

Treehouse Care Fostering Solutions Limited

Treehouse Care Domiciliary Care Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Treehouse Care Domiciliary Care Services provides care and support to younger adults, who may be living with a learning disabilities or autistic spectrum disorder.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection only one person was being supported with personal care.

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

People's experience of using the service and what we found

People were safe from harm. This was because staff recruitment, sufficient numbers of staff employed and risks were managed well to support people with their care needs. This included handling medicines and keeping people's homes clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. 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.

We found staff were kind, caring and respectful. They championed people's privacy and dignity and encouraged people's independence in all aspects of life. Staff ensured they communicated with people in a way they understood and had learned to listen to people's requests through signals, gestures and sounds.

Staff were motivated and dedicated in their roles to provide person-centred care based on people's needs, choices and preferences, which meant people experienced the lifestyle they desired and did the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved. Any support people would need in the future, with end of life care, was understood and would be provided.

People had the benefit of a positive and inclusive service. The registered manager and staff checked on how well the service was providing care and support. People and relatives had opportunities to make their views known. Documents held in the office were secure to ensure confidentiality of people's information, and staff respected people's confidentiality when they supported them.

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

Rating at last inspection and update.

The last rating for this service was good (report published 4 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Treehouse Care Domiciliary Care Services

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

One inspector carried out this inspection.

Service and service type.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, so they can live as independently as possible.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one relative, the registered manager and two support staff. We also visited one service user in their home where we reviewed their care records. These included medication administration records and daily notes. We looked at two staff recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We looked at some specific information we had asked the provider to send us. This included the staff training database and staffing rosters.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse or harm. A relative told us, "I have no concerns about [Name's] safety while being supported. Staff know them well and do everything they can to protect them."
- Safeguarding systems were robust, the provider liaised with the local authority safeguarding team and staff knew their responsibilities.

Assessing risk, safety monitoring and management

- People were protected from risks. A relative told us, "I know about [Name's] risks and risk assessments and feel staff do all they can to reduce them."
- Risk assessments were in place and followed to reduce risk to people in their homes and staff visiting them.

Staffing and recruitment

- The provider ensured staffing levels were appropriate and recruitment of new staff was safe.
- People were supported by sufficient and suitable staff to meet their needs. A relative told us, "There are always two staff with [Name] whenever I visit and am confident this is always the case."
- New staff recruited were only taken on once all security checks and inductions were completed. Procedures were safely followed to ensure staff were suitable.

Using medicines safely

- Management of medicines was safely carried out.
- People were supported with medicines as required.
- Staff were trained in the management of medicines and maintained accurate records.

Preventing and controlling infection

- The provider ensured people were protected from harm from infections.
- Staff were trained in infection prevention and control and used appropriate equipment to safeguard people and themselves.

Learning lessons when things go wrong

- The provider used incidents and events as learning opportunities.
- Staff discussed progress and development of the service in meetings and supervision.

Is the service effective?

Our findings

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

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

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

- The provider had systems and documentation for assessing people's needs.
- They used evidence-based guidance to meet people's needs and sought advice from expert professional bodies when appropriate.
- They followed the appropriate legislation to help protect people and provide the care and treatment in line with expected standards that met people's needs.

Staff support: induction, training, skills and experience

- The provider supported staff well. A relative told us, "I have no worries that staff know what they are doing and are trained in supporting people with learning disability needs."
- Training was provided and monitored, supervision was on-going, and staff developed the skills they required to complete their roles.
- Staff we spoke with told us the company was a good employer and supported them well with both personal issues and work-related ones.

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

- Staff supported people well with nutrition, and were trained in basic food hygiene. They respected people's choices around meals and mealtimes. A relative told us, "Staff make sure [Name] is offered a healthy balanced diet and will help them to lose a little weight if need be."
- Staff encouraged people's independence and learning new skills around nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider and staff worked well with other agencies to ensure people's support needs were effectively met.
- Information was shared across agencies and particularly with the placing local authorities.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people effectively with maintaining and improving their health.
- People's health and medical information was gathered from people and their relatives.
- People received the support they needed to take medication and see doctors or consultants.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The provider understood and met the requirements of legislation that protected people's rights.
- People were assessed regarding their mental capacity. The management team and staff had appropriate systems in place for when they needed to request restrictions for people's safety or become involved in best interest meetings.
- Relatives felt people's rights were protected.

