

Devon County Council

New Treetops

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 

Overall summary

This inspection was unannounced and took place on 27 October 2015. The inspection was carried out by one inspector. The last inspection of the home was carried out on 5 December 2013. No concerns were identified with the care being provided to people at that inspection.

The service provides respite accommodation and personal care for up to six adults who have learning disabilities. On the day of this inspection there were six people receiving respite care. We met each of the people staying there and either spoke with them or observed staff supporting them. Throughout the year 24 people regularly used the respite service at New Treetops.

There is a registered manager in post. 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 registered manager also managed another care home run by the provider and shared their working week between the two services.

Staff took great care to make each person feel 'special' and to help them enjoy their stay. Before people arrived

Summary of findings

for each period of respite staff prepared their bedroom by placing their nameplate on the door and making sure the room was laid out ready for them, for example by making sure their choice of bedding and duvet covers were in place and any special equipment they needed. Staff were aware of the things each person liked to do, for example one person liked to help the staff with preparations when people arrived for their stay. In the evening we saw staff spending time sitting and talking to people, and sharing activities such as jigsaw. Some people went to a nearby club accompanied by a member of staff. We heard how staff organised outings and activities through discussion and agreement with people and from their knowledge of the things people enjoyed doing.

People were involved and consulted in drawing up and agreeing a plan of their care and support needs. Their care plans were comprehensive, well laid out and easy to read. The care plans explained each person's daily routines and how they wanted staff to support them. The plans were regularly reviewed and updated.

There were enough staff to meet people's complex needs and to care for them safely. On the day of our inspection there were three care staff, the registered manager and a clerical worker on duty to meet the needs of the six people who had booked to stay there that night. These staffing levels provided staff with plenty of time to give each person the support they needed at the person's own pace.

The staff knew the foods people enjoyed and meals were planned to suit the dietary needs and preferences of the people staying there that day. A large notice board in the hallway showed the alternative meals offered, and this was displayed in picture format as well as text. People told us they enjoyed the meals.

People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff received relevant training to effectively support each person's mental and physical health needs. Staff were positive and enthusiastic. Comments from staff included "We treat people here as we would want to be treated ourselves."

The home was maintained to a high standard and was equipped to meet the needs of each person who stayed there. Equipment included nursing beds, hoists with overhead tracking, large bathrooms and shower rooms with equipment such as handrails and bath hoists to help people move safely and as independently as possible.

Medicines were securely stored and administered safely by competent and well trained staff. There were safe systems in place to make sure staff understood each person's medication and how it should be administered. There was good communication in place with families and carers to make sure any changes in medications were explained to the staff before the person arrived for a period of respite.

People were supported to maintain good health. There was good involvement with local healthcare providers and the home liaised closely with people and their families where health concerns were noted and where referral for treatment or advice was needed.

The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. Regular resident's meetings were held and people told us they could speak out in these meetings. People were also asked to complete survey forms seeking their views on all aspects of the service.

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.

People were protected from abuse and avoidable harm. Care was taken when recruiting new staff to make sure they were suitable to work with vulnerable adults.

Staffing levels were sufficient to meet the needs of each person who used the service.

Risks were identified and managed in ways that enabled people to remain safe.

Medicines were managed safely

Good



Is the service effective?

The service was effective.

People received support from staff who had the skills and knowledge to meet their needs effectively. Staff were experienced, well trained, and received regular supervision and support from their line managers.

The staff worked closely with other professionals to make sure each person's individual goals and support needs were met.

The service acted in line with current legislation and good practice recommendations to ensure consent was gained before care or treatment was provided.

Good



Is the service caring?

The service was caring.

Staff took a pride in making each person feel welcomed and to make their stay enjoyable.

People were treated with kindness, dignity and respect. Staff listened to people and gave them time to talk about things that mattered to them.

Good



Is the service responsive?

The service was responsive.

People and their families or supporters were involved in drawing up a plan of their support needs. Staff worked closely with other professionals to ensure people received the treatment, advice and equipment they needed.

People were supported to participate in a range of activities within the home and within the local community according to their interests and preferences.

People were encouraged to express their views and the service responded appropriately.

Good



Is the service well-led?

The service was well-led.

People were supported by a motivated, positive and dedicated team of staff.

Good



Summary of findings

<p>The provider's quality assurance systems were effective in maintaining and driving service improvements.</p>	
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New Treetops

Detailed findings

Background to this inspection

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

This inspection took place on 27 October 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 5 December 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

Before the inspection, the provider 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager and five staff who worked at New Treetops. We also spoke with a relative who visited the home briefly during our inspection. We looked at the care records and spoke or observed staff supporting six people who were staying at New Treetops on the day of our inspection.

