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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 21 and 23 April 2015 and was unannounced.

Ball Tree Croft is registered to accommodate up to 20 people with a learning disability and additional needs such as physical disability, sensory impairment or autism. The service provides permanent accommodation for up to 16 people and temporary accommodation, in the form of short breaks or respite, for up to four people. The premises are arranged in three adjoining units: Appletrees and Primrose provide permanent accommodation for up to eight people in each unit and Bluebell provides temporary accommodation for up to four people. At the time of our inspection, there were 15 people who lived at the service. Numbers at Bluebell varied and were usually between two to four according to the number of people booked in on any particular night. There was a regular client group of between 25 and 30 people who used this respite service at various times during the year.

Appletrees, Primrose and Bluebell form three sides to a central open, courtyard area which is accessible to people. There are flowerbeds and seating areas for people to enjoy in a safe environment. Each unit has a separate communal sitting and dining area, with kitchen adjoining. People have their own rooms which are personalised and decorated to their own preferences at

Summary of findings

Appletrees and Primrose. Rooms at Bluebell are not personalised since the client group changes frequently. However, the accommodation at Bluebell is extremely spacious with overhead tracking to assist staff to transfer people safely. Each bedroom has a large ensuite wet room which is equipped with showering facilities, toilet and washbasin.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm and staff had been trained in safeguarding adults at risk. They knew what action to take if they suspected abuse was taking place. Risks had been identified and assessed for people and were reviewed at least twice a year to ensure people's most up to date care needs were being met. Staffing levels were satisfactory and there were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff. Medicines were ordered, administered, stored and managed safely. Where staff were required to administer medicines, they had been trained appropriately.

Staff had the knowledge and skills they need to provide people with effective care. They had been trained in a range of essential areas such as moving and handling, safeguarding and fire safety. Regular updates to training were in place. New staff followed an induction programme and shadowed experienced staff. Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act (MCA) 2005 and staff understood the requirements of this. Where people's freedom was restricted, the registered manager had applied for authorisation under the Deprivation of Liberty Safeguards (DoLS). The majority of people were supported to eat and drink sufficient quantities to maintain a balanced diet. However, care records showed that some people had not been weighed regularly, although the registered manager had sought advice and support from relevant healthcare professionals. People were supported to maintain good health and had access to healthcare staff from a neighbouring GPs' practice.

People received care from kind and friendly staff. Staff knew people well, their likes and dislikes and how they wanted to be cared for. People were supported to express their views and to make day to day decisions and choices. Different types of communication were utilised by staff to ensure they could communicate with people in a way that suited them. People were treated with dignity and respect by staff who were sensitive to their needs.

Care was delivered to people in a personalised way and care records provided staff with detailed information about people's individual needs. People were encouraged to engage in community activities or to attend day centres, if they chose. Some people preferred to stay at home. Relatives and friends were encouraged to visit. Complaints were listened to and dealt with effectively in line with the local authority's policy and procedures.

People were involved in developing the service and had devised questions which were used at interview for new staff. Residents' meetings were held and people were encouraged to be involved in planning the garden and the organisation of activities and visits. Newsletters were circulated to people, their families and carers. Relatives were asked to express their views about the quality of the service. Staff expressed their views and contributed to the development of the service through team days. There were robust auditing systems in place to measure the quality of the care and service delivered.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against risks because assessments were completed accurately and reviewed regularly. Staff knew what action to take to protect people from the risk of poor care.

Medicines were ordered, administered, stored and managed safely by staff who were trained appropriately.

There were sufficient numbers of staff in place to keep people safe and meet their needs. The service followed safe recruitment practices.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

People had not been weighed regularly or had refused to be weighed. The registered manager had sought advice from healthcare professionals regarding their nutritional needs, but had not recorded what steps had been taken in people's care records.

Staff were trained to deliver care effectively and new staff undertook an induction programme.

Consent to care and treatment was gained in line with current legislation which staff understood and put into practice.

Is the service caring?

Good

The service was caring.

People were cared for by kind, friendly staff who knew them well. They were encouraged to express their views and staff communicated with them in an accessible way.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People could choose how they wanted to spend their day and went to a day centre or other community activity or chose to stay at home.

