

West Sussex County Council

Ball Tree Croft

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

Ball Tree Croft provides care and support for up to 20 people with dementia, learning, sensory and physical disabilities. The service was divided to provide respite care for four people and permanent accommodation for up to 16 people. The premises were arranged in three adjoining units each with a self-contained kitchen, lounge and dining area. The units were accessible to people and staff through an open courtyard with a sheltered roof that protected people against poor weather.

At the last inspection, the service was rated 'Good'. We carried out this unannounced comprehensive inspection of the service on 27 June 2017. At this inspection, we found that the service had maintained its 'Good' rating.

At our previous inspection of April 2015, we found that staff did not monitor and record people's weights regularly and the action they took after they had received guidance from healthcare professionals.

At this inspection of 27 June 2017, we found that staff monitored and maintained detailed records on people's weight management. Staff recorded guidance received from healthcare professionals in people's care and support plans and daily observation records indicated they followed this. People received support with their nutrition and hydration needs and to adopt a healthy lifestyle.

People continued to receive the support they required to maintain their safety and well-being. Appropriate recruitment procedures followed at the service ensured people received care from suitable staff. People had their care delivered by a sufficient number of staff appropriate to their needs.

People remained safe from the risk of abuse because staff knew how to identify and report any concerns. Staff followed safeguarding policies and procedures to keep people safe.

Staff identified risks to people's health and well-being and had sufficient information about how to provide safe care.

People received the support they required to take their prescribed medicines safely. Trained and competent staff managed and administered people's medicines in line with the provider's procedures.

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 supported this practice.

Staff involved people in making decisions about their care and supported them in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received effective care because staff received supervisions, attended training and had the support they needed in their roles. People had their health and social care needs met.

Staff understood people's needs and preferences which enabled them to develop good relationships with them. People received care that was kind, caring and compassionate. Staff encouraged people to make decisions about how they wished to have their care provided. People had care that upheld their privacy and dignity.

Staff continued to provide care that was responsive to people's individual needs. People enjoyed taking part in activities of their choice. People gave feedback on their views about the service and the registered manager acted on them. People knew how to make a complaint if they were unhappy with their care.

People and staff commented positively about the management of the service and stated that they found the registered manager to be supportive and approachable. There was an open and positive culture at the service that focused on people's individual needs. Appropriate systems of audits on the quality and safety of the service identified shortfalls. Action plans put in place ensured the registered manager and provider addressed concerns identified in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service was effective. People received the support they required to eat and drink sufficient amounts to maintain a healthy weight. Staff involved healthcare professionals and followed their advice to support people with their dietary and nutritional needs.

People had their health and social care needs monitored and met in a timely manner.

Staff were trained and skilled for their role to provide effective care. People received care from staff with relevant training, appropriate support and a review of their performance through regular supervisions and appraisals.

People consented to care and treatment. Staff delivered people's care in line with the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Ball Tree Croft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 June 2017 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with four people who used the service and a healthcare professional who was visiting at the service. We also spoke with the registered manager, four members of care staff and the chef.

We looked at six people's care records including their medicines administration records. We reviewed five staff records including recruitment, training, supervision and appraisals and duty rotas. We reviewed management records including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people, their relatives and healthcare professionals.

After the inspection, we received feedback from four health and social care professionals.

Is the service safe?

Our findings

People remained safe at the service. Staff knew how to identify abuse and report concerns to help keep people safe. They had received training and a refresher course in safeguarding. Staff understood the provider's safeguarding procedures and knew who to contact to raise concerns about poor practice. Referrals were made to the local authority safeguarding team to ensure concerns of abuse were investigated.

Risk management strategies continued to be effective in keeping people safe from avoidable harm. Staff assessed and managed risks to people's health and well-being appropriately. Detailed risk assessments were in place and regularly updated to ensure staff had sufficient information on how to support people safely. Identified risks included people's inability to manage their medicines, not eating well, a lack of road safety awareness and not accessing the community safely. Staff supported people to take risks and maintained an appropriate balance between keeping people safe and protecting their right to choose how they wanted to live their lives. Staff had guidance about how to support people safely with individual needs such as managing epilepsy and behaviours that challenged.

People continued to receive support from sufficient numbers of suitably skilled staff to keep them safe and to meet their needs. Staffing levels were reviewed and adjusted in line with people's changing needs. Staff told us and rotas confirmed that absences were covered adequately to meet people's needs. We observed that staff were able to provide care in an unhurried manner and that they responded in a timely manner to people's requests for support.

People consistently received their prescribed medicines in accordance with the support they required. Medicines were administered, recorded, stored and disposed of appropriately by staff who were trained and assessed as competent to do so. Daily checks and regular audits of medicine administration charts and stocks ensured errors were identified and rectified promptly. Staff had access to the provider's up to date medicines management policy and procedures for guidance. The registered manager ensured staff followed current practice when managing people's medicines.

