

Three Trees

# Three Trees

## Inspection report

24 St John's Avenue  
Bridlington  
Humberside  
YO16 4NG

Tel: 01262601626  
Website: [www.thethreetrees.co.uk](http://www.thethreetrees.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Three Trees is a residential care home providing accommodation and personal care to 18 people with a learning disability and/or autism at the time of our inspection. The service can support up to 21 people.

The service was designed prior to Registering the Right Support and other best practice guidance being implemented. This means that it does not meet current best practice around the size and number of people living together. However, the large building did have three distinct separate units where people had access to their own lounges and dining/ kitchen areas. People spent more time within the large communal areas through choice as they had lived at the service for many years.

### People's experience of using this service and what we found

The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, people were not always supported to access individualise leisure and recreation. Further work was required to ensure people's care and support was designed and delivered in a personalised way to enable them to achieve good outcomes. The registered manager needed further understanding of Registering the Right Support.

Systems and checks to monitor the quality of the service were not always effective. The checks in place had failed to identify and address areas we found at this inspection. Records were not always accurate and fully completed.

Lots of people were supported to access the community independently. However, for people who needed support there was limited opportunity. Care staff carried out social activities alongside their caring duties; this limited the amount of dedicated activity provision available. We have made a recommendation about the activity provision available to people.

Recruitment checks were carried out, but records were not always completed or detailed. Staff told us they received induction and support. Records were not always completed for induction and new staff did not always receive formal supervision. We have made a recommendation about formal staff support.

People received their medication as prescribed. Some medication records and staff competency assessments were not always completed. People were supported to attend health care appointments. However, advice and outcomes from appointments was not always recorded.

Some areas of the service required attention, such as decoration and replacement of furniture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional needs were met. People were happy with the food and drinks available. They had the opportunity to access kitchens independently to prepare drinks and snacks.

People told us they felt safe at the service and with the support they received from staff. They were supported by kind and caring staff, who knew them well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 19 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Three Trees

## 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 one inspector and one 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

Three Trees 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 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 unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 six people who used the service and two relatives about their experience of the care

provided. We spoke with five staff including the registered manager, business manager, care officer and two care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the policies and procedures for the service. We spoke with one relative and one staff.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment checks were carried out, but some records were not always comprehensive or completed. For example, interview records had not been completed for two staff and another person's interview records did not contain any details to show how the judgement had been made.
- People told us there was enough staff to provide their basic care. However, the provider did not have a tool to help them assess the number of staff required each day, to meet people's individual needs and preferences.
- There was not always enough staff available to provide people with an individually tailored range of activities, or to ensure all people had equality of access to community activities and facilities. For example, people who needed support to access the community did not always have this opportunity due to the staffing levels. The registered manager assured us they would going forward.

### Using medicines safely

- People received their medicines as prescribed, but aspects of best practice were not always followed.
- Protocols were not always in place to guide staff on when to administer medicines for use 'as and when required'.
- Not all staff had their competency assessed to ensure they had the knowledge and skills to administer medication safely. The registered manager assured us all staff would have competency assessments going forward.
- Staff followed the NHS national project STOMP guidance. STOMP stands for stopping over medication of people (with a learning disability and/or autism). People received regular medication reviews.

### Preventing and controlling infection

- Some areas of the service required attention to reduce the risk of infection spreading. For example, some dining chairs required replacing as the material had peeled off, making the surfaces difficult to keep clean and impervious to bacteria. The registered manager informed us after inspection this had been addressed.
- Staff followed procedures for preventing and controlling infection. They wore personal protective equipment and encouraged good hand hygiene.

### Learning lessons when things go wrong

- Staff completed accident and incident records, and these were reviewed by the registered manager. However, they were not always monitored for patterns and trends. The registered manager assured us this would be done going forward.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person told us, "I am very well looked after, and this makes me feel safe."
- Risk assessments were in place to reduce any risks to people. For example, when people were at higher risk of choking or required support with their mobility.
- Staff were aware of the procedures to follow in reporting any allegations or suspicions of abuse.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they received an induction when starting at the service which included shadowing an experienced staff member. However, records of induction were not always completed. The registered manager told us they would be implementing an induction recording tool going forward.
- New staff did not always receive formal support or feedback on their performance. For example, we saw two staff had been employed over six months and they had not received any supervisions, probationary reviews or competency assessments. The registered manager told us they would complete supervisions with these staff in a timely manner.

We recommend the provider reviews their process of formal support and guidance for staff in line with best practice.

- The provider had recently purchased a new training package. All staff were in the process of redoing their training.
- Staff told us they felt well supported. One staff said, "I feel well supported, [registered manager] is just one of them people, their door is always open."

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

- Records from people's health appointments required more detail to ensure staff were aware of any outcomes or advice they should be supporting people to follow.
- People's 'hospital passports' had not been completed and just stated 'refer to care plans and risk assessments'. Hospital passports are designed to be used for sharing information with other health professionals in the event that someone needs to go into hospital or another service. The registered manager told us these would be reviewed and updated.
- People were supported to see health professionals such as dentists, chiropodists and GPs. One person told us, "Staff make appointments for me if I need to see a doctor".
- Staff supported people to attend annual health and medication reviews.

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

- The principles of registering the right support were not fully embedded into the service which meant best practice was not always followed. For example, ensuring people had person centred care plans to achieve their individual goals and outcomes.

- People's needs were assessed prior to them moving to the service, to make sure the service was suitable.