We also looked at records relevant to the running of the home. This included staff recruitment files, training records, medication records, maintenance records, complaint and incident reports and performance monitoring reports.

Is the service safe?

Our findings

People who stayed at New Treetops were protected from harm or abuse because the provider and registered manager had taken a range of actions to make sure people were safe. These included implementation of a range of policies and procedures relating to health and safety and protection from abuse. These were monitored closely by the provider to ensure they were followed.

Two people we spoke with told us they felt safe whenever they stayed at the home and they were confident they knew who to tell if they were worried about anything. Four people who were staying there on the day of our inspection had limited verbal communication skills but we saw they were relaxed and smiling when supported by staff. We were assured by staff they knew each person well and would be able to identify any changes in their mood or health that might indicate they were at risk of harm or abuse. A relative we spoke with said “We are extremely happy with the care. If we weren’t he wouldn’t stay. If we had any problems we would be on the phone straight away. New Treetops ticks all the boxes”.

Risks of abuse to people were minimised because the provider made sure prospective new staff were thoroughly checked to make sure they were suitable to work at the home. The staff turnover was very low and no new staff had been recruited since our last inspection, therefore we did not check any recruitment records. The registered manager gave us assurances that the provider had very strict recruitment procedures. They said new staff would not be allowed to start working with vulnerable people until a range of checks had been carried out and all paperwork was correct. The checks included seeking references from previous employers and checking that job applicants were safe to work with vulnerable adults.

All staff had received training and regular updates on how to recognise and report abuse. Staff we spoke with had a clear understanding of what might constitute abuse and how to report it. All were confident that any concerns reported to the registered manager or provider would be fully investigated and action would be taken to make sure people were safe. They told us where information on safeguarding procedures was kept in the office.

There were always enough staff on duty to meet the needs of the people staying there. We were given copies of staff

rotas along with information about the people who had stayed at the home. Staffing levels were carefully planned according to the number of people staying there and their dependency levels. For example, on the day of our inspection there was the registered manager, three care staff and an administrator on duty. Routines such as meal preparation and supporting people with personal care needs were carried out promptly and efficiently. Staff were relaxed and had time to sit with each person and provide support with their chosen activities. Staff told us they were confident there were enough staff employed. Comments included “Yes there are more than enough staff. They are really good. Everyone pulls their weight, and we all cover shifts when other staff are off sick.”

Care plans contained risks assessments covering all aspects of each person’s physical and personal care needs. These had been reviewed before and during each period of respite. For example one person’s care plan contained a record of three risk assessment changes in the previous month. The changes had been clearly recorded in all relevant sections of the care plan file and gave staff good information on the person’s current support needs and how to minimise the risks.

Where health needs were identified detailed information was given to staff to help them recognise any changes in the person’s health. Explanations on each area of risk were clearly set out under headings such as ‘How these affect (the person) and the risks they pose’ and ‘How staff can continue to support (the person) through their conditions’. Risks such as diabetes, choking, skin conditions and epilepsy were explained in detail along with clear instructions to staff on how to support the person. The staff liaised closely with relevant professionals such as physiotherapists and the Speech and Language Therapy team (SLT) to make sure they understood each person’s individual risks and support needs. Monitoring tools were used to help staff identify risks, for example the risk of pressure sores, weight loss or weight gain.

Moving and handling needs of each person were met through detailed risk assessments and moving and handling plans. The home was equipped to a high standard with overhead tracking for hoisting equipment, specialist baths with adjustable heights, a walk-in shower, and nursing beds with pressure relieving mattresses to suit each person’s individual assessed needs. On the day of our visit one person had their own pressure relieving mattress

Is the service safe?

and the registered manager told us this was removed from the bed and stored safely when the person was not staying there. All areas of the home were bright and spacious with grab rails and room to move wheelchairs safely. The registered manager said they were planning to alter one bathroom because they felt by moving the bath it will give people more room to move around safely and enable greater independence.

Where people had complex health needs that required support from skilled staff, training had been provided by relevant professionals. For example where people were fed through a tube into their stomach by a procedure known as Percutaneous endoscopic gastrostomy (PEG) feeding, staff had received training on the procedures and their competency and knowledge had been checked before they were allowed to carry out the procedure. Training and updates were provided to all staff every year.

