

Tamarind Care Limited

Tree Tops

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

About the service

Tree Tops is a care home that provides accommodation and personal care support for up to ten adults with learning disabilities some of whom may also have physical disabilities. At the time of our inspection the home was fully occupied.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People and their relatives spoke positively about the care and support received. During our inspection we observed that staff interacted well with people and had built good relationships and rapport with them.

Relatives told us they felt their loved ones were safe and well supported. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of the procedures and how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The home environment was clean, homely and suitably adapted to meet the needs of the people living there. People had individualised rooms with personal items.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community service and to participate in activities of their choosing that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. There were systems in place to assess, monitor and improve the quality of the service. The service worked in partnership with health and social care professionals to ensure appropriate support was provided to individuals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Report was published on 13 January 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Tree Tops

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

Tree Tops 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 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 site visit took place on 12 July 2019 and was unannounced.

What we did

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we spoke with one person using the service and following our inspection we spoke with two relatives by telephone to seek their feedback. People living at the home had varying levels of communication and some people were unable to share their views and experiences, so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

We also met and spoke with the registered manager and three support workers. We reviewed a range of records including four people's care plans and records and three staff recruitment, training and supervision records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe, well supported and staff were kind. One relative said, "[Relative] is very safe and very well cared for." Another relative commented, "I'm very happy with the care [relative] gets. They [staff] make sure [relative] is safe."
- People were protected from avoidable harm. Policies and procedures were in place for safeguarding adults and children and systems for reporting and acting on concerns or allegations were robust. Records showed that where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety. The registered manager monitored safeguarding records to manage them appropriately and identify any lessons learnt which were shared with the staffing team.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe.
- Information on safeguarding was on display within the home including easy to read versions for people, staff and visitors' reference.

Assessing risk, safety monitoring and management

- People were protected from risks. Risks associated with people's needs were identified, assessed, reviewed and managed safely by staff to avoid possible harm.
- Risk assessments supported staff to manage identified risks whilst ensuring people's rights and independence was promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support (RRS) to help people learn new skills and enjoy accessing community services.
- Risk assessments documented identified areas of risk and guidance for staff to ensure people were supported appropriately. For example, positive behavioural support plans were in place where required to support staff in managing behaviour that could cause harm to self and or others. These included detailed guidance for staff as well as distraction techniques to support people in times of distress.
- Throughout our inspection we observed the interactions between staff and people. Staff knew people well and understood the risks they faced and took appropriate actions to minimise them. For example, we saw that one person was served their meal first as detailed in their risk assessment to minimise the risk of anxiety and frustration. We also saw staff followed health professional's guidance when supporting people with their meals for example, soft diets were served to people who had swallowing difficulties minimising the risk of choking.
- Arrangements were in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff received training in fire safety, emergency first aid and positive behaviour support. The provider operated an out of hours manager on-call

system in the event of emergencies or if staff required advice and support.

Using medicines safely

- Medicines were managed, administered and stored safely.
- There were safe policies and procedures in place to ensure people received their medicines as prescribed by health care professionals. Protocols were also in place for people's individual medicines including 'as required' and 'emergency' medicines. Medicines administration records were completed appropriately by staff and checks, and audits were conducted to ensure continued safe administration.
- Safe medicine management practices were followed, and staff received training and had their competency to administer medicines safely assessed.
- Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment systems worked to reduce identified risk.
- Relatives told us they felt there were enough staff available to meet their loved one's needs. One relative commented, "There has been recent changes in staff and new staff are working now. Whenever we visit there is always plenty of staff around."
- Staff were recruited safely. Full employment checks were completed before staff started working with people, including gaining accurate references and a full employment history. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People were protected from the risks of infection and the home environment was clean and well maintained.
- Staff received training on infection control and food hygiene and handling. Staff were provided with personal protective equipment such as aprons and gloves.
- Cleaning schedules were in place and we observed the home appeared clean with no malodours detected.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and reflected on them as a means of improving safety.
- Records showed that staff had identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were monitored by management on a regular basis to ensure actions were taken where required and lessons were learnt minimising the risk or reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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). 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.

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.

- Mental capacity assessments were completed where appropriate with best interest decisions recorded. DoLS applications had been submitted appropriately to the supervisory body (local authority) and authorisations were in place and monitored for people where required.
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- The registered manager and staff empowered and supported people to make their own decisions. For example, with the activities they wanted to do and clothes they wanted to wear.