Is the service caring?

Our findings

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

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

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

- People were supported by caring and compassionate staff.
- A relative told us, "I think the staff are very caring, not just with physical support, but also emotional. The staff know [Name] very well and I am happy with that."
- The provider encouraged and expected staff to be respectful, polite and considerate. The provider ensured staff understood and respected people and each other's diverse needs.
- Staff told us they had completed training in equality and diversity.

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

- People were encouraged to speak up about or demonstrate their care needs and be actively involved in any decisions. A relative told us, "[Name] can't verbalise, but they do make themselves clear with their needs and staff do a good job of understanding and responding."
- People and relatives' expectations and views were asked for on assessment of needs, so that the provider and staff could offer the support people wanted.

Respecting and promoting people's privacy, dignity and independence

- People were respected by the staff who demonstrated a commitment to ensuring people were supported in a dignified way.
- People were encouraged to be independent where possible. A relative told us, "[Name] is encouraged to do what they can for themselves to promote independence."

Is the service responsive?

Our findings

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

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

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

- The provider responded well to people's needs. Care and support plans were person-centred.
- A relative told us, "The staff have a support plan they use to make sure [Name's] needs are met."

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 provider fully understood about the AIS and arranged for whatever methods of communication people required.
- A relative told us they received the information they needed in an appropriate way.
- Staff knew it was important to communicate well with people and followed methods in place.

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

- The provider ensured good support networks were in place and used so that people experienced good social contact with others.
- The provider acknowledged and supported people's needs for maintaining relationships and an interest in community life. A relative told us, "I can visit [Name] whenever I like. Staff support [Name] to socialise and meet with family. Staff also assist with outings and community activities. I am happy that [Name] does all they want to."

Improving care quality in response to complaints or concerns

- The provider managed complaints well. A relative told us they hardly ever made a complaint but knew how to.
- The provider's complaint procedure and systems were effective at addressing issues. People and relatives could be confident their issues would be positively addressed.

End of life care and support

- We were assured the staff would provide effective support for people at the end of their lives and seek additional specialist health care when needed.
- We were told no one had received such support yet, because of the service only being provided to adults in the last three years, having transitioned from supporting children. However, staff were confident they

could meet people's needs when the time came.

Is the service well-led?

Our findings

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

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

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

- The culture of the service was positive, empowering and inclusive. Staff also spoke about experiencing positive support in their roles.
- The provider had created a service that was managed well and put people and staff at its heart. Relatives told us the service was very good.

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

- The provider was conscientious about its duty of candour. The registered manager and staff were open and honest about events and incidents where outcomes could have been better. They apologised and learnt lessons from these.
- Staff looked for every opportunity and took action to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff provided a quality service. There was a staffing structure so that staff understood their role.
- The provider met their regulatory requirements and ensured events were notified to the CQC when they needed to be.
- The provider carried out quality monitoring checks to assess the service and make improvements.

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

- The provider engaged and involved people, relatives and staff in the shaping of the service, however diverse their needs.
- Anyone involved with the service had opportunities to complete satisfaction surveys. Staff joined meetings to stay informed and contribute to how the service was delivered.
- We found the provider encouraged diversity and respected all people with equal consideration.

Continuous learning and improving care

- The provider continuously learned and improved the service. They used incidents, events and experiences to inform future practice and support, so that people benefitted from improved care.

- Staff signed up to and demonstrated an eagerness to learn and do better.

Working in partnership with others

- Partnership working with other agencies and organisations was effective.
- Staff understood the importance of good relationships with health care professionals and listened to advice when it was given. People therefore had the benefit of a staff group that was knowledgeable and competent.