Care records were responsive to people's needs and provided detailed information to staff.

Complaints were responded to in a timely manner and in line with the local authority's complaints policy.

Summary of findings

Is the service well-led?

Good

The service was well led.

People were involved in developing the service and had devised questions which were asked at interviews when new staff were recruited. They were asked for their feedback about the service and involved in planning the garden and courtyard area.

Staff were asked for their views about the future strategic direction of the service and these were incorporated into a development plan.

There were robust systems in place to measure and monitor the quality of the service provided.

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 was planned to check 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.

The inspection took place on 21 and 23 April 2015 and was unannounced.

Two inspectors undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including ten care records, five staff records, medication administration record (MAR sheets), staff rotas, staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with five people using the service. Due to the nature of people's learning disability, we were not always able to ask direction questions. We did, however, chat with them and were able to obtain their views as much as possible. We spoke with the registered manager, the assistant manager and three care staff. After the inspection, we contacted health and social care professionals, who had professional involvement with the service, to ask for their feedback.

The service was last inspected in November 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People were protected from abuse and harm; staff had been trained in safeguarding adults at risk and knew what action to take if they suspected abuse was taking place. Staff were able to name the different types of abuse such as financial, physical and emotional. They knew what action to take and followed the guidance contained in the local authority's safeguarding policy. One member of care staff told us that she would, "Report it straightaway" to the registered manager and would complete an incident form. Staff had completed questionnaires about safeguarding which enabled them to update their knowledge between annual training sessions. Feedback from a healthcare professional stated, 'Having met some of the service users, I think that they are happy and settled in their home and feel safe'.

Potential risks to people were identified, assessed and managed appropriately. For example, some people were at risk of falls, so their risk assessment identified foreseeable hazards and the control measures that were in place to prevent harm being realised. Other risk assessments within people's care records related to areas such as moving and handling, behaviour that might challenge and environmental risks. Some people were at risk of getting up in the night, so the provider had arranged for sensor mats to be placed next to their beds. When the mat was touched, an alarm would alert care staff who would then assist the person. Another resident had an alarm on their door which could be triggered to alert staff if he left his room at night. Where monitoring systems were in place, the registered manager had sought consent from the person or their family. Risk assessments were reviewed at least twice a year or more frequently if needed. Accidents and incidents were recorded by staff and used to update people's risk assessments to prevent similar accidents from occurring in the future.

There were sufficient numbers of suitable staff across all three units to keep people safe and meet their needs and staff rotas confirmed this. Staffing levels were assessed in line with people's needs. The number of staff needed to support people at Bluebell varied based on the number of people staying on a short break and their care needs. Staff could work flexibly across the three houses. Occasionally agency staff were used, but the registered manager said they tried to ensure the same staff came in, who knew people well and to provide a consistency of care. The service followed safe recruitment practices. Staff records showed that new staff had undergone checks to ensure they were safe to work with people. For example, Disclosure and Barring Service (DBS) checks showed that new staff's criminal records had been verified and references obtained from previous employers.

People's medicines were managed so they received them safely. One member of care staff took overall responsibility for ensuring the safe ordering, storage, disposal and auditing of medicines. Medicines were secured in a trolley for people living at Primrose and Appletrees. Medicines for people on short breaks were kept in locked cabinets in their rooms at Bluebell, which were only accessible to care staff. Medicines were checked in at the start of people's stay and sent home with them at the end of their break. All staff who administered medicines were appropriately trained and followed West Sussex County Council's Medication Policy and Procedures. Medication administration records (MAR) sheets were completed accurately and showed that people had taken their prescribed medicines at the correct time. The majority of medicines that were to be taken as needed (PRN) were prescribed. However, where people were taking over the counter medicines, then consent had been obtained from them or their relatives. Checks were also in place to ensure that homely remedies did not clash with people's prescribed medicines and a GP had signed their agreement to this. Medicines that were required to be refrigerated were stored in a dedicated fridge at the correct temperature. Audits of medicines were undertaken by the responsible member of care staff and by Boots Pharmacy.