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

- People's needs were assessed, and staff supported people in line with best practice guidance.
- Relatives confirmed they were involved in the assessment process and with planning for their loved one's needs. One relative commented, "We have always been involved and staff make sure we are informed of every decision or change in care."
- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as personal history, preferences and communication.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about the people they supported, had the skills and experience to meet their needs appropriately and were competent.
- Relatives commented positively on the skills of the staff and the care and support they provided. One relative said, "They [staff] really look after [relative] very well. They know just how to help [relative]."
- There were effective processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff received training in a range of topics and specialised areas such as, privacy and dignity, epilepsy awareness, bi polar, behaviour that may challenge, moving people safely, emergency medicines administration and person-centred approach amongst many others.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued well-being.
- Care plans documented people's nutritional needs, any support they required with meal preparation, known allergies and any nutritional risks such as swallowing difficulties, choking, weight loss or gain. Risks associated with nutrition and hydration were reviewed on a regular basis and clear guidance from speech and language therapists and or dieticians in meeting individuals needs were documented for staff to follow.
- During our inspection we observed breakfast and lunch in both the dining rooms. We saw that people were served their choice of meals and as directed by health care professionals ensuring their needs were met safely. People were provided with suitably adaptive equipment to promote their independence at meal times. Staff offered people choice and menus were either in large print or pictorial to aid decision making. For example, staff supported one person to choose their meal by using a large magnifying screen, so they could see. People appeared to enjoy their meals and we saw menus were discussed with people at residents' meetings which were held on a regular basis. A member of staff told us that they discussed different foods and menus with people and recently had foods cooked from Jamaica and Ghana.
- The Food Standards Agency visited the service in October 2018 rating them five which is the highest rating a service can achieve.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being, for example, specialist nurses, occupational therapists and physiotherapists.
- Staff supported people when required to accompany them to appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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

- The home was suitably adapted to meet people's needs and the garden and outside space was made accessible to all.
- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. People were also encouraged to give their views on the décor of communal areas and staff supported people to create a butterfly garden in the rear garden. The registered manager told us they were in the process of erecting a summer house in the garden for people to access in the

summer months.

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, assistive technology, wheelchairs and hoists.
- Care plans contained detailed guidance for staff on the use of equipment which was subject to regular checks and routine servicing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff that were kind, understanding and caring. Relatives spoke positively of staff and the care and support they provided. One relative said, "They [staff] look after [relative] very well. They always do the things that [relative] wants to do." Another relative commented, "They [staff] always get [relative] out and about. [Relative] is always clean and well cared for."
- Staff had built positive respectful relationships with people valuing their wishes, rights and independence. Staff demonstrated a good in-depth awareness of individuals personas and knew how best to support them.
- Some people were unable to communicate their views and wishes verbally. Throughout our inspection, we observed positive caring, respectful interactions between people and staff. For example, one person enjoyed spending time with the registered manager in the office. The person expressed that they wanted to support the registered manager with administration tasks and so the registered manager allocated them some appropriate tasks to complete. Another member of staff baked cakes with several people and enhanced their participation by adapting the activity to meet their needs.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs and how staff supported them to meet their needs. For example, staff supported one person to visit family in Jamaica. A member of staff had also just returned from a visit to Ghana and had bought the person back a traditional cultural dress.
- People were treated respectfully and without discrimination. Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People were supported to make their own decisions and relatives were involved in planning for their loved one's care and support needs. One relative said, "We are always involved in any reviews of [relatives] care. They [staff] keep us informed."
- During our inspection we observed staff communicated effectively with people involving them in decisions. Individuals communication needs were assessed and clearly documented in their plan of care ensuring staff could support and engage with people appropriately. For example, we observed staff asking one person if they would like to participate in a group activity. By patiently observing the person and noting the noise and tone they made, the member of staff was able to deduce the persons preference to join in the group activity.

- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or pictorial versions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence and rights to confidentiality was upheld. The service applied the principles and values of 'Building the Right Support' and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change and support when required.
- Care plans were person centred and focused on what people could do for themselves and areas they needed support with. For example, people's chosen place to holiday and staff support required to ensure safety whilst maximising independence.
- During our inspection we observed that staff ensured and promoted people's privacy and dignity by knocking on their doors, seeking consent before entering their rooms and by supporting people discreetly with personal care when required. Information about people was kept securely in the office and staff knew the importance of keeping information about people confidential.
- People were supported to maintain relationships that were important to them and staff recognised the significance of this on individual's well-being. For example, supporting and enabling people to visit relatives and friends locally and nationally and welcoming visitors to the home. One relative commented, "[Relative] likes to go on holiday every year and staff support them to do this." Another relative said, "We are always made to feel welcome when we visit. Staff say, 'Its [relatives] home so help yourself to drinks."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised, and staff supported people to have choice and control. Relatives confirmed they and their loved ones were involved in planning for their care and were provided with opportunities to contribute their views on the service. One relative commented, "They [staff] really do the things [relative] wants. They always communicate well with us and involve us all the time." Another relative said, "We receive newsletters from the home telling us all about what [relative] has been doing and they also send pictures. It's really nice to get these and to know [relative] is safe and well."
- Care plans contained information relating to people's physical, emotional and mental health needs, their life histories and things that are important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Regular reviews of people's care needs and records were held to ensure staff continued to support people appropriately and that their needs, goals and wishes were respected and met.
- People were supported by experienced staff who knew them well and who supported them to access services such as, leisure activities to meet their needs and interests. For example, one person was supported to attend a local social club and another person was supported to venture out locally to parkland which they enjoyed.
- Staff supported and encouraged people to pursue hobbies and interests inside and outside the home environment. For example, some people regularly attend external social clubs of their choosing and other activities within the home which people enjoyed included, Karaoke, arts and crafts, music, shopping trips, and planning for and going on holidays.
- People were supported to access local community facilities and the service had its own mode of transport which enabled this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were effectively assessed, reviewed and documented within their care plans. People had detailed individual communication profiles which provided staff with clear guidance on individuals chosen best methods of communication and useful communication strategies.
- Staff were knowledgeable on how different people expressed themselves and during our inspection we

