

# Welmede Housing Association Limited

## Tall Trees

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this announced inspection to Tall Trees on 14 December 2017. Tall Trees is registered to provide accommodation with personal care for up to three people with physical and learning disabilities. At the time of our visit three people lived at the service.

At our last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by sufficient, skilled staff to meet their needs and robust recruitment processes were in place to ensure only suitable staff were employed. Risks to people had been identified and as such staff took appropriate steps to help mitigate any risk of harm or injury to people. Staff were aware of their responsibilities in safeguarding people from abuse.

Staff received on-going training, induction and supervision to support them in their roles. They were knowledgeable in relation to infection control and what to do in the event of a fire.

People were supported to make their own decisions about their care and encouraged to be independent as much as they could. Where there were restrictions in place staff had followed legal guidance in order to help ensure these were in people's best interests.

People received support from staff who knew them well and positive relationships had developed. Staff treated people with kindness and were aware of their preferences. Staff demonstrated a good understanding of people's communication styles and ensured people received care that focused on people's health and wellbeing. People received the medicines prescribed to them and staff sought advice from health and social care professionals to help ensure people received the most appropriate, effective and responsive care.

People had access to nutritious food of their choosing. People's care records were person centred and completed in detail. Care plans were regularly reviewed and updated to ensure staff had up to date guidance regarding people's care. People had access to a range of individual activities in line with their interests.

People lived in an environment that was homely and suitable for their needs. The service was clean and hygienic and people had access to communal areas, a garden and their own bedrooms which were individualised.

Systems were in place to monitor the quality of the service provided and ensure continuous development. People and staff were involved in the running of the home and relatives played an active role. The service had a registered manager, who although also managed another of the provider's services, demonstrated good management oversight of the service. Staff felt supported by the registered manager as well as the deputy manager.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 checked 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 was a comprehensive inspection.

The inspection took place on 14 December 2017 and was announced. We announced the inspection because people living at the service may become anxious by having strangers in their home. This ensured staff could prepare people for our visit.

Due to the small size of the service the inspection was carried out by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

As part of our inspection we spoke very briefly with one person who lived at the service and carried out some observation of the care and support provided to people living at the service. We also spoke with the registered manager and three staff members. Following the inspection we spoke with two relatives.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

# Is the service safe?

## Our findings

People's relatives told us they felt their family member was safe living at the service. One relative said, "He has got to know everybody (staff)."

Risks to people's safety were assessed and action taken to minimise them. For example, one person suffered from an eating disorder and as such before staff purchased and put up Christmas decorations they ensured they were totally safe for this person. In addition, staff carried out two-hourly spot checks around the premises to ensure there were no inappropriate items left out that this person could eat. Another person had a mobility issue and required specialist footwear. We observed staff had ensured that this person was wearing these boots when they went out. A staff member told us, "We check the environment all the time and [name] likes to sit on their sunbed in the garden in the summer, so we always make sure they have sun cream on."

Staff learnt from accidents and incidents. Following any accidents or incidents care records were reviewed to ensure that appropriate guidance was in place to prevent the accident or incident happening again. For example, there had been two accidents where people had slipped in the bath. As a result staff had been instructed to ensure the non-slip bath mat was in place at all times. We observed this to be the case on the day.

People lived in an environment that was suitable for their needs. The premises were uncluttered and accessible for people. We noted everywhere was clean, tidy and hygienic and staff were aware of their role in meeting infection control standards. A staff member told us, "The cleaning rota is part of the handover. Night staff do a lot and each night they focus on a specific area. We have protective equipment (gloves/aprons) in the bathroom and kitchen and we follow a 'clean as you go' policy. This means we clean door handles and stairs gates routinely as these are areas that are handled by people and staff a lot." Another said, "I always wash my hands before and between personal care. I use gloves and change them before attending to someone else. We take the temperature of foods and any spills on the floor are cleaned up straight away." A relative told us, "The place is always clean."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse people may experience and their role in reporting any concerns. Guidance regarding reporting procedures were available to staff. One staff member told us, "You can't sit on stuff like that."