In the Provider Information Return (PIR) which the registered manager had completed, it stated, 'We want to introduce practical competence testing processes so that all those involved in supporting people with medication can be checked on a regular basis, to ensure they maintain good practice skills around medication administration'.

Requires Improvement

Is the service effective?

Our findings

The majority of people were supported to have sufficient to eat and drink and to maintain a balanced diet. Between Monday and Saturday, the main meal of the day was served in the evening. On a Sunday, the main meal was at lunchtime, usually a roast. A lot of people went out during the day, to a day centre or other communal activity and they took a packed lunch with them. Other people, who had chosen not to go out, ate their lunch in the communal dining area where staff were on hand to support them. The lunchtime meal consisted of sandwiches with a choice of fillings, followed by fruit or yogurt for pudding. We observed the lunchtime experience which was calm, friendly and relaxed with care staff joining people at the table for their meal. One person, whilst being gently encouraged to eat something, consistently refused, even though several choices of food were offered. This person also refused to have a drink. On checking this person's care plan, their weight had not been monitored on a regular basis. The registered manager said that attempts had been made to weigh this person, but the person had refused. However, these refusals had not been recorded within the care record, so there was no evidence to show that an attempt had been made to monitor the person's weight. The weight monitoring form stated, 'Resident's weight should be monitored on a monthly basis'. However, care records showed that monthly weights had not been taken for several people nor had refusals to be weighed been regularly recorded. Nevertheless, advice had been sought from healthcare professionals where needed, such as the dietician and speech and language therapist, to maintain people's nutritional health. The assistant manager told us that she would set up food and fluid monitoring charts for the person who had been refusing to eat at lunchtime.

Special diets were catered for and food allergies identified, such as gluten or lactose intolerance. There were low sugar options for people with diabetes. Menus were rotated on a four-weekly cycle. On the day of our inspection, the evening meal was sausage casserole with potato wedges, carrots, peas or mixed salad or a vegetarian option. People were supported to be as independent as possible in eating their food and one person was busy filling his bread rolls with ham and tomato at lunchtime.

People were supported to maintain good health, had access to healthcare services and received ongoing healthcare support. A chiropodist visited every six weeks and care records confirmed this. Ball Tree Croft is situated behind a GP practice, so people could easily visit their GP when needed or vice versa. Hospital passports were in place for people if they needed to go to hospital and these provided hospital staff with important information about the person, their preferences and care needs. A healthcare professional gave an example of one person who had been having a number of hospital tests which they found distressing. Feedback described how the care staff found it difficult, 'but their responsiveness in advocating for the individual's needs have been excellent'. They went on to say, 'I think that this demonstrates a team who are dedicated and well led, striving to provide a safe, effective service to all those in their care at Ball Tree Croft'.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff had received essential training in fire safety, first aid, safeguarding adults at risk, medicines, moving and handling and the majority of care staff were qualified to at least level 2 in health and social care. Specific training was also organised and delivered to care staff where they supported people with particular health needs, for example, dementia, epilepsy and diabetes awareness. Staff received annual updates to training where needed. A member of care staff told us, "Whatever we need, we let them know and they arrange it". Another member of staff told us that they had received training in epilepsy, autism, fire safety, safeguarding, first aid, care planning, medicines, manual handling and other specific topics, all of which was delivered by trainers from West Sussex County Council.

New staff undertook a comprehensive induction programme including receiving essential training and shadowing experienced care staff. Staff attended monthly supervision meetings with their line managers and were asked how they were feeling and issues relating to their role and the people they supported. Notes of supervision meetings showed actions that had been identified and the next supervision meeting reflected on progress made against these actions. One member of care staff said, "Everyone has a designated senior to supervise them. If there are any issues, I can go to her at any time". The majority of staff had undergone an annual appraisal of their performance.

Requires Improvement

Is the service effective?