observed that staff took time to listen and engage with people. For example, one person used a communication board to effectively communicate their feelings and wishes to staff. They pointed to different symbols on the board to indicate this. We also saw how the registered manager assisted and enabled one person to use the telephone to contact their relative as they had limited verbal communication. Another person was supported to make independent decisions and choices by using a magnifying screen to visually see pictures better due to sensory loss.

- A visiting professional told us, "I have routinely found people at Tree Tops to be well cared for and the staff take a sensitive, empathetic approach to assisting people who have very profound learning disabilities and very high support needs. Staff have always been very willing and interested to engage in discussions to explore their understanding of the care, support and communication needs of people and in turn reflect upon their approach. When I have queried the merits of an approach I have found a healthy openness to discussion."

End of life care and support

- People received end of life care and support when required. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- People and their relatives were supported by staff to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference. 'When I die' care plans were reviewed, and respectfully documented people's wishes in a format which met their needs, for example, by the use of pictures.

Improving care quality in response to complaints or concerns

- Complaints were managed and responded to appropriately in line with the providers policy. Relatives told us they were aware of how to raise a complaint. One relative commented, "Staff are very nice and look after [relative] very well, we have no problems or concerns at all. If we did I know the manager would sort it out."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The providers complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
- Records showed there had been two complaints made since our last inspection of the service. We saw that the complaints were responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The register manager and staff demonstrated a strong commitment to provide person led and centred high quality care by engaging with relatives and professionals.
- Relatives spoke positively about staff skills and approaches and the care and support they provide. One relative said, "They [staff] really know how to support people to do things they want to do. They know [relative] so well and really care for them, it's a lovely home environment."
- A visiting professional told us, "I have held discussions with the manager regarding specific support needs of people. They have always demonstrated detailed knowledge of people which has been hugely helpful in the review and re-assessment process. Where I have made suggestions to clarify the support plan of a particular client the manager has always been receptive to input, and she and I enjoy a constructive dialogue in which our focus is the welfare of people."
- Staff told us there was a strong manager led focus and commitment to provide person centred supportive care to people. One member of staff commented, "I love my job and working here in people's home. We work well as a team supporting people as best we can, and the manager supports us to do this, we all support each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support provided by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.

- People were supported and encouraged to share their thoughts on how the service could support them better and improve. This was achieved for example through, keyworker and residents' meetings that were held on a regular basis. Pictorial minutes of the last meeting held showed items for discussion included, meals, plans for improvements to the garden, driveway and bedrooms and a planned summer party.
- We looked at the results for the people and relatives annual survey conducted in August 2018. Results were positive showing 90 percent of relative respondents said the manager/senior staff were available to confer with whenever necessary, 90 percent said staff demonstrated a clear understanding of the care needs of their relative and 90 percent said they were made welcome when they visited the home. The service used a picture survey to gain feedback from people. Again, the results were positive showing 90 percent of people were satisfied with the service provided to them, 100 percent were happy with their room décor and 100 percent said that staff spoke with them in a nice manner.

Continuous learning and improving care

- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits were carried out by management and staff on a regular basis in areas such as medicines management, care plans, staff records, the home environment and health and safety. Where required action plans were developed to address any issues or concerns identified.
- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the home.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals, advocates and GPs.
- A visiting professional told us, "The manager demonstrates very good leadership skills in the manner she engages with people in a very convivial, outgoing and personable manner. I have generally found staff to be well motivated and there is good evidence that people are supported to access the community and undertake slightly more challenging activities such as swimming. In broad terms Tree Tops has the look and feel of a 'regular' home, like any other in the street which reflects the approach and working culture of the service."
- The registered manager attended provider manager meetings and local authority commissioning meetings to share knowledge and keep up to date with best practice techniques which enhanced and promoted service improvements.