

# Welmede Housing Association Limited

# Tall Trees

## Inspection report

Guildford Road  
Ottershaw  
Surrey  
KT16 0PL  
Tel: 01932 874446  
Website: [www.welmede.org.uk](http://www.welmede.org.uk)

Date of inspection visit: 2 October 2015  
Date of publication: 06/11/2015

## 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 

## Overall summary

Tall Trees provides accommodation, care and support for a maximum of three adults with learning disabilities. There were three people using the service at the time of our inspection.

The inspection took place on 2 October 2015 and was unannounced.

There was no registered manager 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 and associated Regulations about how the service is run. The manager had started work at the service in August 2015 and had applied for registration with the Commission.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

# Summary of findings

Risks to people's safety had been assessed and measures had been put in place to minimise these risks. There were plans in place to ensure that people would continue to receive safe care in the event of an emergency.

There were enough staff on duty to keep people safe and meet their needs promptly. The provider had a robust recruitment procedure to help ensure only suitable staff were employed. People's medicines were managed safely.

Staff had access to the training they needed to provide effective care and support. They had an induction when they started work and regular refresher training in core areas. Staff were well supported in their work. They met with their managers regularly to review their performance and to discuss any issues with which they needed support. Staff said that morale was good and that they worked well together as a team. Staff had opportunities to discuss any changes in people's needs to ensure that care was being provided in a consistent way.

The team leader and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when they needed support to make decisions and applications for DoLS authorisations had been submitted where restrictions were imposed to keep people safe.

People's nutritional needs were assessed and any dietary needs were managed effectively. Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured that people received the care and treatment they needed.

People had positive relationships with the staff who supported them. Staff treated people with respect and supported them in a way that maintained their privacy and dignity. Staff used a range of techniques to make sure people had the information they needed to make informed choices and to understand information that was important to them. Relatives told us that their family

members enjoyed living at the service and that staff provided high quality care. Relatives said staff communicated with them well and kept them informed about their family member's health and welfare.

People received care and support that was tailored to their individual needs. Support plans were person-centred and provided information for staff about how to support people in the way they preferred. People's needs and wishes were reviewed regularly and relatives told us that their contributions to reviews were encouraged and valued.

Staff promoted people's involvement in their local community. Relatives told us that their family members were supported to enjoy fulfilling lives and to be as active as they wished. People were supported to pursue their interests and to maintain relationships with their families.

The provider sought the views of relatives, staff and relevant healthcare professionals about the quality of the service. Relatives told us they were consulted when decisions were being made about their family member and that the service acted on their views about the care and support their family member received.

The complaints procedure detailed how complaints would be managed and told people who they could contact if they were not satisfied with the provider's response. All the relatives we spoke with said they would feel comfortable making a complaint if necessary and were confident that any concerns they raised would receive an appropriate response.

Staff received good support from their managers. They said their managers promoted an open culture in which they could discuss issues and raise any concerns they had. Staff met regularly as a team and had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The service had implemented an effective system of quality checks to ensure that people received safe and appropriate care and support. Shortfalls or areas identified for improvement were incorporated into the service continuous improvement plan, which was monitored regularly to ensure they were responded to appropriately.

# Summary of findings

The last full inspection of the service took place on 31 December 2013. We identified a breach of the Regulations in relation to Staffing. We carried out a desk based review in February 2014 which found that the provider had taken action to meet the Regulations.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of safeguarding procedures and understood their responsibilities if they suspected abuse was taking place.

Staff understood people's needs and how to support them safely. Staff understood the risks people faced and how to manage these.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff deployed to provide people's care and support safely and there were robust recruitment procedures which helped ensure that only suitable staff worked at the service.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

Staff worked well together as a team to ensure people received the care and support they needed.

People's best interests had been considered when they needed support to make decisions.

Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People's nutritional needs had been assessed and any dietary needs identified were managed effectively. People were supported to have a balanced diet and to choose what to eat

People were supported to maintain good health and to obtain treatment when they needed it.

Good



### Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind, caring and committed to providing high quality care and support. Staff treated people with respect and supported them in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence. Staff ensured that people had access to the information they needed to make informed choices.

Good



### Is the service responsive?

The service was responsive to people's needs.

Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

Good



# Summary of findings

People were supported to enjoy fulfilling lives and to be as active as they wished. Staff promoted people's involvement in their local community.

People were supported to pursue their interests and to maintain relationships with their families.

The provider sought the views of relatives, staff and relevant professionals about the quality of the service and acted on their views. There were appropriate procedures for managing complaints.

## Is the service well-led?

The service was well led.