People received their medicines in line with prescription guidelines. Medication was securely stored in a cupboard. Each person had a Medicines Administration Record (MAR chart) in place which detailed prescribed medicines, a photograph of the person and any known allergies. All MAR charts were fully completed. Guidance was provided to staff regarding the administration of 'as needed' medicines (PRN). Medicines audits had found the service to be managing people's medicines well. This was reflected in our findings during the inspection. Monthly first aid box checks were carried out and we saw that items in the box were within date.

Sufficient staff were deployed to meet people's needs. We observed that staff were available to support people both at home and when going out. The registered manager told us that there was some agency staff used at the service although these were regular agency staff who knew people well. When people had days where there were several activities taking place additional staff were rostered on to help ensure people attended the activities they expected to. We saw this during our inspection. A staff member told us, "Yes, there are enough staff now. We normally have extra depending on activities."

Robust recruitment procedures were in place to ensure staff employed were suitable to work at the service. Disclosure and Barring Service (DBS) checks for staff were completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained an application form, proof of identity, references from previous employers and a staff member's right to work in the UK.

Regular health and safety and maintenance checks were completed to ensure the premises were safe. A fire risk assessment had been completed and personal emergency evacuation plans were in place for each person which detailed the support they would require to leave the building in the event of an emergency. A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow should the building not be available for use. Staff were knowledgeable in relation to fire safety. A staff member said, "We have an order in which we would evacuate people and we use the car as a safe location. This works whether there are one or two staff members, during the day or night. We can use the premises next door if we need to accommodate people for a longer period."

# Is the service effective?

## Our findings

Relatives told us they felt staff were skilled in their roles. One relative told us, "Yes, they cope very well because I mean it must be hard work at times."

Staff received the training they required to ensure they were effective in their roles. Training records showed staff had completed training in areas including first aid, nutrition, moving and handling, medicines and infection control. In addition training specific to the needs of the people living at the service was provided which included epilepsy. Staff told us they found the training useful in supporting them in their role. One staff member told us, "The training was really good when I started. I had a two week induction and four days of shadowing. I learnt a lot." Another said, "I was given extra and relevant information. None of it felt unnecessary."

Staff received regular supervisions to monitor their performance and support them in their job role. Records showed that supervisions were completed in line with the provider's policy and staff were encouraged to progress. One staff member told us, "There are additional courses for team leaders which helped me continue to learn." They told us they had raised in their appraisal they would like to attend further training and as such they had been put onto this. Where staff were new to the role they underwent an induction period and the deputy manager carried out regular reviews with them to monitor their progress. Staff were expected to undertake the Care Certificate (nationally recognised set of standards for people working in care). A staff member confirmed they had undergone probationary reviews and told us, "I have not been left to do things and I can always ask questions." Another staff member told us, "I currently feel supported. [Registered manager's] input is really good. I have supervisions and appraisals." They added, "It is a very supportive culture. New staff have been brought into the role and coached which means there are no issues between staff and there is a nice atmosphere." A third said, "All staff support the team leader and in turn he supports us. We work together."

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 when needed. When they lack mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had systems in place to ensure that people's legal rights were respected and that the principles of the MCA were followed. Where required capacity assessments and best interest decisions had been completed. DoLS applications had been submitted to the local authority where restrictions were in place. These included the locked front door and stair gates in place to reduce specific risks that had been identified. We talked to staff about the impact to others living at the service as they could not easily access certain areas of the home. Staff explained that the restrictions were in place more so when one individual was around and were relaxed in the presence of other people. A staff member told us, "We need to ensure

that any deprivation of their liberty is in their best interests." I always offer people choice to help them make their own decisions."

