

3 Trees Community Support Limited

Airport Road

Inspection report

3 Trees Community Support Limited
Airport Road
Inspection report
79 Airport Road
Knowle
Bristol
BS14 9TD
Telephone: 07738397176
Website: www.3tcs.co.uk

Date of inspection visit: 11 January 2015
Date of publication: 23/02/2015

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

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.

Airport Road provide accommodation for up to 2 people who require personal care. The service offer a short break service for people who have a learning disability. This was an unannounced inspection, which meant that the staff and provider did not know we were visiting.

Staff knew how to report abuse if they suspected it. They also understood how to whistleblow if they had concerns about the way the service was run.

Summary of findings

There were systems in place to ensure staff were properly supported and were able to do their job effectively.

Care and support was provided by staff who were attentive in approach and were caring in manner.

The legal requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The registered manager and staff knew when an application should be made, and how to do this.

People and their relatives were included and consulted about the care and support they received at the home. We saw there was friendly communication between the person using the service and the staff.

People were supported by enough qualified and experienced staff to effectively meet their needs. The risks of unsafe and unsuitable staff being employed were minimised by the recruitment and staff selection procedures.

People were provided with healthy food and drink and this meant their nutritional needs were met.

People's physical health was monitored and they were supported to stay healthy.

The staff team undertook a comprehensive induction. Regular training was also in place for all staff. Staff understood what their roles and responsibilities were. The staff also understood the values and philosophy of their organisation.

The service has a registered manager. 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 registered manager and the provider monitored the care and service people received. Feedback from people and their families was used to improve and develop the overall quality 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 who used the service were supported by staff who knew what to do to try and keep them safe. The staff understood what the signs of potential were. They were aware of what the correct procedures were if they suspected someone was at risk.

Staff followed detailed risk assessments these showed how to ensure people were looked after safely and provided staff with guidance.

Staff knew how to support people with their needs safely. There was enough staff available at any time who were suitably trained and knew how to safely support people during their stay.

Good



Is the service effective?

The service was effective.

People or their relatives were involved in planning the type of care and support they wanted to receive. People's needs were met by staff who were trained to support them effectively.

Care planning systems identified any changes in people's needs. While people used the service they received suitable social and medical support. When people could not give consent actions were put in place so that decisions were made in their best interest.

People's nutritional needs were effectively met and they were offered a healthy and well balanced diet.

Good



Is the service caring?

The service was caring.

Staff were kind and caring in their approach towards the people they supported. People were treated with respect and in a way that maintained dignity.

People were supported to continue to take part in activities they normally enjoyed at home while they used the service.

People were able to use the support of an advocate if they wanted to during their stay. Advocates represent the views and wishes of people who may not be able to directly make them known to others.

Good



Is the service responsive?

The service was responsive.

People were supported to continue take part in activities and interests they enjoyed. Families were able to visit and staff had built up relationships with them.

Staff communicated clearly and in different ways with people who were not able to verbally make their views known. Staff responded promptly and were attentive to people's needs.

Good



Summary of findings

Care plans contained information about what actions were needed to provide people with the care and support they needed. Where people were able to express their views this was written in their care records.

Is the service well-led?

The service was well-led.

Staff felt supported by the registered manager and senior staff. There was an open management culture in the organisation. Staff felt able to express their views openly.

Incidents were used as opportunities to learn from and to improve the service. Where risks were identified, action was taken by staff to ensure the rights and freedoms of people who used the service were upheld.

The quality of care and overall service people received was properly monitored and checked to ensure it was suitable.

Good



Airport Road

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.

Airport Road provide accommodation for up to 2 people who require personal care. The service offer a short break service for people who have a learning disability. This was an unannounced inspection, which meant that the staff and provider did not know we were visiting.

On the day of our visit the one person who was staying at the home was not able to make their views known. We observed how staff supported this person.

We also looked at feedback from relatives of people who used the service from the providers quality assurance system.

This was the first inspection of Airport Road since it was registered with us in 2013.

The inspection team consisted of an Adult Social Care Inspector.

We reviewed the notifications we had been sent from the service since we carried out our last inspection. The notifications we were sent had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

We spoke with the registered manager, a senior manager and two support workers. We met one of the two people who were staying at the service on the day of our visit. We looked at two care records, guidance about healthy eating, audits about different aspects of the way the service was run. These records included a range of policies and procedures, staff training records, four staff supervision records, and staff duty rotas. Further records we looked at included, staff meetings minutes, a record of complaints, maintenance records and records of fire safety checks.

Is the service safe?

Our findings

The staff cared for people in a safe and suitable way. For example staff sat with the person who was staying at the service when they needed extra support with their needs. Staff were also observed keeping discreetly monitoring people when they needed support to stay safe. The staff did this in a discrete manner.