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

- Some areas of the service needed redecoration. For example, wall paper peeling off the walls in one kitchen/dining area and in the communal lounge. The registered manager told us they would be developing an action plan to address these areas within a reasonable timescale.
- There was a choice of rooms for people to spend time. For example, separate kitchen/dining areas and lounges.

#### 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had consented to their care plans and staff gained permission prior to supporting people.
- Best interests decisions had been made when people were unable to make important decisions for themselves. For example, when people needed medical treatment.

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

- People were happy with the food available. One relative told us, "[Name] says the food is brilliant and the cook is brilliant. I would give her five stars. The residents are involved in choosing the menu."
- There were separate kitchen areas should people want to prepare their own drinks and snacks.

# 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.

Respecting and promoting people's privacy, dignity and independence

- Some people shared rooms with people they had lived with for a long period of time. These people were happy with their rooms and had consented to sharing. When people were unable to consent best interest decisions had been made. Privacy screens were in place to maintain people's privacy and dignity. The registered manager assured us going forward any new people moving to the service would have their own rooms.
- Staff promoted people's privacy and dignity. They explained they always ensured they gained permission before entering people's rooms and always closed curtains and doors when providing personal care. One person told us, "I have help with bathing and staff are kind about this."
- Staff encouraged people to maintain their independence. For example, they supported people to continue accessing the community independently and undertake general daily living tasks such as cleaning and making drinks.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with kindness and respect. We saw staff and people having lots of 'banter' and staff checking on people's wellbeing.
- Staff knew people well and it was clear they had formed good relationships. Feedback about the staff included, "[Name] is my key worker and I get on with her very well" and "We have nice staff here, really nice".
- Staff recognised when people needed support. One person told us, "If you aren't quite right staff notice and try to put it right."
- People had lived at the service for a long time and were supported by a consistent staff team. People and their relatives told us there was a family feel to the service. One relative told us, "Everybody gets on, it's like a big family, [Name] is happy to come back after a day out."
- People's initial assessments detailed any religious or cultural beliefs.

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

- People were encouraged to make day to day choices, such as where and how they spent their time.
- People were involved in reviews of their care and had opportunity to express any changes they wanted.
- Advocacy information was on display in the service should people want independent support with making decisions.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Staff provided some recreational or social activities. However, these opportunities were limited and were provided by care staff alongside their caring duties.
- People who could not access the community independently had limited opportunities to go out. For example, two people's records showed they had been out once in a six-week period. We discussed this with the registered manager who agreed to address this, to ensure people had regular access to the community.
- People did not have individualised plans to ensure their hobbies and interests were met.

We recommend the provider seeks advice from a reputable source regarding activity provision and reviews the range of leisure opportunities available to people.

- People who were able to access the community independently or with limited support lived full and active lives.
- People were encouraged to maintain relationships and visitors were made to feel welcome. Technology was used by people whose relatives lived out of the country for video calls.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place, but some would benefit from more person-centred information such as people's preferences, likes and dislikes. Care plans detailed people's goals but detailed guidance of how these goals should be supported or their achievement measured were not always recorded. The registered manager showed us a new template they planned to implement going forward to ensure care plans were more personalised.
- Staff knew people well and delivered care in the service in line with people's preferences. Feedback from people's relatives included, "Staff know [Name] well. Whatever he needs they are there to assist him and do anything for him." and "The staff know [Name] very well and know what they like".
- People told us they were happy with the care they received. One relative told us, "We are happy as long as [Name] is happy, and they are happy. They supported [Name] through a bereavement, the staff are brilliant. It's a lovely place and I can't praise it enough."

End of life care and support

- People's funeral wishes had been explored with them. The registered manager planned to implement a more detailed end of life care plan to record the care and support people would require at the end of their life.

- In the event people required support at the end of life staff would work with appropriate health professionals.

#### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints.
- The complaints procedure was on display in the service and people told us they would be happy to raise any concerns. The registered manager could access this in different formats if required.

#### 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.

- The registered manager was aware of the AIS and told us they could provide documents in different formats when required. Information was on display in the service in easy read formats.
- People's communication needs were recorded in their care plans. Staff communicated with people effectively.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance systems were in place to monitor the quality of the service. However, these systems were not effective and had failed to identify areas we found at inspection. Such as; records for staff recruitment and ongoing support, monitoring of accident and incidents, medication records, infection control and improvements needed to the environment.
- The provider had failed to ensure the principles of registering the right support were fully embedded in the service. This meant people did not always receive individualised care that achieved good outcomes for people. Not all people who lived at the service had individualised care and support plans to enable them to access the community to meet their hobbies and interests.
- The registered manager was not fully aware of the principles of registering the right support. They assured us they would research this to ensure best practice was followed when delivering care.

Systems were not robust enough to ensure the quality and safety of the service was improved. The provider had failed to ensure accurate, complete and contemporaneous records were kept. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was very open and transparent with us during this inspection. They recognised some improvements were required and started work to address these areas.
- The registered manager had an open-door policy and staff and people who used the service told us they found them to be approachable.

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

- Relatives told us they were kept informed of any significant developments relating to people, such as falls or illness.
- The registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

#### characteristics

- Surveys were used to gather people's and their relatives views. All feedback from surveys was positive.
- Staff had the opportunity to share their views and ideas at staff meetings.

#### Working in partnership with others

- The service worked in partnership with health professionals such as GPs, chiropodists and dentists.
- The registered manager and business manager attended the local authority provider forums to develop working relationships.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems to assess, monitor and improve the quality and safety of the service had not been established. The provider had failed to ensure accurate, complete and contemporaneous records were kept. Regulation 17(1)(2)(a)(c)(d)