Three Trees

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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

Three Trees is a care home that provides support and accommodation for up to 21 people with a learning disability or autistic spectrum disorder. On the day of the inspection there were 18 people living at the home plus one person receiving respite care. Accommodation is on three floors and people who live on the first and second floors have to be able to use the stairs. There are some small living room and kitchen areas in the home were people are able to live more independently in groups of two, three or four.

At the last inspection in April 2015 the service was rated as Good. At this inspection we found that the service remained Good.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited.

Staff continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People led active lives; they attended day centres and took part in activities within the home and in the local community.

Staff were kind, caring and supportive and they respected people's privacy and dignity.

Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People told us they were aware of how to express concerns or make complaints. People were also given the opportunity to feedback their views of the service provided.

The manager carried out audits to ensure people were receiving the care and support that they required, and to monitor that staff were following the policies, procedures and systems in place.

The feedback we received and our observations on the day of the inspection demonstrated that the home was well-led.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Three 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 that took place on 10 August 2017 and was unannounced. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with nine people who lived at the home, the deputy manager, the provider and two members of staff. Following the inspection we spoke with the manager and received feedback from three health or social care professionals.

We looked around communal areas of the home and most bedrooms, with people's permission. We also spent time looking at records, which included the care records for two people who lived at the home, the recruitment and induction records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included, "I've lived here 24 years. The staff make me feel safe. They look after my tablets. They take me to any appointments I need to go to" and "The staff check up on us all the time to make sure we're okay." Staff described to us how they kept people safe. They told us, "We make sure the premises are safe, like checking water temperatures and checking for obstacles."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. Identified risks included obsessions and rituals, road safety, eating and drinking, medicines, self-harm and mental health. These had been rated as high, medium or low and strategies had been put in place to minimise the risks. People had epilepsy management plans in place that advised staff how to assist people safely and when medical intervention would be required. There was also an environmental risk assessment in place that identified potential risks and how these could be minimised.

None of the bedrooms had an emergency call bell. People were able to alert staff if they were unwell and they were given a 'doorbell' to alert staff if they needed assistance whilst they were in their room. People had two hourly checks during the night.

Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they were confident the manager would take the appropriate action about any issues raised with them. Staff also said they would not hesitate to use the home's whistle blowing policy and felt that any issues they raised would remain confidential.

When we arrived at the home there was a senior care worker, two care workers and a domestic assistant on duty. A short while later the cook and another domestic assistant arrived. The rotas showed that these staffing levels were consistently maintained, although we noted that the manager was sometimes counted in the staffing numbers. People told us they were happy with the number of staff on duty. One person told us "Staff are here around the clock. Two or three carers and an officer."

We checked the recruitment records for two members of staff. These evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to them commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

Four senior staff were responsible for the administration of medicines. We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. Most people told us they were happy for staff to manage their medicines. One person told us they managed their own medicines and that staff checked they were 'okay'. The home's pharmacy provider told us that the form of administration used by the home was

recommended by the National Institute for Health and Care Excellence (NICE) and encouraged a more patient focused approach, and that their recent audit had concurred with this.

Accidents and incidents were recorded and included a comment from the manager about any action that had been taken, such as first aid by staff or the emergency services being called. We discussed how these records would be improved by further analysis to identify any patterns that might be emerging or improvements that needed to be made.

There was a contingency plan that provided advice for staff on how to deal with unexpected emergencies. We were told that each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises. However, these were not seen in everyone's care records. The provider told us they would ensure they were filed appropriately. There was a fire risk assessment in place and fire drills were carried out to ensure people knew what action to take in the event of a fire.

We observed that the home was maintained in a clean and hygienic condition. The premises were generally well maintained although some areas were in need of redecoration. We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included fire extinguishers, the electrical installation, the fire alarm system, emergency lighting and gas safety.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that one DoLS application had been submitted to the local authority for authorisation and that this application was still under consideration by the local authority.