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated legislation under the Deprivation of Liberty Safeguards (DoLS). Staff understood the main requirements of the legislation and, whilst some staff had not received any formal training, the management staff had organised discussion on this topic at team meetings. One member of care staff told us about the need to arrange an advocate or Independent Mental Capacity Advocate for people who needed support to make big decisions. People were able to make day to day choices and decisions, but where decisions needed to be taken relating to finance or health, for example, then a best interest meeting would be held for people who lacked capacity. A best interest meeting is where care professionals and relatives would make a decision on the person's behalf. Where possible, the person would also be invited to the meeting. Capacity assessments had been completed appropriately for people and were in their care records. The assistant manager told us that DoLS applications had been completed for people permanently accommodated at the service. One application had already been authorised by the local authority. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. One member of staff told us, "I always try and make time to chat to people" and added, "It's the friendliest place, the residents are a lovely bunch". Whilst people we spoke with found it difficult to verbalise their thoughts, we observed that they were happy in the company of the care staff who supported them. One person told us that he liked living here and that, "Staff are nice". He enjoyed going out every day with staff to a local shop to buy rolls so that he could make his own lunch and choose what fillings he wanted. Staff told us, "It's like seeing your friends every day. You need to find people's sense of humour. We all have a laugh". People were cared for by kind and caring staff who were empathic in their approach to people. A healthcare professional stated, 'The staff have always been very welcoming and helpful. I believe a number of them have worked at Ball Tree Croft for several years, developing good rapport with the service users'.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. Staff knew people well, knew how they wished to be supported, their preferences and choices. Care records provided staff with a pen picture of each person in a person-centred way. Person-centred planning is a way of helping a person to plan all aspects of their life, ensuring that the person remains central to the creating of any plan which will affect them. Staff knew how to communicate in an accessible way with people and used sign language, facial expressions or gestures which people understood. Some people who stayed for short breaks at Bluebell used Makaton as a way of communicating.

Makaton uses signs and symbols to help people to communicate. A member of staff told us, "I try and communicate in a way that suits them. If it doesn't work, try another person [different member of care staff]. Try different tactics". Care records showed the different ways that people preferred to communicate. One care plan stated, 'I use speech, gestures, facial expressions and signs. I need you to speak to me at eye level, using simple key words and short sentences. I take time to process information and may need to be told things several times before I understand it properly'.

People were treated with dignity and respect. Staff were observed knocking on people's doors before entering. A member of care staff told us, "If people are in their room, then I shut the door. I always knock and say, "It's [name]" and said that she would make sure people were covered up with a towel or dressing gown whilst attending to their personal care. People were supported to be as independent as possible. A member of staff described how he encouraged people to maintain their independence and said, "[Name] likes getting her own clothes out. It's important not to deskill people".

In the Provider Information Return (PIR), the registered manager stated that he planned improvements within the next 12 months. He stated, 'Develop a 'Championing Initiative' including 'Care Champions'. These workers will maintain a particular focus on the caring aspect of our work and help the team to further develop their caring skills and knowledge. Champions may be involved in helping to lead informal workshops on good care practice and could feed into discussions about care practice within team meetings'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and care records confirmed this. Where they were able, people were supported to contribute to the assessment and planning of their care. One person talked about 'his job' which was how he viewed his visits to a local day centre or a local project where he enjoyed gardening, cooking and woodwork. Whilst people had no clear understanding of their care planning, they were open in expressing their likes and dislikes. People staying at Bluebell wanted to visit at the same time as their friends and the assistant manager tried to accommodate this. Care records provided detailed information about people, their support needs and how these would be met, their preferences, interests and aspirations. Care staff were observed reading care plans to update their knowledge prior to people coming in for short breaks. Care plans were reviewed at least once a year or earlier if needed.

Some people chose to attend a club on a Saturday afternoon which was organised for people with a learning disability; others chose to attend monthly Christian fellowship meetings. There were a number of activities organised for people, largely in the evenings as the majority of people were out during the day. People could participate in art and craft sessions, reminiscence, music and movement. One member of care staff had organised quizzes where people from Primrose and Appletrees were in competition with each other. Points were awarded each week to the winning team and as a result, a new BBQ had been purchased.