A health professional we contacted after the inspection described how they had worked with the staff team to enable a person to take a bath safely. They told us “I feel safe practice is used...” They told us the staff followed a risk management plan and they had consulted the health professional on this.

Staff took great care to ensure medicines were stored and administered safely. Before people stayed for the first time the home recorded the medicines they were prescribed, dosages, times of administration and all information relevant to the storage and administration. Families were asked to keep the staff informed of any changes in medication so that they had up-to-date records in the home at all times. We saw a letter received from one person’s family explaining a recent change in their medication. Copies of each person’s current prescription were retained, and also information leaflets on each medicine prescribed. The records also explained the use of medicines prescribed on an ‘as required’ basis such as pain relief. The home’s medication administration procedure was also kept in the office near the medicine cupboard, giving staff quick access to any information they needed relating to medicines.

People brought their medicines with them and handed them to staff on arrival. Two members of staff checked the

medicines, counted and recorded them on the medicines administration records (MAR). They also checked the expiry date to make sure the medicines were safe to use. The medicines were then stored securely in a locked cabinet that was kept in a quiet room that was kept locked when not in use. There were also suitable storage facilities for any controlled drugs prescribed to people, and any medicines that required refrigeration.

We observed two members of staff administering the evening medicines. They checked and double checked each medicine and the MAR carefully before removing the medication from the packaging and placing in a pill pot. When they were both satisfied the medicines were correct they took them to the person and watched them swallow the medication. They returned to the office to complete the administration record before going on to the next person. The staff explained the importance of each check they carried out, which demonstrated their knowledge and competence in the task.

Creams and lotions were dated when opened and there were clear instructions on when medicines should be discarded. Staff told us this had been a problem in the past as some families had failed to recognise the importance of providing information on the opening dates. They had explained to the families that they were unable to administer creams and lotions unless they were confident they were safe to use. A member of staff told us “We are on top of this now.”

Staff told us they had received training and updates on the safe administration of medicines. They felt they had ready access to all the information they needed on each person’s medications.

Where people wanted to hold and administer their own medications they were supported to do so safely. A health professional told us how the home had supported one person to do this, saying “They also have had to manage (a person’s) medication which (the person) wanted to self-manage, they were able to come up with a compromise where (the person) keeps her own medication but in a locked box.”

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff turnover was very low with many of the staff having worked for the provider, either at New Treetops or in other care services, for many years. We were given reassurances that any new staff recruited in the future will be expected to complete a thorough induction programme at the start of their employment. However, as there had been no new staff recruited since our last inspection we did not check recruitment or induction records.

We were given a copy of the training matrix that showed the training each member of staff had received. All essential health and safety related training and updates had been completed, including safeguarding, fire safety, infection control, people moving, food hygiene, emergency first aid and safe handling of medicines. There was also a large range of additional training topics offered which provided staff with the skills they needed to support the people who regularly stayed at New Treetops. These included such topics as autism awareness, breakaway techniques, managing issues before they become a problem, disability awareness and eating and swallowing. The training was provided using a variety of methods including classroom based training, workbooks and e-learning. Most staff had achieved a relevant qualification such as a National Vocational Qualification (NVQ) or a diploma. Staff told us the training was very good. Comments included “They are very hot on it here” and “We have had plenty of training.”

Staff received individual supervision from their line manager regularly every six weeks. They also received annual appraisals and regular staff meetings. Staff told us they felt well supported, and that communication was very good. They said there was excellent support and teamwork with staff always ready to help out, for example when cover was needed for shifts when staff were unexpectedly off sick.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Nutritional guidance had been obtained by specialist health professionals where there were concerns about

people’s diet or nutritional needs. This included guidance on health problems such as diabetes. The staff told us they noticed changes in people from one visit to another, and gave an example of a person they found to be losing weight. They noticed the person was not eating well. They sought professional advice and worked with the person’s family to find a solution. They found the person quickly became tired when eating and could not cope with large platefuls of food. Instead of giving large portions to try to help the person maintain a healthy weight they reduced the portions and found this was successful. This resulted in the person’s weight stabilising.

Staff knew the foods each person enjoyed and planned menus to suit each person. Menus were displayed on the notice board using pictures. Choices were offered, and if people did not like the alternatives offered staff discussed and agreed with them the foods they would prefer.

People were always asked for their consent before staff assisted them with any tasks. During our visit we saw staff offering people support and waiting for a response, either verbal or non-verbal before carrying out any task.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager had sought advice from the provider’s legal advisors, and from specialist staff on the possible application of the Deprivation of Liberty Safeguards (DoLS) for people who regularly stayed at New Treetops. They had received reassurance that DoLS did not apply to any person who regularly stayed there. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Is the service caring?