Staff had received training in MCA and DoLS and we found that they had a good understanding about people's rights and the importance of obtaining people's consent to their care. Care plans recorded whether people were able to consent in writing, verbally or by using gestures.

It was clearly recorded when decisions had been made in the person's best interest when they did not have the capacity to make the decision themselves. Staff described to us how they helped people to make day to day decisions, such as, "We would give a choice of different clothes, but at the same time give advice about the weather" and "We may not always agree with their way of thinking, but it's up to them."

Staff told us that they had induction training when they were new in post and staff records confirmed this. Induction training also included shadowing experienced care workers. Staff who were new to the caring profession were also required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards.

Each member of staff had a list in place that recorded the training they had completed. We saw that this included training on epilepsy awareness, health and safety, food hygiene, first aid, safeguarding adults from abuse, risk assessment, management of medicines and MCA. We advised that an overall training record would be beneficial as an efficient way of checking people's training achievements and need for refresher training. The provider told us this was currently being developed.

Staff told us they felt well supported. They said they had supervision meetings with a manager and attended staff meetings, and felt their views were listened to. This meant staff had the opportunity to meet with a manager to discuss any concerns as well as their own development needs.

Details of a person's health condition were included in their care plan. A health care professional told us, "During discussions with carers regarding resident's health needs they have demonstrated good in depth understanding of complex medical conditions." People were supported by GPs, community nurses and other health care professionals and all contacts were recorded, although we discussed with the provider that these would benefit from the inclusion of more detail. People told us they were well supported with their health care needs by staff.

People told us they liked the meals provided at the home. One person said, "The food is lovely – smashing. They come to see what you want and if you want something else, they'll try to get it for you. I get a cooked breakfast at weekends." Some people had diabetes so required a low sugar diet, and some people were on

'healthy' diets to help them maintain a healthy weight. People were weighed to monitor any weight gain or loss. We were told that no-one was at risk of choking, excessive weight gain or malnutrition and the records we saw demonstrated this.

We observed that people who could mobilise independently walked around the home without restriction and had no problem finding their way around. Staff told us that, if people started to experience difficulties mobilising, they were moved to a ground floor room as soon as one became available (with their permission).

Good

Is the service caring?

Our findings

We observed that staff were kind, caring and patient and that there were very positive interactions between people who lived at the home and staff. People told us they liked living at Three Trees and that staff were very kind. One person said, "Staff are caring and kind. They couldn't do anything better – 10 out of 10." A health care professional said, "The service users who live there all seem happy and relaxed when I have visited" and "At their first review the service user I know told me they loved it at the home." Comments from staff included, "We genuinely care" and "We are a good team of staff – we would soon pick up on poor care."

People had been allocated a key worker. A key worker is someone who takes a special interest in the person and is their main link within the staff group. One person told us, "On Wednesdays I go out for lunch with my key worker."

The assistance people required with personal care depended on their capabilities. Staff told us that some people required little support; staff would test the water temperature when the person took a shower, close the shower curtain and then stand outside. They would hand people a towel as soon as they finished their shower to protect their modesty. A health care professional told us, "Staff demonstrate privacy and dignity to the residents in everyday actions like always knocking on doors before entering a room as well as during communication."

A member of staff told us, "We always accompany people to appointments. We ask if they want to see the health care professional on their own or want us to go in with them – it's their choice."

There were some small living room and kitchen areas in the home where people were able to live more independently in groups of two, three or four. Staff took meals to the kitchen areas, but people set the tables and washed up after their meals. This enabled some of the people who lived at the home to live a more independent lifestyle.

We saw that written and electronic information about people who lived at the home and staff was stored securely.

People's wishes for care at the end of their life had been discussed with them and recorded. People had signed this information to show this was a record of their choices.

Good

Is the service responsive?

Our findings

A care plan had been developed from the person's initial assessment, information gained from relatives and with the involvement of health and social care professionals. We checked the care plans for two people who lived at the home. We found they included information that described the person's personality, their individual care and support needs, their usual daily routines, their life history, the names of family and friends and details of health and social care professionals involved in the person's care.