People lived in a clean environment that was well maintained and hygienic. Premises were cleaned regularly and audits and checks ensured that staff minimised the risk of infection. Staff followed good hygiene practices by washing their hands before and after handling foods and medicines and providing personal care. We observed staff using personal protective equipment appropriately and that gloves and aprons were available at the service.

Is the service effective?

Our findings

At our previous inspection of 21 and 23 April 2015, we found that people were at risk of receiving unsafe care because staff did not consistently monitor people's weights. One person's care records did not show what action staff had taken following guidance received from healthcare professionals about a weight management concern.

At this inspection we found that the registered manager had addressed the concerns. Staff made a referral to healthcare professionals when they identified people to be at risk of malnutrition, choking or had difficulties with their eating and drinking. Guidance received from a Speech and Language Therapist (SALT) was recorded in people's care plans. The registered manager ensured staff followed the advice received. Staff monitored and recorded people's weights regularly and as required by the SALT, and the action taken when they had concerns. People had received appropriate support to manage their weight.

People continued to receive a healthy and balanced diet and the support they needed to eat and drink sufficient amounts. People told us they enjoyed the fresh meals that were prepared at the service and could request a second helping or an alternative meal when needed. People took part in menu planning and staff recorded their food preferences, likes, dislikes and allergies. The chef confirmed they had information about people's nutritional needs. Records showed people received food that they preferred and where required the chef provided fork mashable, pureed and gluten free foods as recommended by healthcare professionals.

People had their care delivered by knowledgeable and skilled staff. Staff attended the provider's mandatory and specific training on an ongoing basis to enable them to understand the needs of the people they were supporting. Staff told us the training was useful as it provided them with the knowledge and skills they required to be effective in their roles. For example, 'sign of the month' training introduced staff to one British Sign language technique to help improve how they communicated with people with a learning disability. We observed staff communicate in sign language which enabled them to understand the support the person required. New staff received an induction to ensure they were familiar with people and their needs before they started to provide care independently.

People continued to receive care from staff who were supported to carry out their roles. The registered manager carried out regular supervisions and an annual appraisal to discuss staff's practice. Personal development plans put in place provided support and addressed any staff's knowledge gaps. Staff told us they sought and received support and guidance from the registered manager and senior staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

People consented to care and treatment. Staff understood their responsibilities as required by the MCA and provided people's care in line with this. Staff had received training in the MCA and were able to describe to us how they applied this knowledge to support people to make decisions about their care. Staff assessed people's mental capacity to make certain decisions when needed. Records confirmed a best interests meeting had taken place with health and care professionals to support a person who did not have the capacity to consent to care. People had their freedoms restricted in line with the DoLS applications submitted to and authorised by the local authority, for example a DoLS was in place for a person to access the community safely with staff support.

People continually received support to have their health needs met. Staff monitored people's health and made a referral to healthcare professionals when a person was unwell. People attended medical appointments and staff supported them in the reviews of their health. Each person had a health action plan which ensured staff understood the impact of people's conditions and what they needed to do to ensure they maintained their well-being. People had received support from healthcare professionals such as GPs, psychiatrists and dentists, and records showed staff had followed guidance provided.

People benefitted from the use of a suitably designed service with adaptations to meet their individual needs. There were large open spaces for people to move freely and to enjoy quiet time and group activities. Bedrooms were equipped with appropriate equipment and modified bathrooms ensured that people could bathe safely without the risk of slips or drowning.

Is the service caring?

Our findings

People continued to receive care that was respectful, kind and compassionate. Staff had information about people's history which helped them to understand the things that each person valued in their life. Staff enjoyed good relationships with the people they supported. We saw people were comfortable around staff and that their conversations were friendly. Staff showed interest in people's plans for the day, for example we observed them encourage a person to prepare for their transport collection to attend a day service. We observed that people enjoyed the attention and enthusiasm shown by staff in their day to day lives.

People remained involved in planning their care and support. Staff supported and encouraged people to discuss the support they required and to make choices about their care. Care plans were individualised and showed people's routines, how they wanted their support provided and goals towards developing daily living skills. Staff understood people's needs which enabled staff to involve them in making choices about their day to day lives. Records showed people received care appropriate to their individual needs. People had access to advocacy services which enabled them to have their voices heard and to have as much control as possible about how they lived their lives. People's rooms were personalised and decorated with ornaments, photographs and things that were of significance to them.

People were consistently encouraged to live an independent life as far as possible. Staff assessed each person's ability to carry out tasks of daily living. People undertook tasks such as personal care, tidying their rooms, setting tables and putting away plates after meals. Staff encouraged people to develop new skills such as going shopping and helping with their laundry. They recognised each person's achievement in acquiring new skills and supported them to identify other areas they needed to develop.

