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Two Trees Caring Home

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

We carried out an unannounced comprehensive inspection on 9 June 2018.

Two Trees Caring Home provides care and accommodation for up to 28 people with learning disabilities. On the day of our inspection there were 23 people living at the care home. In relation to Registering the Right Support we found this service was doing all the right things, ensuring choice and maximum control. Registering the Right Support (RRS) sets out CQC's policy registration, variations to registration and inspecting services supporting people with a learning disability and/or autism.

There was a registered manager in post. 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.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

People were not all able to fully verbalise their views and staff used other methods of communication, for example pictures or visual choices. We met and spoke with 21 people during our visit and observed the interaction between them and the staff.

People remained safe at the service. People were protected from abuse as staff understood what action they needed to take if they suspected anyone was being abused, mistreated or neglected. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. There were adequate numbers of staff to meet people's needs and help to keep them safe.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Staff assessed and understood risks associated with people's care and lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff undertook regular training and competency checks to test their knowledge and to help ensure their skills in relation to medicines were up to date and in line with best practice.

People were supported by staff who had received training to meet their needs effectively. Staff meetings,

one to one supervision of staff practice, and appraisals of performance were undertaken. Staff completed the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity and the Human Right needs of people.

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

People's health was monitored by the staff and they had access to a variety of healthcare professionals. The registered manager worked closely with external health and social care professionals, to help ensure a coordinate approach to people's care. Some people's end of life wishes were documented and included information on people's wishes when needed.

People's care and support was based on legislation and best practice guidelines; helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought as much as possible. Care records were person centred and held full details on how people liked their needs to be met; taking into account people's preferences and wishes. Overall, people's individual equality and diversity preferences were known and respected. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. Staff had built strong relationships with people who lived there. Staff respected people's privacy. People, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs. The provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Staff adapted their communication methods dependent upon people's needs, for example using simple questions. Information for people with cognitive difficulties and information about the service was available in an easy read version for those people who needed it.

People were able to make choices about their day to day lives. The provider had a complaints policy in place and it was available in an easy read version. Staff knew people well and used this to gauge how people were feeling.

The service continued to be well led. People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff told us the registered manager and management team were very approachable and made themselves available. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains Good	**Good**
Is the service effective? This service remains Good	**Good**
Is the service caring? This service remains Good	**Good**
Is the service responsive? This service remains Good	**Good**
Is the service well-led? This service remains Good	**Good**

Two Trees Caring Home

Detailed findings

Background to this inspection

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

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was undertaken by one inspector on 9 June 2018 and was unannounced.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in December 2016 we did not identify any concerns with the care provided to people.

Some people living at Two Tress had limited or no verbal communication. Therefore, they were unable to tell us about all their experiences of the services. Others were able to tell us about their day and things they enjoyed doing. During our inspection we spent time with people observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at Two trees.

We spoke to six members of staff, the registered manager and deputy manager. We looked at records relating to people's care and the running of the home. These included four peoples' care and support plans and records relating to medication administration and finance records. We also looked at quality monitoring of the service.

Following the inspection we spoke with three relatives about their relatives care. We asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People who lived at Two Trees had limited or no verbal communication, therefore they were not able to easily tell us if they felt safe. However, we observed people appeared to be happy, relaxed and comfortable with the staff that were supporting them. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them. All relatives agreed their relatives were safe with one saying; "Oh Most definitely!"

People were protected from abuse because all staff completed training and knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the registered manager would take action, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert in the registered manager's absence.

People had their needs met by sufficient numbers of staff to support them based on the activity they were undertaking. We saw staff supporting people, meet their needs and spend time socialising with them. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completing the Care Certificate (a nationally recognised qualification for staff new to care) and covered equality and diversity and human rights training as part of this ongoing training.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed to ensure people were able to receive care and support with minimum risk to themselves and others. There were clear guidelines in place for staff to help manage these risks. People had risk assessments in place regarding their behaviour, which could be seen as challenging to others or the staff. Staff understood people's individual needs well and strategies for managing people's behaviours, anxiety and distress were carried out quickly and sensitively.

People's finances were kept safe. People had appointees to manage their money where needed, including family members or advocates. The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

People received their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People prescribed medicines to be taken when required (PRN), such as pain relief tablets, had records in place to provide information to guide staff in their administration; such as what the medicines were for, symptoms to look for, alternative initial actions to try, the gap needed between doses or the maximum dose.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire

system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. New staff competed the Care Certificate that covered Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported, received regular supervision and team meetings were held to keep them updated with current good practice models and guidance for caring for people.

People's care files held communication guidelines. Each documented how people were able to communicate and how staff could effectively support individuals. People had a "Hospital Passport" in place which would be taken to hospital in an emergency and provided details on how each health care needs and how people communicated. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed, for example on menu boards, to help ensure it was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk of future health problems through weight loss or choking had been referred to appropriate health care professionals. For example, speech and language therapists. The advice was clearly recorded and staff supported people with suitable food choices.