Our findings

Staff took great care to make each person feel 'special'. Before people arrived for their respite stay staff prepared their bedroom by placing their nameplate on the door of the bedroom allocated to them, and by making sure the room was laid out ready for them, for example by making sure their own bedding and duvet covers were in place, and any special equipment they needed. At the end of their stay the bedding and equipment was washed and put away safely until their next stay. Staff were aware of the bedroom each person preferred to use and they took care when booking a person for a respite stay that they recorded the room the person preferred to use on the booking form. This meant that people stayed in bedrooms that were familiar to them, and were suitably equipped according to their individual needs. People told us the staff were always kind, for example one person said "Yes, the staff are always kind."

Staff gave us examples of how they made people's stay enjoyable, with outings to places people wanted to go, or where staff knew that people would enjoy, such as an outing to the Donkey Sanctuary. Staff used their knowledge of each person who stayed there to plan activities they might enjoy, for example on the day of our inspection a member of staff had purchased pumpkins that staff would help people carve for Halloween. One member of staff told us "Little things matter." They went on to explained how the service had improved over recent years, saying "Staff are more inspired these days – more creative about how to help people have a good time." Another member of staff said "We treat people here as we would want to be treated ourselves."

Staff were aware of the things each person liked to do, for example one person liked to help the staff with preparations when people arrived for their stay. In the evening we saw staff spending time sitting and talking to

people, and sharing activities such as jigsaw. A member of staff explained how they encouraged people to be involved in daily routines. For example, a person liked to help lay the tables and said "When you praise her, she beams!"

We saw staff treating people in a gentle, kind, respectful and compassionate manner. They gave each person time to express their feelings, including any worries they may have. The staff showed they understood the things that mattered to each person. The staff were not judgemental, and offered positive encouragement and friendship. This helped people make their own decisions about things that mattered to them. Two people told us they liked the staff, and the staff were caring. Comments included "The staff are kind. They are never bossy."

Healthcare professionals told us they found staff to be caring. For example, a healthcare professional told us, "The person I visit is given her own room with her name identifying which room she is staying in. She uses her own bed linen. She tells me that she likes visiting Treetops and that the staff are caring."

All staff had received training on equality and diversity. The registered manager told us that staff understood the importance of treating people with dignity and ensuring their human rights were respected. They also recognised the importance of understanding each person's individual method of communication, including the use of body language and facial expressions, to ensure people were treated at all times in a caring and respectful manner.

People were encouraged to express their views about their care through regular reviews. Due to the short period of each stay the reviews had been held mainly with each person. They planned to improve the way they involve families and representatives in future by inviting them to attend face-to-face meetings at least once a year to review the care provided and consider any changes or improvements needed.

Is the service responsive?

Our findings

Each person's needs were assessed before they began receiving a respite care service. Information was gathered from relatives and professionals who knew the person well. This was used to help staff make sure the service was able to meet the person's needs. The support plans were reviewed and amended as staff got to know the person and understand their needs. Many of the people who regularly used the respite service had been visiting the home for many years. During this time staff had got to know them and their families and carers very well. They had used this knowledge to build up a detailed support plan that was easy to read and provided detailed information on every aspect of the person's health, personal care and social needs.

One person who was staying at the home told us they knew most of the people who regularly stayed at New Treetops. They said many of them had gone to school together, and went to the same clubs. This had helped them settle when they first began using the respite service, as they felt they were staying with friends.

The staff used communication aids such as pictures, symbols and objects to enable people to express their needs and preferences. The support plans took into account each person's gender, race and beliefs and their preferences in respect of these. Likes and dislikes were confirmed with each person and set out clearly in their support plan. Each support file contained an overview of the things that were important to each person, including any risks and how the person wanted to be supported in respect of these. Throughout the support plan file all important information was highlighted in red which drew staff's attention to areas of high risk.

The registered manager and staff team recognised the importance of keeping in touch with people, their families and professionals who supported the person between each period of respite. This helped them to regularly review the person's support plan and make sure it was kept up-to-date before each respite stay. Where people's needs had changed this was recorded on an amendment sheet and the information was used to update all related areas of the support plan.