People were supported to access healthcare professionals when required and staff followed their guidance. Records of healthcare appointments were detailed and advice provided was followed. For example, one person with mobility issues had recently been provided with new footwear. We noted guidance from the hospital team was, 'ensure [name] wears them for 1½ hours each day to break them in'. Staff told us about this and how this was needed to help ensure the boots were comfortable for them. Another person had been seen by the Speech and Language Therapy team who advised staff not to use a large spouted cup for this person. Staff were aware of these instructions. There was evidence that this same person had been for a cardiology appointment and other people had been to the GP or seen the chiropodist.

People were helped to remain healthy by the responsive care that staff showed. One person was not feeling well and as such had remained in bed. We observed a staff member take them regular warm drinks to help ensure they remained hydrated. Later in the day we heard the staff member telephone the doctor as they were concerned about the person and their high temperature. Each person had a health action plan which recorded their individual health appointments as well as a hospital passport. Hospital passports contained important information about the person should they have to go into hospital. A staff member told us, "We put the service users at the front of the service. We always ensure they are happy and healthy and we are very aware of their medical needs."

The service had received compliments from healthcare professionals regarding the care people received. One health professional had written, 'The support worker was very friendly as usual. Lovely rapport with the service users and very good knowledge of patients'.

People were supported to have a varied diet in line with their preferences. Menus were discussed with people on a weekly basis. Pictorial menu options were used to support people in making choices. Guidance was available to staff regarding people's preferences and how they required their food to be prepared. For example, one person preferred certain meals pureed although they did not have a risk of choking. Staff observed their preferences in this respect. A relative told us, "If it means that they eat their food it's good." Where people were at risk of malnutrition or dehydration staff took appropriate action. We read that one person, 'scratches their face' and it was noted that staff should check their nails daily. This had been included on the daily records to remind staff.



## Is the service caring?

### Our findings

People's relatives told us that staff were caring and respectful. One relative told us, "Very happy. All the staff are very good. He gets all the care and attention he needs." Another said, "They (staff) care for him very well."

We observed people and staff had developed positive relationships. Most people had lived at Tall Trees for a number of years and staff knew them well. Staff demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacted positively with people and they had a good rapport. One relative told us, "They cope with him very well. They are all angels."

People's dignity and privacy was respected. We observed staff knocked on people's doors before entering. We heard staff call people using their preferred name and spoke to them in a respectful manner. A staff member told us, "I ensure people remain clothed as much as they'd like to be and I ensure their privacy. With [name] I explain step by step what I am doing. I am also aware of people maintaining dignity between each other."

People were supported to maintain relationships with those important to them. One person's support plan noted, 'maintain relationship with family, especially sister'. A relative told us, "I have known [staff name] for a number of years and he brings [name] over to see me now because I can't drive." Another said they were always made to feel welcome when visiting.

Staff demonstrated a good understanding of the way people expressed themselves. One person used the words, 'meat one' if they wished their food to be pureed. Staff were aware of this expression and as such described to us when the person would say it. A staff member told us, "If [name] brings you to the downstairs bathroom that means he is indicating he wants to go out." Another said, "We all know the guys really well and we know how to get them in the right frame of mind."

People lived in a homely environment. We saw communal areas were nicely furnished and people's rooms were individualised. The deputy manager told us a request had been submitted for new dining furniture and curtains, but new sofas and bedroom furniture had already been purchased for people. A relative told us, "It's just like home from home."

People were encouraged to be independent and participate in the daily routines of the home. We saw people were supported to clear away the table, help with their laundry and clean their bedrooms. A staff member told us, "I prompt people to be independent." Another said, "I try not to take too much of their independence away."

# Is the service responsive?

## Our findings

Relatives told us that staff ensured they were involved in their family member's care and were invited to reviews of their support plans.

Care was person centred and individual. Support plans were completed in detail and reflected people's personalities and preferences. People's support plans included information on a person's past history, important dates for them and information that was useful to staff. We saw one person had photographs in their support plan which showed pictures of how they may look if they were unhappy so staff would recognise when they needed additional support.

