

# Jeesal Residential Care Services Limited

# Treehaven Bungalows

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

- Treehaven Bungalows provides accommodation with personal care for up to eleven people living with autistic spectrum disorders and/or learning disabilities. The premises consists of two bungalows and each provides four ground floor bedrooms and a self contained flat.

People's experience of using this service:

- Areas of the service looked tired and some furnishings and fittings were damaged and in need of redecoration or repair. For example, carpets on the stairs were coming away from the steps and the veneer on some kitchen cupboards was peeling off. There was no dedicated maintenance person, since the last one left and maintenance has been carried out by an external contractor. This meant that small jobs were either not completed or there were long delays in responding to needs.

- The registered manager told us that the redecoration and replacement of furnishings was included in the providers annual development plan. However, although this included plans to create a sensory room, renovation of the previous horticulture area and a new laundry area to be developed, there was no plans recorded to re-decorate and refurbish the service. Following the inspection we were sent a maintenance list that showed areas that needed to be addressed and we saw that some improvements had been completed.

- The registered manager told us they had secured a regular company to provide the maintenance of the service and we saw that some redecoration had taken place. We were told this would extend to the whole service.

- People continued to feel safe living at the service. Risks to people's health, safety and welfare had been identified and were known by staff. Risk assessments relating to the environment were in place to keep people safe. Staffing levels were appropriate to meet the needs of the people using the service. People told us they thought the home was well-staffed. Medicines were safely managed. The home was clean and hygienic, although some areas were difficult to keep clean because they were damaged, for example, holes in the flooring of the kitchen. There were systems in place to monitor incidents and accidents and learn from these.

- People's care, health and cultural needs were identified so staff could meet these. The staff were skilled and competent and knew the people they supported well. People said they liked the food served and had a choice of different dishes. People were supported to maintain good health and referred to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.

- People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- People received person centred care that met their needs. Care plans were written from the perspective of the person using the service and set out how staff should meet their needs. The staff team were knowledgeable about people's needs. Managers and staff ensured information was provided to people in an accessible format. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People, relatives and staff told us the service as well managed and had an open and friendly culture. Staff said the service had a family atmosphere and they felt well-supported. The providers audit system covered all aspects of the service and helped to ensure the care people received was safe and the environment fit for purpose and well-maintained. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

More information is in Detailed Findings below:

Rating at last inspection: Good (report published 15 June 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the effective domain had changed to requires improvement. The overall rating for this service remains Good.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective.  
Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led  
Details are in our Well-led findings below.

Good ●

# Treehaven Bungalows

## Detailed findings

### Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one 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.

Service and service type:

Treehaven Bungalows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 11 people in one adapted building.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, people were given choices and their independence and participation within the local community encouraged.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection site visit activity started on 26 January 2019 and ended on 26 January 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with four people who used the service and two relatives. We also had discussions with five members of staff that included the registered manager, the deputy manager and two senior support workers.

We looked at the care and medication records of two people who used the service and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People continued to feel safe when staff provided them with care and support. One person said, "I'm safe here, they look after me; they care about me. I'm very happy here." A relative commented, "[Relative] is in safe hands. The staff know what to do to keep [relative] safe."
- There was detailed information in people's care plans about the support they needed to stay safe. For example, keeping safe at home, my safety with eating and drinking, and keeping me safe when I go out. This information provided staff with detailed guidance about how to keep people safe in different situations.
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "I have completed safeguarding training several times. I know the signs to look for and would have no hesitation in reporting anything."
- All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management:

- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to access the local community, staff had guidance to follow on how to support them safely.
- Risk assessments were detailed and were reviewed and updated swiftly if there had been any changes or incidents.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.
- Staff understood how to prevent and manage behaviours that the service may find challenging. They told us and records confirmed they regularly completed training in Autism Awareness and Positive Behaviour Support (PBS). This is training on how to manage behaviours that could challenge the service.

Staffing levels:

- There were sufficient numbers of staff to keep people safe. One person said, "There are enough staff to take me out." A relative commented, "I think the numbers of staff are okay. I have never found there to be a problem."
- We observed there were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us there were enough of them on duty at all times. One said, "Some people have one to one support and we are always able to manage that." Our staffing levels always

make sure that happens." We saw there was a calm atmosphere and staff did not appear rushed throughout the day.

- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Staff told us they completed this process before they started to work at the service. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely:

- People received their medicines safely and as prescribed. Relatives told us they had no concerns about how their relatives received their medicines. One said, "Since [relative] went to live at Treehaven they have had their medicines reduced which is so good. I'm very pleased about that."
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. We saw that the service was clean, however some areas were difficult to clean because of damage. For example, where the veneer on some kitchen cupboards was peeling away made it difficult to clean effectively.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.
- Staff told us and records confirmed that they had completed training in infection control and food hygiene.

Learning lessons when things go wrong:

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. These were then shared with staff at team meetings and through one to one supervision meetings.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs:

- Areas of the service looked tired, some areas were damaged and in need of redecoration. For example, carpets were coming away from the stairs and the veneer was peeling away from some kitchen cupboards. The registered manager told us that due to the nature of people's autism and behaviours that could challenge the service, furniture and furnishings were often damaged and needed constant attention.
- The registered manager told us that the redecoration and replacement of furnishings was included in the provider's annual development plan. However, there were no details of plans to re-decorate and refurbish the service in the plan. Following our inspection, the registered manager sent us a monthly maintenance list that identified areas of maintenance that needed to be addressed and we saw that some actions had been completed. For example, radiator covers had been replaced and electrical sockets that were not working had been repaired. In addition, the registered manager sent us a list of equipment that they had identified needed to be replaced such as washing machines and tumble driers.
- The registered manager told us there had been difficulties with the maintenance service and they were now sub-contracting work out to different companies. They told us they had secured a regular company to provide the maintenance of the service and we saw that some redecoration had taken place. The deputy manager told us this would extend to the whole service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had an assessment of their needs before they went to live at the service. This was to make sure their needs could be fully met and they were happy with the support that was available.
- People met with staff and had several trial visits before a joint decision was made if the service was suitable for them. A relative told us, "The transition process was very good for [relative]. The staff made sure [relative] was welcomed and made to feel safe."
- The assessment tool included information about healthcare professionals involved, to make sure people's care was based on up to date legislation, standards and best practice.

Staff skills, knowledge and experience:

- The PIR states that all new staff received induction training, including safeguarding, professional boundaries, and non-abusive physical and psychological intervention. In addition, staff completed at least forty hours each of shadowing, observation of their practice and completion of the care certificate. Staff told us and records confirmed this was the case.

- People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "The staff know how to look after me." A relative commented, "The staff know how to care for [name of relative] and they understand when [relative] is not feeling right. They know what to do."
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in behaviour management called 'Positive Behaviour Support'. This training focused on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way.
- Staff felt appreciated and were encouraged to increase and develop their skills and knowledge. There were regular team meetings and supervision meetings if staff felt they needed extra support or training.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they had enough to eat and drink. One said, "I like the food, it's very nice." A relative commented, "[Relative] likes the food. They help in the kitchen preparing their meal. They enjoy that."
- People were supported to maintain a healthy and balanced diet. Staff used pictorial menu plans if people needed support to choose their meals.
- Staff had a good knowledge of what people liked to eat, and care plans documented people's preferences and any requirements they had with food and drink. Staff had completed training in basic food hygiene and nutritional awareness.
- The registered manager told us and records confirmed that if people needed extra support with eating and drinking they would work closely with the dietician and speech and language therapists to ensure their dietary needs were met.

Staff providing consistent, effective, timely care:

- People were supported to maintain good health and referred to health professionals when required. One relative told us, "Staff help [name of relative] to visit the doctors and the dentist. Whatever they need really. I think the healthcare is good."
- Health and medical information was recorded in detail for each person. Support was tailored to each individual to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety.