Staff received good support from their managers and there was an open culture in which staff felt able to discuss issues and raise any concerns they had.

Staff had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Records relating to people's health and care were accurate, up to date and stored appropriately.

**Good**



# Tall Trees

## 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 was 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 2 October 2015 and was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the service and three staff, including the team leader. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with three relatives after the inspection to hear their views about the care their family members received.

We last reviewed this service in February 2014. No concerns were identified at that review.

# Is the service safe?

## Our findings

Relatives told us they were confident their family members were safe at the service. They said that staff understood their family member's needs and how to support them safely. One relative told us, "They're looked after so well there. They know him very well and he knows them. The staff are consistent, which is what he needs as he finds changes worrying." Another relative said, "We're very happy with the care he gets. He's well looked after."

Staff were aware of safeguarding procedures and understood their responsibilities to report if they suspected abuse was taking place. Staff had attended safeguarding training, which included information about the provider's whistle-blowing policy. The team leader told us that safeguarding was regularly discussed at team meetings and individual supervisions. The minutes of team meetings confirmed this. Any accidents or incidents that occurred were recorded. We saw evidence that where an incident had occurred, guidelines had been put in place to minimise the likelihood of recurrence. There had been no incidents that required referral to the local safeguarding team.

People were kept safe because staff understood the risks people faced and how to manage these. Staff had carried out risk assessments to keep people safe while supporting their independence. For example one person enjoyed walking but was not sufficiently aware of the dangers posed by road traffic. An assessment had been carried out to highlight the risks involved in the activity and identify control measures to minimise these risks. Another person had been identified as being at risk of choking. There were clear guidelines for staff about how to keep this person safe and prevent them from accessing materials that could cause them to choke. The service had obtained the local authority choking policy to ensure that appropriate guidance was being followed in how they managed this risk.

The provider had developed plans to ensure that people's care would not be interrupted in the event of an

emergency. The business continuity plan detailed the action to be taken in the event of an emergency, such as flood, fire or adverse weather conditions. Health and safety checks were carried out regularly to ensure that the premises and any equipment used were safe. There were clear procedures to follow in the event of a fire and an emergency plan. Staff attended fire safety training in their induction and regular refresher training.

Relatives told us that there were enough staff deployed to provide people's care and support safely. One relative said that this was an important element of their family member's support as they exhibited behaviours that could place themselves or others at risk. Due to people's complex needs, staff always provided one-to-one support when people left the service. Staff told us that there were always enough staff available to ensure that people were supported in line with the guidance in their care plans. We observed during our inspection that staff were available whenever people needed their support.

The provider had robust recruitment procedures which helped ensure that only suitable staff worked at the service. Staff were appointed following submission of an application form and a face-to-face interview. The staff files we checked demonstrated that the provider had obtained references, proof of identity, proof of address and a criminal record check certificate before staff started work.

People's medicines were managed safely. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Staff carried out stock checks regularly. All staff responsible for administering medicines had attended appropriate training and their competency had been assessed. The team leader told us that staff attended refresher training annually and that their competence was reassessed each year. There was a medicines profile in place for each person, which contained information about the medicines they took, protocols for any PRN (as required) medicines and details of any medicines to which they were allergic. Medication administration records were accurate and up to date.

# Is the service effective?

## Our findings

Staff had the skills and knowledge they needed to support people effectively. Relatives told us that staff understood their family members' communication methods, which was important in ensuring their family members were able to express themselves. The team leader stressed the importance of staff being consistent in the way they provided people's care, as deviating from agreed guidelines could cause distress or anxiety. We observed that staff supported people in a consistent way and communicated effectively with them. Staff recognised the signals that people exhibited when they were becoming distressed and took action to de-escalate the situation.

Staff told us that they had access to the training they needed to provide effective care and support. They said they had an induction when they started work and regular refresher training in core areas, such as safeguarding, health and safety, fire safety and medicines management. One member of staff told us, "I'm very happy with the training" and another member of staff said, "There's lots of good quality training." Staff had also attended training in areas related to people's specific needs, such as autism, epilepsy and methods of managing behaviour that challenged in a safe and non-abusive way. The team leader told us that staff were working towards the Care Certificate. The Care Certificate is a set of standards that ensures social care staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff said they were well supported in their work. They told us they met with their managers regularly to review their performance and to discuss any issues with which they needed support. Staff said that morale in the team was good and that they worked well together as a team to ensure people received the care they needed. One member of staff told us, "We always plan our leave to make sure there are enough permanent staff available to work. We support one another." Another member of staff said, "We work well as a team. People work for each other as well as the residents."