There were effective procedures for ensuring allegations of concern about people's safety were properly reported. Every member of staff was able to tell us how they would respond to an allegation of abuse. Staff knew how to follow the safeguarding policy and procedure for the service. These were to guide them to respond to any issues of concern or allegations of abuse.

Risks were properly managed and there were suitable risk assessments in place for each person during their stay at the service. The staff told us they were made aware of this information from the registered manager or other senior staff. This was so they knew how to manage risks people may face in a safe way.

People's medicines were managed safely. We saw there was suitable secure storage available for medicines. A medicines fridge was used for safe storage of certain medicines. The staff were checking the temperature of the medicines fridge to ensure medicines were stored at the correct temperature and were safe to use. Medication recording sheets were accurate and up to date. They demonstrated people were given the medicines they required at the right times.

People staying at the home were protected by safe recruitment processes. Checks were carried out before new

staff started work. This was to try and ensure only suitable people were employed. A completed disclosure and barring service (DBS) check was carried out for all staff. The DBS helps employers make safer recruitment decisions aimed to prevent unsuitable people from working with vulnerable adults. This was to help ensure staff were safe to work with people. There were two references, a completed application form, a health declaration and evidence of qualifications. This was to help ensure staff were safe to be able to work with people.

The staff duty rotas showed how many staff were allocated on each shift. They told us staff numbers were calculated based on the number of people who were staying for a short break and how much support they needed. The rotas and our own observations showed there were enough staff who were suitably qualified available at all times.

Changes to the care and support people received were implemented where needed. The incident and accident records we saw showed the registered manager and the staff were reviewing significant incidents and occurrences at the home. There was a record of the actions that had been taken after an incident or accident occurred. The care plans showed how this information was used to update them. This was to ensure they reflected any changes to people's care. The registered manager told us they also shared this information with staff at team meetings. This was so staff knew about any issues after incidents or occurrences had taken place.

The environment was safely maintained and we found the temperature in the building was comfortable for people to stay in. Checks were undertaken by external contractors on electrics and water systems. This was to make sure they were safe to be used.

Is the service effective?

Our findings

Staff were able to explain how they knew individuals needs and how to effectively support them.

Staff explained that they understood when people had the mental capacity to make their own decisions, this was respected. They told us some examples of how they did this. They said they always offered and promoted people's rights to make choices in their daily life. For example how they spent their day, whether they wanted to go out from the home, and who they wanted to socialise with.

People's nutritional needs were met. Care plans clearly showed how to effectively support people at meal times. Dietary guidance was available and kept in the kitchen to assist people to receive effective support. There were risk assessments in relation to people's dietary and hydration needs. When people needed a special diet this was clearly set out in their risk assessment records.

Staff understood people's nutritional requirements and how to support them in this area of their life. This staff told us about how they worked closely with people and their families to ensure they were provided with a suitable and varied diet during their stay at the service.

A health action plan was written for each person. These plans set out how a person can stay healthy and what help is available. These were based on what each person's individual health care needs were. Health action plans included information about the medicines people were prescribed, their health checks and their weight and blood pressure.

Staff understood about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had attended training and understood them. The staff had also read the providers policies and knew where to locate them.

The legal rights of people who used the service were protected because the registered manager understood how to meet the legal requirements of the Deprivation of

Liberty Safeguards (DoLS). We spoke with the manager about whether the service was applying for Deprivation of Liberty safeguards (DoLS) correctly. These are a safeguard to protect people's rights. They aim to ensure if there are restrictions on people's freedoms are needed they are done lawfully and with the least restriction. The registered manager and senior staff were able to explain when an application should be made. When we visited there was no person at the service for whom a DoLS authorisation was required.

People were effectively supported with their physical health care needs. The manager told us while people were staying at the service they were registered with a GP surgery nearby. We read information showing staff monitored people's health and wellbeing and supported them to see their doctor if needed. One person had health requirements due to being diabetic. We read informative guidance explaining how to support them.

There were enough staff with the right experience to meet the needs of the people who used the service. The staff we spoke with told us they had been on training courses relevant to the needs of the people who used the service. Courses staff told us they had attended included understanding different learning disabilities. Other courses the staff had been on included safeguarding vulnerable adults, infection control, food hygiene, safe moving and handling training and health and safety. Staff also told us they had been provided with a comprehensive induction when they began employment. This was to ensure they were properly supported to provide safe care.

Staff received supervision and an annual appraisal of their work. This was another way for staff to be able to express their views about the service in a private way. The team had met regularly with the registered manager or senior staff to discuss their work and share their views. Staff told us this was helpful to them to improve and develop in their work. Staff meetings were also held and these were also used as opportunity to talk about the needs of people staying at the service, and how to best support them.

Is the service caring?

Our findings

We saw the person who was staying at the home was treated with kindness and an attentive approach by the staff who supported them with their needs. The atmosphere in the home was calm and relaxed. This was evident by the manner that staff used to communicate among themselves and with the person who was staying at the service.