Ensuring consent to care and treatment in line with law and guidance:

- 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 to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Consent was sought before care and support was provided. One relative told us, "The staff do ask [relative] for their consent before they do anything."
- People's capacity to make decisions was assessed and best interest decisions were made with the

involvement of appropriate people such as relatives and staff.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff had a kind and caring approach to supporting people. One person said, "The carers are nice, they help me." A relative told us, "[Relative] is looking at their best and very relaxed." A staff member told us, "We are like a family. We enjoy doing things together and have fun."
- One relative told us that they visited regularly and stayed in a hotel where their family member was able to join them. However, the person had difficulties saying goodbye, so staff offered to collect the person at the end of each family visit and this had relieved their anxieties.
- Staff interacted with people positively, they supported them with their diverse needs and had a good understanding of their social and cultural diversity. For example, the service had been accredited with the National Autistic Society that ensured staff were trained to understand and promote the strengths of each individual, and to support them with any difficulties related to their autism.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.
- People and staff had developed positive relationships and people seemed comfortable in the company of staff. There was a calm and relaxed atmosphere in the service and staff laughed and joked with people often.
- People were supported to maintain important relationships through visiting family and friends. Staff had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.

Supporting people to express their views and be involved in making decisions about their care:

- Each person had a keyworker to support them to make decisions and achieve their goals. This could be anything from booking a holiday to visiting family. One person told us, "[Name of staff member] helps me with lots of things."
- People and their relatives were consulted about the care and support delivered. One person told us, "I choose what I want."
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and

help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's privacy, dignity and independence. Each person had a detailed care plan that documented their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.
- We saw staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- The registered manager and staff understood the importance of keeping people's personal information confidential. People's care records, including electronic, were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care:

- Care was tailored to meet the needs of each person, and people where possible and their relatives were involved in the care planning process. One relative told us, "The staff really understand [name of relative] and they genuinely want to help them to achieve their goals."
- Staff completed a comprehensive assessment where people were, as much as possible supported to identify their needs and express their preferences. The assessment focused on what was most important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, beliefs, hobbies and interests.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. Staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. For example, people could always choose how to dress to express themselves and their sexuality.
- The arrangements for social activities were based around people's individual needs and staff demonstrated a commitment to assisting people to pursue their interests. For example, we saw that people enjoyed swimming, bowling, going to football matches and going out for meals.
- People's care plans contained a section about 'understanding my autism.' This provided staff with guidance about each person's support needs and the approaches staff needed to take. For example, how to communicate effectively with people and read signs that they may be anxious.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- Discussions with the registered manager and staff demonstrated that they viewed complaints and concerns as a process for driving improvement at the service. One staff member told us, "We do actively encourage people to raise any concerns they might have. We want people to be happy."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format. One relative told us, "I don't have any complaints but I would complain if I was not happy."
- All people using the service had a keyworker, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis

with their chosen key worker.

- We were told that some people living at the service would find it difficult to make a complaint. However, staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.
- There were systems in place to respond and investigate complaints when needed. We saw complaint had been responded to in a timely manner and in line with the providers complaints procedure.

End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering their wishes.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us they promoted an open ethos and staff told us they felt valued and listened to. One member of staff commented, "We have a very good team, we are supportive of each other."
- People, relatives and staff told us they felt the service was well-managed and the management team were always available. One relative said, "The manager is very personable. They run a good service. The deputy manager is very good, excellent."
- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus.
- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- The provider invested in the learning and development of staff, which benefitted people through the maintenance of a stable and skilled staff team. The registered manager and staff team were clear about their roles, and understood quality performance, risks and regulatory requirements.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.
- People and staff told us that the registered manager and senior staff were visible and approachable. One relative told us, "[Name of registered manager] is very good. We can go to her if we need anything." A member of staff commented, "The manager is very passionate about this place. She is very supportive."



Engaging and involving people using the service, the public and staff:

- The service involved people as much as possible in decisions about their care. People were involved in how the service was run through meetings, and quality assurance checks.
- The provider had forged links for the benefit of the service within the local community and key organisations, reflecting the needs and preferences of people in its care, and also, to aid service development.
- Staff told us they felt listened to by the registered manager. Team meetings were held and the minutes showed staff discussed people's needs along with policies and procedures and feedback from audits and quality checks.

Continuous learning and improving care:

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated an open and positive approach to learning and development and ensued staff had access to the training they needed, including specialist training in behaviour management.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. The registered manager told us that following any incidents there would be a review where staff involved were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others:

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, speech and language therapists and psychologists. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.