People received care from respectful staff who promoted their privacy and dignity. Staff respected people's personal and private space, knocked at their bedroom doors and waited to be invited to enter, closed doors and shut the curtains when providing personal care. Daily observation records showed staff used appropriate language when referring to people. We observed people were able to spend time in their rooms when they wanted to without being disturbed. A member of staff was assigned the role of dignity champion to ensure that people's human right to receive compassionate and person centred care was respected.

People's information and care records remained confidential. Staff received handover meetings about people's needs behind closed doors. This ensured people and visitors to the service could not overhear their conversations. Staff locked away information and care records when not in use and computers were password protected to restrict unauthorised access.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care suitable for their individual needs. Staff assessed people's needs and put support plans in place to ensure they delivered care in line with each person's identified wishes and preferences. They developed support plans from the information gathered at assessments and showed areas people required assistance with such as managing their medicines, finances and health, meal preparation and accessing the community. People, health and social care professionals and relatives where appropriate were involved in identifying and reviewing people's needs and the support they required. There were up to date care records that reflected people's changing needs and the support they required.

People received the support they required to do the things they wanted to do such as going out for shopping and walks in the park. People using the service and records confirmed they were able to pursue activities of their choice such as going shopping.

People knew how to make a complaint if they were unhappy with any aspect of their care. A complaints policy and procedure was available to people and their relatives in a format they understood and the complaints form was easy to complete. People were confident the registered manager would take their concerns seriously and had details of the ombudsman to take up their complaint if it remained unresolved. Staff had discussed the complaints procedure in a residents' meeting. There was a 'niggles' book where people and their relatives could write down things that could be improved on before they escalated to a complaint. The registered manager had acted on and resolved the issues raised in the book. One complaint received since our last inspection was resolved in line with the provider's procedure.

People transitioned between services appropriately to ensure that they received care suitable to their individual needs. The registered manager and relevant healthcare professionals carried out assessments to enable the setting up of systems for a person to receive care that was responsive to their needs. For example, the registered manager put a ceiling hoist and slings in place before the person moved into the service.

Is the service well-led?

Our findings

People consistently received care that was personalised and focused on their individual needs. Staff understood their roles and responsibilities and the provider's values to 'provide a level of support and care that enables people to fulfil their potential and live full active lives.' People made decisions about how they wanted their care provided and staff supported them to achieve their goals. Staff were able to approach the registered manager about any concerns at the service and felt that their views were valued.

There was a registered manager in post whom staff and people described as approachable, supportive and enthusiastic about their role. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood and met their responsibilities in line with their registration with the CQC. They sent notifications about events and incidents to CQC in a timely manner. Policies and procedures on safeguarding, whistleblowing and medicines management were current and accessible to staff for guidance and to inform their practice.

An open and positive culture encouraged staff to learn from incidents and to discuss ways to continuously develop the service. The registered manager fostered good team work and there was a shared responsibility amongst staff to ensure people received high standards of care. Information sharing was done through staff handovers at the start of each shift, recordings of significant events in the communication book, team meetings and daily interactions between people, staff and the registered manager. Team meetings enabled staff to receive updates of developments at the service and an opportunity for them to make suggestions for improvement.

People continued to receive care that was subject to regular checks and audits. Appropriate quality assurance systems remained effective in identifying and addressing shortfalls. Audits on training and supervisions ensured staff were adequately equipped for their roles. The completeness and accuracy of medicines and finance records, health and safety checks, care planning and record keeping were reviewed to ensure people had received appropriate care and that staff had followed good practice and the provider's procedures. Activities offered and undertaken by people were reviewed regularly to ensure they received sufficient mental stimulation and physical activity. The registered manager had extended the champions role to cover mental capacity and medicines management. This ensured a designated member of staff drove improvement in their assigned lead role.

The provider had an oversight on the audits carried out at the service and ensured the registered manager took action in a timely manner on issues requiring attention. A service development plan was in place and showed medium and long term plans to develop the service. For example a recent care planning audit had identified a need to redesign care plans; this was ongoing at the time of the inspection.

People and their relatives had the opportunity to share their views about the service and the service used their feedback to drive improvement. People attended regular meetings at the service and discussed their care. Relatives were able to contact the registered manager by telephone, email and adhoc visits to the service to share their ideas on how to improve the service. The latest feedback from people using the service in the 2016 survey had been analysed and showed that they were satisfied with the quality of care and their safety.

The service worked in close partnership with other agencies to ensure people received joined up care and positive outcomes. Health and social care professionals were involved in developing the service. The service was audited yearly by the local social service's commissioning team and the latest report of 2017 did not show any concerns. The service had worked on a project with an external agency to train staff to enable people who did not wish to attend a day service enjoy a similar level of activities in house. The registered manager had attended training on positive behavioural support and shared lessons learnt with staff to ensure people received a high standard of care.