

Jeesal Residential Care Services Limited

Treehaven Rants

Inspection report

Sandy Lane
West Runton
Cromer
Norfolk
NR27 9LT

Tel: 01263837538
Website: www.jeesal.org

Date of inspection visit:
26 February 2019
27 February 2019

Date of publication:
25 March 2019

Ratings

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

Summary of findings

Overall summary

About the service:

- Treehaven Rants provides accommodation with personal care for up to 12 people living with autistic spectrum disorders and/or learning disabilities. The premises consisted of two bungalows that each provides four ground floor bedrooms and a self-contained flat.

People's experience of using this service:

- Areas of the service looked tired and some furnishings and fittings were damaged and in need of redecoration or repair. For example, flooring in the kitchen area had holes in it. There was no dedicated maintenance person, since the last one left and maintenance has been carried out by an external contractor. This meant that small jobs were either not completed or there were long delays in responding to needs.
- The registered manager told us that the redecoration and replacement of furnishings was included in the provider's annual development plan. However, although the annual development plan contained some details about improvement work, it did not contain details of the plans to re-decorate and refurbish the service. Following the inspection we were sent a maintenance list that showed areas that needed to be addressed and we saw that some improvements had been completed.
- The registered manager told us they had secured a regular company to provide the maintenance of the service and we saw that some work had commenced. For example, the gardens were being maintained on the day of our visit and improvements had been made to the driveway.
- People continued to feel safe living at the service. Risks to people's health, safety and welfare had been identified and were known by staff. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. The service was clean and hygienic, although some areas were difficult to keep clean because they were damaged. There were systems in place to monitor incidents and accidents and learn from these.
- People's care, health and cultural needs were identified so staff could meet these. The staff were skilled and competent and knew the people they supported well. People said they liked the food served and had a choice of different meals. People were supported to maintain good health and referred to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and

preferences.

- People received person centred care that met their needs. Care plans were person centred and set out how staff should meet their needs. The staff team were knowledgeable about people's needs. Managers and staff ensured information was provided to people in an accessible format. People took part in a range of group and one-to-one activities depending on their preferences. People said they knew how to make a complaint if needed.
- People, relatives and staff told us the service was well managed and had an open and friendly culture. Staff said they felt well supported and the management team were open and approachable. The provider's audit system covered all aspects of the service and helped to ensure the care people received was appropriate and safe. Managers and staff worked in partnership with other agencies to ensure people got the care and support they needed.

More information is in Detailed Findings below:

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

Why we inspected:

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

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good 

Treehaven Rants

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Treehaven Rants is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 12 people in one adapted building.

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

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

Notice of inspection:

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

The inspection site visit activity started on 26 January 2019 when we visited the service. We called relatives on the 27 January 2019.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

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

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

Is the service safe?

Our findings

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

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

Systems and processes:

- People continued to feel safe when staff provided them with care and support. One person said, "This is a good place to be, it's relaxed and safe here and staff are helpful." A relative commented, "I have no concerns at all. I think [relative] is very safe there and they have been there 20 years."
-
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "We get regular training in safeguarding and I would have no hesitation in reporting any concerns I had."
- All the staff we spoke with understood the provider's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management:

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

Staffing levels:

- People told us there were enough staff to meet their needs. One person told us, "Yes there is enough staff to take care of us." A relative commented, "I don't have any concerns about the numbers of staff. [Relative] is always doing something or going somewhere. There's never a problem."
- We observed there were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. We saw there was a calm atmosphere and staff did not appear rushed throughout the day.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may

not be fit and safe to support them. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

- Staff told us they completed this process before they started to work at the service. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

Using medicines safely:

- People received their medicines safely and as prescribed. One relative told us, "There are no issues about [relative's] medicines."
- Care plans had information recorded about the level of support needed by people to take their medicines safely.
- Staff received medicines training and records showed that competency assessments were completed to ensure staff followed the medicines policy and procedures.
- Regular audits took place on the medicines systems to check that staff consistently followed the administration and storage procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Preventing and controlling infection:

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

Learning lessons when things go wrong:

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

Is the service effective?

Our findings

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

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

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

- Areas of the service looked shabby and some areas were damaged and in need of redecoration. The registered manager told us that due to the nature of people's autism and behaviours that could challenge the service, furniture and furnishings were often damaged and needed constant attention.
- We saw that maintenance had not always been completed swiftly. For example, the flooring in one kitchen had holes in it and staff told us it had been that way for a long time. One staff member told us, "The maintenance has been rubbish. It takes so long to get things done." Another commented, "We keep saying we need this doing and we need that, but nothing ever happens. Things have got a bit better recently though. Some work has started on the garden and the driveway."
- The registered manager told us that the redecoration and replacement of furnishings was included in the provider's annual development plan. However, there were no details of plans to re-decorate and refurbish the service in the plan. Following our inspection the registered manager sent us a monthly maintenance list that identified areas of maintenance that needed to be addressed and we saw that some actions had been completed. For example, radiator covers had been replaced and electrical sockets that were not working had been repaired. In addition the registered manager sent us a list of equipment that they had identified needed to be replaced such as washing machines and tumble driers.
- The registered manager told us there had been difficulties with the maintenance service and they were now sub-contracting work out to different companies. They told us they had secured a regular company to provide the maintenance of the service and we saw that some redecoration had taken place. The deputy manager told us this would extend to the whole service.