Staff told us that care plans contained sufficient information to help them to get to know people and provide person-centred care. For example, one person's care plan recorded the difficulty they had with buttons, zips and other fasteners and the support they required from staff. One staff member said, "Some people must have routine and we make sure we stick to that."

People told us they had a care plan and that the information was regularly reviewed. One person said, "I have a care plan and it gets reviewed every 12 to 18 months." and another person told us, "I've got a review next month and [name of relatives] come." When people attended a day center, staff from the day centre were invited to attend these reviews. The manager confirmed that at the time of the inspection the the local authority were undertaking their annual care review with some people at the home. These reviews and daily handover meetings ensured staff were provided with up to date information.

A health care professional told us that the deputy manager always suggested that people who were going to have respite at the home visited prior to their stay. They were invited to spend some time or to have their tea at the home so they became familiar with the service before their stay. They said this had been very successful.

Each person had a weekly activity programme in place. One person told us they went to classes or social activities on most days of the week, sometimes during the day and then again in the evening. Another person told us they had volunteered at two local shops for over 15 years, and a third person said, "Staff got me a mini greenhouse. I spend a lot of time out here." On the day of the inspection six people went out to day centres; three in one taxi and three in another. Staff told they worked well with staff at the day centres to make sure people had a positive experience.

One person who lived at the home had developed computer skills and they were teaching other people at the home to use a computer. They told us, "[Name of staff member] realised I liked computers. I went to college and did some courses and now I teach small groups here." We saw them doing computer work during the inspection.

A volunteer (an ex member of staff) visited the home every Thursday and played card games with people. We observed one of these sessions and it was clear that people looked forward to and enjoyed them.

The complaints policy was displayed on the home's website, and people were given a copy of the complaints procedure. Some people were able to express concerns or make a complaint themselves,

although they told us they had not needed to. One person said, "I would talk to my key worker or the manager if I had any concerns." Staff told us they would know if someone was unhappy, as they knew them well. They said they would not hesitate to make a complaint on the person's behalf if they felt there were concerns. One member of staff said, "Whether the concern was big or small, it would be looked into and dealt with."

Good

Is the service well-led?

Our findings

There was a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with CQC to manage the service. Like 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 manager had been registered with CQC for five months but they had worked at the home for over 20 years. This provided consistency for people who lived at the home.

When CQC registered the manager, they recommended that they carried out training on safeguarding adults from abuse and the MCA. The manager confirmed they had completed this training. They had also commenced training at National Vocational Qualification (NVQ) Level 5 (or equivalent) in managing in health and social care.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted when required. We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in April 2015 was clearly displayed within the service and on the organisation's website.

Staff told us they were happy with how the home was managed. Comments included, "The manager is well supported by the deputy and seniors" and "Management always listen and try to come up with solutions."

People who lived at the home had a monthly meeting and had also been given satisfaction surveys to complete. We saw the responses were positive although there had been no analysis to help the provider identify any improvements that were required.

Staff meetings were held every two months. The agenda was displayed prior to the meeting and the minutes showed that each person who lived at the home was discussed and that one meeting had included some safeguarding training. Satisfaction surveys had also been distributed to staff.

The manager carried out quality audits to monitor that systems at the home were working effectively and that people received appropriate care. Audits were carried out of accidents, care plans, DoLS authorisations, laundry, health and safety, fie safety and staff training. We noted that some audits were more like checklists and the action taken to rectify any shortfalls was not always clear. The provider completed an annual report that summarised the outcome of quality audits and provided a general overview of the service provided during the year.

The manager described the culture of the home as, "Homely and friendly", "We promote independence", "We respect each other's choices" and "Everyone mixes well – we are like a small family." Staff described the home as "A warm friendly atmosphere" and "We help each service user to reach their goals and aspirations". A health care professional told us, "Staff have a very happy to help and relaxed attitude. It always feels a very welcoming atmosphere."