We observed staff supporting people in a way that was respectful and maintained their dignity. This was shown by staff using a polite and courteous tone of voice when they spoke with people.

Feedback from relatives of people who used the service from the providers quality assurance system. Was uniformly positive about the caring nature and attitude of the staff team.

Staff we spoke with were able to tell us how they respected people's choices. For example, staff told us they offered people choices about how they wanted to spend their day, what they wanted to eat and drink and where they wanted to go out. People's personal choices and wishes about their care and support were written in their care records.

The staff were able to explain to us what privacy and dignity meant when they assisted people with their care. They told us some examples of how they did this.

They told us they made sure they communicated clearly with people even if they were not able to directly verbally respond. They said they used positive open body language and a calm approach. They also said picture board formats were sometimes used for some people who stayed at the service to assist them to communicate.

We saw picture boards were used to assist people to make choices. There was a menu for people in this format. When people were not able to communicate verbally they were supported to make choices in everyday matters. These included deciding what to wear, eat, or do for the day. We observed staff offer people choices in this way.

The content of the care plans we viewed were personalised. This meant the information in them had put the person at the centre of everything in their life. The care plans also took account of each person's individual wishes and needs.

The staff told us and we saw this confirmed in care plans that relatives of people who used the service were involved in their care through regular contact with the key workers and were free to visit the home any time.

People stayed in single rooms and keys were available for rooms to be locked. This helped to promote people's right to privacy during their stay.

If needed people were able to use advocacy services to support them in making their views known. At the people staying at the home were not using advocates.

Is the service responsive?

Our findings

People who used the service were supported to continue to take part in the social activities they enjoyed. We saw the person who was staying at the service went out to lunch. The staff told us the person concerned enjoyed going out for a drive on a regular basis. The staff were able to tell us about the different approaches they used to assist and support people with their care and support needs. Staff told us one of their roles was to work with people to help them build up their confidence to go out into community settings and public places such as cafes and shops.

Staff explained that they understood when people had the mental capacity to make their own decisions, this was respected. They told us some examples of how they did this. They said they always offered and promoted people's rights to make choices in their daily life. For example how they spent their day, whether they wanted to go out from the home and who they wanted to socialise with.

For example they told us how they assisted people with their physical care needs, their dietary needs and their mobility. They said they also supported people who needed social support to build their confidence in the community. The staff showed in discussion with us they understood people's complex learning disabilities and how they impacted on their life.

The care records contained detailed guidance to enable staff to support people to meet their needs. The records included pictures to help them to be more accessible to the people who they were written about. The care plans showed people and their families or friends were involved in deciding what care and support they wanted to be provided with at Airport Road. The care plans contained information that showed staff what actions to take to assist the person with their needs. The care plans were written in an easy to understand format and had been regularly reviewed and updated to make sure they were still accurate.

Systems were in place for complaints to be investigated and resolved, where possible. We checked the complaints records to see what response had been taken when people made a complaint. There had been no complaints. The complaints procedure included a timescale and a course of action the provider would take. It was also available in a picture format to make it easier to use.

Surveys were also sent out to people and their relatives on a regular basis. We saw how this information was used to improve the service for people. Feedback was positive however we saw how menus were updated based on people's views.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our visit. They demonstrated they were familiar with the needs of people staying at the service and the strengths and development needs of the staff team.

The manager told us they kept up to date with best practice by their attendance at regular meetings also attended by other professionals who support people with learning disabilities. They said they shared information and learning from these meetings with the staff at team meetings. They also kept up to date by reading articles about health and social care topics.

A senior manager visited the home regularly to meet people and find out their views of the service. They came and met people and the staff. A report of their findings and any actions needed was then sent to the home after the visit.

The registered manager demonstrated a good understanding of the care and support needs of people who were staying at the service. This showed they kept in regular contact with the staff and people staying at the service.

Team meetings took place every month which staff told us were an opportunity to make their views known about the way the home was run. We saw topics discussed at the

meeting included the needs of people who were staying at the service, health and safety matters, and staffing. We saw where required, actions resulting from these were assigned to a named member of the team to follow up.

The staff were aware of the visions and values of the organisation. These included being respectful to people and the importance of teamwork. They were able to tell us how they took them into account in the way they supported people at the service. They told us an important value was ensuring people were treated with respect at all times. into account

The staff we spoke with said they felt the registered manager and deputy were supportive in their approach. The staff told us they felt confident to report poor practice or any concerns, which they felt would be taken seriously by the management. We observed communications between the registered manager and staff were positive and respectful.

There was a system in place to ensure the quality of service was effectively monitored. The registered manager and a senior manager carried out a regular reviews of the service. They told us they undertook audits on a regular basis to check on the overall experiences of people. They also checked on the training support and management of the staff team. Reports were written after each audit, if actions were needed to address any shortfalls these were clearly set out.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.