Staff discussed any changes in people's needs to ensure these were considered and addressed. Team meetings took place each month and were used to ensure that care was being provided in a consistent way. Staff said they were encouraged to contribute to team meetings and to

highlight any concerns they had about people's care welfare. Handovers took place between shifts to ensure that staff beginning work were up to date with any changes in people's needs.

The team leader and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA protects people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. DoLS ensure that people receive the care and treatment they need in the least restrictive manner.

The team leader explained how the service had ensured that people's best interests had been considered when they needed support to make decisions. One person needed a medical intervention but lacked the capacity to make an informed decision about the procedure. A meeting was held to consider the person's best interests involving staff, relatives and healthcare professionals. The outcome for the person was that the intervention was planned carefully to ensure they received the treatment they needed in a way that minimised their anxiety and discomfort.

Staff had attended training in the MCA and DoLS and understood how the principles of the legislation applied in their work. The team leader told us that applications for DoLS authorisations had been submitted for all the people living at the service. This was due to the restrictions involved in their care, such as restricted access to some parts of the service and constant supervision by staff, which were necessary to keep them safe.

People were supported to have a balanced diet and to choose what appeared on the menu. Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a healthy diet. One relative said, "He has a very good diet. He eats extremely well." Staff used photographs to enable people to make informed choices about what they ate. Staff encouraged people to maintain a balanced diet by asking people to choose options from different food groups, such as carbohydrates, proteins and vegetables.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Where people had specific dietary needs, these were managed effectively. Staff were aware of people's food preferences and that some people were at risk of eating items that were



## Is the service effective?

potentially harmful to them. Staff made sure that people were kept safe by ensuring that they had access to food and drinks they enjoyed but not to inappropriate items. The service had sought the advice of a dietitian in the past when people required support to meet their nutritional needs. The team leader told us that the dietitian was no longer involved as people's needs in this area were being managed effectively.

People were supported to maintain good health and to obtain treatment when they needed it. We found evidence that the service had effective relationships with healthcare professionals, including GPs, district nurses, speech and

language therapists and physiotherapists, which ensured that people received the care and treatment they needed. The GP had recently contacted the service to compliment staff on the quality of care people received.

Staff responded promptly if people became unwell. For example staff had supported one person to attend the Accident and Emergency department the previous day when they exhibited signs of pain. Each person had a 'care passport', which provided important information for healthcare professionals involved in their care who may be unfamiliar with their needs. There was also a health action plan for each person that recorded their health needs and any guidance from healthcare professionals about the delivery of their care.

# Is the service caring?

## Our findings

Relatives told us that their family members enjoyed living at the service and that staff provided high quality care. They said their family members enjoyed good relationships with the staff who supported them. One relative told us, “He’s extremely happy there. The staff are very caring.” Another relative said, “He loves it there. That’s his home now. The staff are very committed and caring.” A third relative told us, “The staff couldn’t be better. I couldn’t fault them.” Relatives told us that staff communicated with them well and kept them informed about their family member’s health and welfare. One relative said, “They keep in touch. They always let us know what’s going on” and another relative told us, “[Team leader] always keeps me informed.”

Staff were friendly and proactive in their interactions with people and it was clear that people had positive relationships with the staff who supported them. Staff supported people in a manner that maintained their privacy and dignity. For example staff ensured that any personal care was given in private and when people chose to spend time alone in their rooms, this decision was respected. Staff supported people in a way that promoted their independence. For example staff encouraged people to participate in the routines of the service, such as cleaning their rooms, managing their laundry and helping at mealtimes.

Staff treated people with respect and encouraged them to be involved in planning their own care. Staff had worked hard to develop individual support plans that reflected people’s interests and aspirations. Staff had made good use of photographs and other visual aids to make people’s support plans accessible to them.

Staff used a range of techniques to make sure people had the information they needed to make informed choices, such as objects of reference, photographs and Makaton. Staff also ensured that people had access to information that was important to them. For example staff knew that people liked to know which staff would be supporting them each day so the rota was displayed with a photograph of each member of staff working that day.

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The provider had a written confidentiality policy, which detailed how people’s private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

People received care and support that was tailored to their individual needs. Support plans were person-centred and reflected people's individual needs, preferences and ambitions. They provided information for staff about how to support people and made good use of photographs to make them accessible to people. People's needs and wishes were reviewed regularly and relatives told us that their contributions to reviews were encouraged and valued.