A lot of people living at Ball Tree Croft had no relatives who came to visit. The registered manager said that people were encouraged to maintain contact with their families and friends and that visits were welcomed at any time. In the Provider Information Return (PIR), he stated, 'As family members are growing older, we try to support residents to maintain contact and visits with their families. Staff show great flexibility and sometimes give of their own time to support family contact'.

Complaints were listened to and dealt with in line with West Sussex County Council's complaints policy. Complaints were responded to within 14 days and two written complaints had been received within the last year, both of which were resolved within 28 days. As a result of complaints raised lessons were learned and action taken to prevent similar incidents from occurring in the future. There was an accessible complaints policy available for people at the service, although no complaints had been presented by them.

A healthcare professional provided feedback about the service and stated, 'I am able to easily communicate with care givers and management. We have a quick and responsive dialogue about patients, which is effective. Staff are very attentive, kind and caring'.

Good

Is the service well-led?

Our findings

As far as possible, people were actively involved in developing the service. When new staff were interviewed, people had devised some questions which management then asked candidates. When points were allocated on the basis of answers put forward by candidates, people's questions were also included in the rating process. Residents' meetings were organised and notes from the latest meeting showed that discussion had taken place about a project for different parts of the garden. There were plans to plant a sensory garden and to develop a beach theme, including a boat, and people were going to make starfish and seagulls to go near the boat. Other topics under discussion included activities and the organisation of visits to the community such as a visit to some tearooms and to a country centre. Meetings were held regularly and two meetings had taken place this year. The registered manager told us that he was trying to organise some face to face meetings with people to obtain their feedback and views.

People were asked for their feedback through written questionnaires and positive results had been obtained from people on short breaks who stayed at Bluebell. In the Provider Information Return (PIR), the registered manager stated that he wanted to, 'Focus more attention on effectiveness of service within resident group meetings and encourage feedback from residents about life in the home and what we can do to make it better. Greater formal engagement with residents/customers' families and carers. Although we have regular contact with many families/ carers, we do not gain enough feedback from them on our services. We want to develop this area further across 2015 by inviting families/carers into the service more frequently and by seeking regular formal feedback through questionnaires and feedback sheets'. Relatives were asked for their feedback about the service and one parent had written that Ball Tree Croft, 'Had a really nice, friendly feel about it and he [their son] was happy to be there'.

Newsletters were issued by the management team twice a year, with regular updates on particular issues. For example, the Christmas newsletter included items on fundraising, staff update and training, the garden project and what amenity funding was to be spent on.

Staff were supported to express their views through monthly team meetings at which staff discussed the people they supported, as well as other issues relating to the running of the service. Staff knew how to raise a complaint or concern anonymously and followed West Sussex County Council's whistleblowing policy. Minutes confirmed that staff meetings had taken place. In addition, the registered manager had organised a team day recently which had focused on areas for improvement. This included discussion on how to make the service safe, effective, caring, responsive and well led in line with CQC's key questions. This ensured involvement by all members of staff in developing and shaping the future of the service through a Team Development Plan for 2015/16 which incorporated ideas and suggestions voiced by them.

When asked about the culture of the service, one member of care staff said, "It's a family and friendly. It's lively and keeps you on your toes". The registered manager thought the culture was around supporting people's changing needs, as people were growing older. He also added that, "The team may need to reflect on the level of learning disability that some people have". The assistant manager stated, "We have a real, strong, person-centred approach. We are striving to improve all the time" and described the work being undertaken on positive risk taking and balancing risk to give people a better quality of life.

Management and staff had a shared understanding of the key challenges, achievements, concerns and risks. During our inspection, one person became very upset and verbally aggressive in one of the communal areas. The situation was diffused quickly and the person moved swiftly to another area of the service, supported sensitively by staff. Other people witnessing the event were reassured in a kindly way by staff and escorted away safely.

There were systems in place to measure the quality of the care provided and the service overall. Accidents and incidents were recorded and reported in a written format and electronically, in line with the local authority policy and procedures. Risks to people were reassessed and care plans updated accordingly. Audits were undertaken in a range of areas such as management of medicines, premises, kitchen management and health and safety. Where actions needed to be taken, these were recorded and acted upon to drive continuous improvement.