People were encouraged to remain healthy, for example people were supported to go for walks. People's health was monitored to help ensure they were seen by appropriate healthcare professionals so their ongoing health and wellbeing was assured. People's care records detailed that a variety of external healthcare professionals were involved in their care.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were not always able to give their verbal consent to care. However, staff were heard to verbally ask people for their consent prior to supporting them for example with personal care. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms. People lived in a service which had been designed and adapted to meet their needs. Specialist equipment was provided when needed.

Good

Is the service caring?

Our findings

Staff continued to provide a caring service. People appeared relaxed and comfortable with the staff working with them. There was a busy, but happy atmosphere in the service. Many people had lived at the service for a number of years and had built strong relationships with the staff who worked with them. A relative commented; "Very person centred care around X (name of their relative) needs."

People were supported by staff who were both kind and caring and we observed staff treated people with patience and compassion. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People were given emotional support when needed. For example, the staff offered reassurance to people who now had a diagnosis of dementia by spending more time with them until they settled and people responded well to staff intervention.

People had decisions about their care made with the involvement of their relatives or representatives. People's needs were reviewed regularly and staff who knew people well attended these reviews. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

Staff knew people well and understood people's verbal or nonverbal communication. Staff were able to explain each person's communication needs. For example, by the expressions they made to communicate if they were happy or sad, or words they used to describe particular items. Staff knew that other people made facial expressions and certain noises indicating they may be upset or anxious.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People received their care from the many staff who had worked at the service for a number of years. This consistency helped meet people's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

People's independence was respected. For example, staff encouraged people to participate in everyday household tasks if they were able to. People were not rushed, staff supported people, and tasks were completed at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated against in respect of their sexuality. People's care plans were descriptive on people's needs and followed by the staff.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People's care plans included clear and detailed information about people's health and social care needs. Each care plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how the person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff. Two relatives commented how responsive all the staff had been to the changing needs of their relatives.

People's care records took account of their wishes and preferences as well as any cultural, religious and spiritual needs. Staff monitored and responded to any changes in people's needs. Staff told us how they encouraged people to make choices. Staff showed some people visual items to help make choices.

People's individual care records were personalised to each person and held information to assist staff to provide care and support along with information on people's likes and dislikes. In addition to full care plans there was a one page profile which included easy access information on people's communication and behavioural needs. This meant new staff had the information on how to respond to people as they wanted and knew what was important to people. Staff had good knowledge of people they cared for and were able to tell us how they responded to people and supported them in different situations.

People received individualised, one to one, personalised care when required. People's communication needs were effectively assessed and met by staff. Staff told us how they adapted their approach to help ensure people received this individualised support. For example, picture or visual choices to assist people choose and a computer tablet was available to show people visual choices.

A complaints procedure was available and in an easy read version. The provider's policy set out how the service would handle complaints. This included that they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Some people currently living in the service would not fully understand the procedure due to the level of their learning disability. Staff told us that due to people's nonverbal communication they knew people well, worked closely with them and monitored any changes in behaviour. They would then act to try and find out what was wrong and address this. This showed us the provider would take action and review the policy to ensure it was in line with the Accessible Information Standard (AIS). People also had advocates appointed to ensure people who were unable to effectively communicate, had their voices heard. The PIR records; "We also have a Makaton (sign) Champion amongst the staff team who has received additional training."

The registered manager had taken into account end of life care and people's wishes. They said, although this could at times be a difficult and sensitive area to discuss with families they tried to find out peoples wishes. In particular as some people, who had lived at the service for a number of years, were now older and this may be need to be considered. Any particular wishes and requests were documented and reviewed as part of this process. The registered manager said they had built good relationships with families of people

they supported and had supported people through the loss of a family member. The service had also sought more specialised loss and bereavement support from the learning disability team in Plymouth when required.

People took part in a wide range of social activities. People's family and friends were encouraged to visit and speak by telephone. Staff recognised the importance of people's relationships with their family/friends and promoted and supported these contacts when appropriate.

Good

Is the service well-led?

Our findings

The service remains well-led. Staff spoke highly of the registered manager, deputy manager and provider. One staff said about the management team; "Always available and always approachable." Another said; "Couldn't ask for better support" and "Things have really improved, particularly with communication."

There was a registered manager in post. 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 lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's PIR records; "Our vision statement has been updated to promote the level of care we expect at Two Trees. Staff are introduced to this at induction and throughout their Care Certificate learning. It is then reinforced regularly during training and staff meetings." The provider and registered manager ensured these visions were embedded into the culture and practice within the service and incorporated into staff training. As a consequence of this, people looked happy, content and well cared for.

The management team were respected by the staff team. Staff told us they were approachable and always available to offer support and guidance. They were open, transparent and person-centred. They were committed to the company and the service they managed, the staff, but most of all the people. Effective recruitment was an essential part of maintaining the culture of the service. People benefited from a management team who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at and improve current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Management monitored the culture, quality and safety of the service by checking and meeting with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had implemented the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The provider's governance framework, helped monitor the management and leadership as well as the

ongoing quality and safety of the care people were receiving. For example, systems and process were in place to check accidents and incidents, the environment, care planning and nutrition audits. These helped to promptly highlight when improvements were required.