People received responsive care. For example, where people had epilepsy there was guidance in place for staff. One person had a hearing impairment and as such their support plan stated, 'speak in [name's] right ear'. One person was at risk of losing weight as they 'sometimes refuses food all day' and we saw that staff weighed them weekly.

People's end of life wishes were recorded by staff. Although no one was receiving end of life care we noted each person had a care plan specific to this topic in their support file. We read that these had been partially completed for some people where their wishes were known.

People had access to a range of activities in line with their interests. A relative told us, "They're going out plenty." Another said, "They do take them out quite a bit." The deputy manager told us this was an area the service was continuing to develop. Individual activity records were completed to help staff build a picture of the activities people enjoyed and how they responded. During the inspection we observed two people going out with staff to a music activity followed by lunch out. When they returned in the afternoon it was evident people had had a good time.

Daily records reflected how people spent their time. We saw that there were in-house activities such as reflexology, puzzles and watching films. We noted from a recent house meeting that one person had indicated they wanted to make cupcakes and as such this had been introduced to the in-house activities. Another person said they would like to go to the airport and staff had taken them to a local small airport for them to watch the planes. External outings included one person attending the McMillan coffee morning held at another of the provider's services, art group and the reintroduction of the music group. Each month a bowling get-together was held for people living at Tall Trees as well as people from other service who they knew from previous placements. A staff member told us, "We encourage people, but can't force them to do things. We help them as much as we can to attend activities depending on their capabilities. One person likes driving around and he doesn't just sit in the car, he is very observant." Another said, "People go out as much as they want to."

There was a complaints policy in place. Records showed that no complaints had been received since our last inspection. Relatives told us they would have no hesitation in making a complaint should they need to, however the need had not arisen. One relative said, "In all the time he's been there I've never had to

complain."

## Is the service well-led?

### Our findings

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager demonstrated to us that despite managing another of the provider's services, this did not diminish their management oversight of Tall Trees.

Relatives told us staff were good at communicating with them. One relative said, "They (staff) get in touch. I attended the Christmas party yesterday which was good." Another relative told us, "[Name] seems very nice and caring and I tend to deal with him."

There was a positive, person centred culture within the service. There was a clear management structure and staff were encouraged to progress with their own professional development. One staff member told us, "There are new manager courses and I am just waiting to start those." In turn staff in senior roles encouraged other staff to progress. Staff felt supported by the registered manager.

Staff continuously looked for ways to improve the service for people, recognising people's individual needs and preferences and the service worked proactively with other agencies. One person liked to spend time in the garden particularly in the summer and as such there was a summer house in the garden which staff planned to adapt into a sensory room. Other people liked puzzles so additional items were being purchased to meet their needs and wishes. A staff member told us a part of the garden had been dug up in preparation for people being supported to grow vegetables and a noticeboard had been purchased so people could be involved in displaying pictures, menus or important events. A staff member told us, "We discuss what we can do better and try options."

People were encouraged to be involved in the running of the service. House meetings were held and notes from these meetings were produced in pictorial format to help people understand them. We noted that people had indicated what activities they would like to do such as attend the music group and go bowling.

Regular team meetings were held and we saw from the notes from these meetings that staff discussed all aspects of the service and people's needs. A staff member told us, "Everyone is encouraged to bring up suggestions."

Regular audits and checks were completed to monitor the quality of the service provided. Records showed that health and safety audits were completed which covered all aspects of the premises. Water checks were undertaken to help avoid the risk of Legionella at the service. We saw evidence that the gas supply had been checked and electrical equipment tested for safety. Monthly wheelchairs checks were undertaken and an annual infection control audit. We saw that the last infection control audit identified no actions. The provider also carried out overarching audits which looked at the service as a whole. These indicated where actions were required and where the service sat in relation to these. For example, it recorded how many staff

supervisions were due and how many had been carried out.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The provider notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.