Relatives told us that their family members were supported to enjoy fulfilling lives and to be as active as they wished. One relative said of their family member, "He has a very full programme, he enjoys being busy. He goes out shopping. He leads an active life." Another relative told us, "He goes out a lot. He enjoys going out for lunch on a Thursday."

Staff promoted people's involvement in their local community. People did their personal shopping with staff support and regularly used local shops, banks, pubs and cafes. The team leader told us that people visited a restaurant for lunch each Thursday and that some people chose to attend social clubs. Staff said that people greatly enjoyed trips out and that recent day trips had included the coast, the New Forest and Runnymede. The team leader said they planned the rota at weekends to ensure staff were available to arrange day trips if people wanted to go. People accessed resource centres for sensory and music sessions and activities such as reflexology were provided in-house.

People were supported to pursue their interests and to maintain relationships with their families. Relatives told us that they could visit whenever they wished and that they were invited to summer barbecues and Christmas parties at the service. One relative said they were unable to visit their family member regularly so staff supported their family member to visit them. One person enjoyed birdwatching so staff had installed a nesting box and feeding station to attract more birds to the garden.

The service was planned in a way that was responsive to people's needs. For example one person sometimes experienced anxiety when people they did not know visited the service. The team leader explained that, wherever possible, staff arranged essential visits, such as maintenance or repairs, to take place when the person was out to ensure the source of their anxiety was eliminated.

Staff told us that, although people had a programme of activities in place for the week, this was flexible to take account of how people felt each day. Staff said that if a person chose not to take part in a scheduled activity, this decision would be respected and the person supported to do as they wished.

Each person had an allocated keyworker whose role was to advocate for them and to ensure that their support plans accurately reflected their needs and wishes. Keyworkers also co-ordinated people's annual reviews and ensured documentation about their care and support was up to date. Staff told us that if a person identified something they wished to try, this was discussed amongst the team to establish the best way of supporting the person. One member of staff told us, "We're proactive; we're always trying to work out how we can make things happen for people."

The provider sought the views of relatives, staff and relevant healthcare professionals about the quality of the service. The provider's head office distributed surveys annually and analysed the responses. Any areas for improvement were incorporated into the service improvement plan. The surveys distributed in 2015 were not available in the service at the time of our inspection. The previous year's surveys provided positive feedback about the service from relatives and professionals about the quality of care and support people received. Relatives told us that the service acted on their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. One relative told us, "They always take what I say on board."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was available in the service and an easy-read version had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had. We checked the complaints record and found that no complaints had been received. None of the relatives we spoke with had made a complaint but all said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of our inspection. The manager had started work at the service in August 2015 and had applied for registration with the Commission. The team leader knew the service extremely well and provided good day-to-day leadership and support. Staff told us that they received good support from their managers. They said the team leader or the manager were always available for advice and support. One member of staff told us, “I’ve had great support when I’ve needed it”. Another member of staff said the team leader provided “wonderful support” to the staff team. Staff said that they met regularly as a team and that they had opportunities to discuss any changes in people’s needs, which ensured that they provided care in a consistent way. Staff were made aware of the values of the organisation during their induction and these values were discussed at team meetings.

Staff said the manager and team leader provided good leadership for the service and had made clear the standards expected of them, such as the importance of ensuring people received a service that was tailored to their individual needs. Staff told us there was an open culture in which they felt able to discuss issues and raise any concerns they had. One member of staff said, “We can always discuss any concerns we have, it’s a very open environment.” Another member of staff told us, “Any comments we make are always followed up. Management encourage our views and respond.” Relatives also said that the service benefitted from good leadership and organisation. One relative said, “It’s very well run. They’re very well organised” and another relative told us, “The team leader is very approachable. She knows the place inside out and she’s very committed to the residents.”

The service had implemented an effective system of quality checks to ensure that people received safe and appropriate care and support. A plan was in place for each shift which ensured accountability for the completion of key tasks such as administering and checking medicines.

Staff carried out regular audits in key areas such as care documentation, risk assessments and medicines, were accurate and up to date. Health and safety checks, such as those related to gas, electrical and water safety, were carried out by the provider’s health and safety officer. The provider carried out monthly quality monitoring visits which assessed key areas of service delivery. Shortfalls or areas identified for improvement were incorporated into the service continuous improvement plan, which was monitored regularly to ensure were responded to appropriately. For example audits had identified that guidelines for PRN medicines needed to be reviewed and updated. This was added to the continuous improvement plan, which had been reviewed at a later date to ensure this action had been taken.

Records relating to people’s health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments were recorded and any guidance received from healthcare professionals was incorporated in people’s care plans. The service notified the Commission and other agencies of incidents and events when required. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.