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

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

Staff skills, knowledge and experience:

- The PIR stated that all new staff received induction training, including safeguarding, professional boundaries, and non-abusive physical and psychological intervention. In addition, staff completed at least forty hours each of shadowing, observation of their practice and completion of the Care Certificate. Staff told us and records confirmed this was the case.
- People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "I like my carers. They take me out and look after me." A relative told us, "[Relative] can be a bit cross sometimes but they [meaning staff] know how to support them. I would recommend it to anyone, they're excellent."
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in behaviour management called 'Positive Behaviour Support'. This training focused on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way.
- Staff felt appreciated and were encouraged to increase and develop their skills and knowledge. There were regular team meetings and supervision meetings if staff felt they needed extra support or training.

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

- People told us they had enough to eat and drink. One said, "I like party food, we have many parties here like the Christmas party."
- People were supported to maintain a healthy and balanced diet. Staff used pictorial menu plans if people needed support to choose their meals. We observed one person being supported to prepare their lunchtime meal.
- Staff had a good knowledge of what people liked to eat, and care plans documented people's preferences and any requirements they had with food and drink. Staff had completed training in basic food hygiene and nutritional awareness.
- The registered manager told us and records confirmed that if people needed extra support with eating and drinking, staff worked closely with the dietician and speech and language therapists to ensure people's dietary needs were met.

Staff providing consistent, effective, timely care:

- People were supported to maintain good health and referred to health professionals when required.
- Health and medical information was recorded in detail for each person. Support was tailored to each person to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At

the time of our inspection there was no one being deprived of their liberty.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported:

- Staff had a kind and caring approach to supporting people. One person said, "I like [name of staff member], they are my friend." A relative commented, "There is a good bond between [name of relative] and the staff. They genuinely care about [relative]."
- Staff told us they enjoyed working at the service and had built positive relationships with people using the service. One member of staff told us, "This is like my second family. I really enjoy coming to work and I get good job satisfaction helping people achieve their goals."
- Staff interacted with people positively. They supported people with their diverse needs and had a good understanding of their social and cultural diversity. For example, the service had been accredited with the National Autistic Society that ensured staff were trained to understand and promote the strengths of each person, and to support them with any difficulties related to their autism.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what foods they enjoyed. Regular reviews and meetings had taken place and these provided people and their relatives with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations.
- People were supported to maintain important relationships through visiting family and friends. Staff had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.

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

- Each person had a keyworker to support them to make decisions and achieve their goals. This could be anything from booking a holiday to visiting family. A staff member said, "We support people to make choices and work closely with them as keyworkers to meet their needs."
- People and their relatives were consulted about the care and support delivered. One relative told us they saw the care plan for their family member on a regular basis and were involved in their care.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- People could have access to an advocate for support to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

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

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

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care:

- Care was person centred and people and their relatives were involved in the care planning process. One relative told us, "I am invited to give my views on [relative's] care. The staff listen to what I say."
- Staff completed an initial assessment where people were supported to identify their needs and express their preferences. The assessment focused on what was most important to each person, their personal goals and wishes as well as obtaining information about their preferred lifestyles, beliefs, hobbies and interests.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. Staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. For example, people could always choose how to dress to express themselves and their sexuality and we saw this on the day of our visit.
- The arrangements for social activities were based around people's individual needs and staff demonstrated a commitment to assisting people to pursue their interests. For example, visits to local pubs and hotels for a meal or drink, shopping in local towns or Norwich, weekly swimming, bowling and boat trips on the Broads. These were sometimes in groups and on other occasions were tailored to a person's particular requirements.
- People's care plans contained a section about 'understanding my autism.' This provided staff with guidance about each person's support needs and the approaches staff needed to take. For example, how to communicate effectively with people and read signs they may be anxious.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- Discussions with the registered manager and staff demonstrated that they viewed complaints and concerns as a process for driving improvement at the service. One relative told us, "I have raised some minor concerns before and they have been dealt with quickly."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint. This was available to people in a pictorial format.
- All people using the service had a keyworker, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis

with their chosen key worker.

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

End of life care and support:

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

Is the service well-led?

Our findings

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

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

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

- The registered manager told us they promoted an open ethos and staff told us they felt valued and listened to. One member of staff told us, "[Name of registered manager] is the best manager I've ever had. They are always willing to listen and they have an open-door policy."
- People, relatives and staff told us they felt the service was well-managed and the management team were always available. One relative said, "I can always call the manager if I have any problems or questions. The manager is very approachable."
- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus.
- Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw that information was readily available in the service for staff to refer to if they needed to do this.

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

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

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

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

Continuous learning and improving care:

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

Working in partnership with others:

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