We spoke with two people about their support plans. One person confirmed they had been consulted and involved in

drawing up and reviewing their support plan and they told us the information in the support plan was correct. The second person agreed they had been consulted over their support plan but was uncertain about the accuracy of some of the information. We spoke with the person and with the registered manager about their support plan. We were assured the staff had taken great care when drawing up the support plan to reflect the person's views and those of their family and professionals who supported them in a sensitive way, while at the same time highlighting the risks and the agreements they had reached with the person on how those risks should be managed.

During our inspection we saw staff supporting people in accordance with the instructions set out in the support plans. For example, they recognised when a person became tired after sitting for long periods in their chair, and they used their knowledge of the person's non-verbal communication to support the person to move to their bed. As it was early in the evening they sat and chatted to the person and we saw from the person's smiles and laughter that they enjoyed the interaction with the staff.

People were able to make choices about all aspects of their day to day lives. There was an emphasis on supporting people to maintain independence, and to help people manage their own physical and medical needs. One person offered to make us a drink, and we saw that this was something the staff encouraged people to do for themselves, with support where needed.

People were encouraged to participate in a range of activities according to their interests. Outings to local garden centres, coffee shops and local libraries were provided. There was a good supply of board games, books and puzzles and staff spent time with sitting with people to play games if they wished. Staff told us they were constantly looking for new things for people to do, for example they had found some people enjoyed using tablet style computers and they had suggested the home purchases this equipment for people to use.

During the evening of our inspection some people went to a nearby club accompanied by a member of staff. We heard how staff organised outings and activities through discussion and agreement with people, and from their knowledge of the things people enjoyed doing. There was

Is the service responsive?

an enclosed garden at the back of the home with a paved area and seating and we heard the garden was popular with people during the summer months where they were able to enjoy barbeques and socialising.

Despite the short period of each stay at the home people continued to be supported to maintain contact with friends and family. For example, during our inspection one person who was feeling upset and wanted some reassurance was encouraged to ring their parent during the evening, as staff felt this might help the person feel more settled.

People who used the service and their families had received a copy of the complaints procedure and knew who to speak with if they wanted to make a complaint. Since the last inspection there had been one complaint made to the provider. This related to the provision of service by the provider and was not a complaint about the care provided by New Treetops. The complaint had been investigated by the provider and responded to in writing.

Is the service well-led?

Our findings

There was a registered manager in post who also managed another home run by the provider. They shared their working week between the two homes. They told us that when they were working at the other home they were always available if anyone wanted to speak with them about New Treetops. There was also an assistant manager in post who took responsibility for the management of the home when the registered manager was not on duty. The registered manager also met regularly with their line manager for supervision and to review the management of the service. This meant there was a staffing structure in the home which provided clear lines of accountability and responsibility.

Staff told us they thought the service was well-managed. They told us the registered manager was approachable and supportive, and was constantly striving to improve the service. Comments included “I think she is doing remarkably well” and “Yes, I feel it is all well-managed. (The registered manager) is brilliant!” Staff told us they felt well supported through supervisions and staff meetings and were encouraged to raise comments and ideas.

The registered manager told us they were constantly looking for ways to involve and consult with people and to improve people’s respite experience. They told us they encouraged staff to ‘think outside the box’, and gathered staff’s views and ideas through staff meetings, supervisions and through informal chats with staff.

The registered manager also told us that good practice was noted and praised. Poor practice was acted on immediately. Staff were encouraged to challenge others if they felt there were any areas where changes could be made. There was a whistle blowing policy in place and staff

were encouraged to speak with the manager if they had any concerns about poor practice. Staff were encouraged to report any errors or issues promptly. There was a culture of learning from mistakes, with follow-up meetings to discuss the findings from investigations and agree any measures to be implemented to prevent the errors happening again.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. The provider carried out in-depth audits and checks on a regular basis. They monitored the safety and quality of care and made recommendations where they identified areas that could be improved. The monitoring systems included seeking the views of people who used the service, their families and other people important in their lives.

Monitoring systems carried out by the provider and by the registered manager covered all aspects of the service including support plans, training, finances, medication, housekeeping, supervisions, compliments and complaints. We were shown copies of the reports which covered 14 key areas of quality and included all areas of the provider’s legal responsibilities. The reports identified what was going well, and areas where improvements were needed. For example, they identified some areas where best interest decisions should be sought. The monitoring systems also recorded where actions had been taken to address issues previously highlighted, and if these had been successful. This showed the monitoring systems effectively held staff to account for any actions or improvements needed and made sure these were carried out within agreed timescales.

The registered manager was aware of their responsibility to notify the Care Quality Commission of all significant events which occur in the home in line with their legal responsibilities. There had been no incidents or events since the last inspection.