registered manager] and I haven't said that before".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided clear leadership for staff who had confidence in the way the service was managed. For example, one staff member told us, "[Registered manager] is a very strong manager, I am very confident I could go to her for any help or to know what to do, she is supportive towards staff and brilliant with the residents". Another staff member said, "They are the best manager since I have been here, she gets

it done to the best of her ability, she could interact a bit more with the guys, but she has got better. Managerial wise, I can't fault her".

- Staff told us the registered manager consistently looked for areas to improve the service. For example, one staff member said the registered manager had introduced more fruit and vegetables to the menus.
- Staff were clear about their role and responsibilities and a shift allocation process ensured that all required tasks were covered each day.
- We observed a good working relationship between staff and the registered manager.
- Staff meetings were also held periodically during which staff could discuss matters affecting people using the service or staffing matters. They were encouraged to comment and share ideas about how practice and care might be improved.
- Staff felt well supported and told us that morale and team work was good. One staff member said, "We are two distinct teams, but we all get together for team meetings and are very supportive of one another".
- There continued to be effective systems in place to assess and monitor the quality and safety of the service.
- A comprehensive range of daily and weekly checks were undertaken. These included daily health and safety and infection control checks. Equipment was checked to ensure it was safe to be used.
- The provider undertook quarterly audits of the service and each week the registered manager continued to share a report with the provider evidencing how one to one commissioned hours had been fulfilled and detailing any safety related issues. This helped to ensure that the provider had oversight of safety and quality issues within the service.

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

- There were some systems in place to actively seek the engagement and involvement of people and staff in developing the service and driving improvements.
- People were encouraged to give their views through the weekly chill and chat meetings and keyworker meetings.
- At our last inspection, the registered manager had told us that they also had plans to devise more accessible surveys to formally seek people's views about their care and use these to develop and improve the service. This remained a work in progress although some smaller scale feedback had been sought about the quality of activities for example.

Continuous learning and improving care

- The PIR showed that the provider held management meetings to share ideas and improve good practice. The registered manager received regular updates from Social Care Institute for Excellence (SCIE) and the Health and Safety Executive. They also attended training forums provided by local authorities.
- A relative told us, "I firmly believe that the Seventrees team look for improvements within their service provision as an ongoing objective".

Working in partnership with others

- There were many examples described in this report demonstrating that the registered manager and staff worked with a range of health and social care professionals to help improve the quality of life for people.
- Most people had hospital passports in place should they be admitted to hospital. This provided other professionals with important information about people, such as how the person might communicate so that they could receive good continuity of care.