

# 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	

## Overall summary

This inspection took place on 31 March 2015. The registered provider received short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service provides care and support to people in their home. On the day of our inspection, one person was receiving care.

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

# Summary of findings

The person who used the service was supported by a small number of consistent staff who were familiar with the person's individual needs and preferences. The staff were properly trained and well supported to effectively meet the person's care and support needs. Staff knew the person very well; they had been providing consistent care support for many years, which meant they could identify any changes in the person's health or support needs.

The person who used the service told us they felt safe. They said, "I feel safe in my new house." Staff understood the various types of abuse that could occur and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had developed positive relationships with the person who used the service and treated them with respect and kindness.

The person who used the service was involved in determining the kind of support they needed. Staff offered the person choices, for example, how they spent their time and what they wanted to eat; these choices were respected.

The person who used the service was encouraged to express their views about the way their care was

delivered. This included face to face meetings with the registered manager each month, written surveys and through regular telephone contact. They told us they were happy and regularly spoke with the registered manager.

The service worked closely with local specialist support services and agencies to ensure the person received the most effective care and had opportunities to lead a fulfilling life. The person was attending regular classes and sessions at three different community support and educational placements.

Staff responded promptly to changes in the person's needs to ensure appropriate support was provided. The person's nutritional and dietary needs had been assessed and they were supported to plan, shop for ingredients and to prepare their own meals.

The service had a clear management structure. Staff felt comfortable about sharing their views and talking to the registered manager if they had any concerns or ideas to improve the service provided. Staff demonstrated a good understanding of their role. Effective systems were in place to monitor the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

There were sufficient staff to meet the person's individual needs and keep them safe. Effective recruitment practices were followed.

The person's medicines were managed safely by staff that had been trained.

Good



### Is the service effective?

The service was effective.

The person who used the service was supported to develop their independence and to maintain a lifestyle that was meaningful to them by staff that were appropriately trained and supported to carry out their roles.

Arrangements were in place for the person to have a healthy, nutritious diet and receive appropriate healthcare whenever they needed it.

Staff understood the Mental Capacity Act, 2005 (MCA) which meant they could take appropriate action to ensure people's rights were protected.

Good



### Is the service caring?

The service was caring.

The person who used the service was treated in a kind and caring manner and was encouraged to be independent. Their privacy and dignity was respected.

The person was happy with their care and had developed positive relationships with the staff.

Staff were highly motivated to provide the person with good quality care which enabled them to live a fulfilling life.

Good



### Is the service responsive?

The service was responsive.

The person who used the service received care that was based on their personal wishes and preferences.

There were arrangements in place to ensure the person had the opportunity to engage in activities, interests and hobbies that were meaningful for them.

Arrangements were in place to manage concerns or complaints about the service.

Good



### Is the service well-led?

The service was well-led.

The management of the service promoted strong values in the service.

Good



## Summary of findings

There were effective systems to assure quality and identify any potential improvements to the service.  
The registered manager promoted an ethos of teamwork and staff felt they were supported.

# Treehouse Care Domiciliary Care Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

This inspection took place on 31 March 2015. The registered provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

Before our inspection we looked at the provider's information return (PIR). This is information we asked the registered provider to send us about how they have met the requirements of the five key questions. We also reviewed other information we held about the service

including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

The inspection was carried out by one adult social care inspector. We visited the person who used the service in their home after first gaining their permission. We spent time with them over lunch and they showed us round their home.

We spoke with the person who used the service, the registered manager, two care workers and one social care professional.

We reviewed the person's care records to track their care. We also looked at management records. These included: staff files, policies, procedures, audits, quality reports, training records, staff rotas, menus and records of safety checks and personal monies.

# Is the service safe?

## Our findings

The person who used the service told us they felt safe and staff looked after them. They told us they liked the staff. They told us, “The staff are nice and friendly to me. They are friendly. They help me.”

Safeguarding procedures were in place. Staff had a good understanding of how to identify and act on an allegation of abuse to help keep people safe. They were aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation’s whistleblowing policy. Discussions with the registered manager and staff confirmed that no concerns had been identified since we last inspected the service and should a concern be identified the appropriate actions would be taken in a timely manner to safeguard people. Discussions with the registered manager and staff confirmed that restraint was not used at the service.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure. An individual care plan identified how the person would be evacuated in the event of a fire. We saw there was a system in place for ensuring equipment was safe which included the landlord safety checks and servicing for gas and electrical installations.

There were systems in place to protect the person’s safe handling of personal monies. This included records to support receipts for expenditure, signatures when monies were withdrawn and monthly audits.

Risk assessments had been completed for the person when specific areas of concern had been identified. These guided staff in how to minimise risks and included areas such as using the electric razor, ironing, food preparation, hot drinks and cooking, social events, accessing the community and anxiety.

The person who used the service had received care support from the same core group of three staff for many years. There were bank staff who could provide support at times of staff sickness and holidays, however the staff confirmed they provided this cover between themselves where possible. We discussed staffing levels with the registered manager who confirmed the person who used the service had been provided with one to one support for many years and this had not changed. They confirmed the person had benefitted from a consistent group of staff.

Safe and effective recruitment practices were followed to ensure staff were of good character and able to meet people’s needs. New staff did not start work until satisfactory employment checks were completed. All the staff involved with the person who used the service had been employed at the service for many years. We saw how criminal record checks from the Disclosure and Barring Service (DBS) had been carried out during employment, to ensure staff remained safe to work with people at the service.

Training records showed staff were trained to manage and administer medicines in a safe way; the registered manager had completed competency assessments on staff practice. We saw medicines were ordered, recorded and stored in line with national guidance. We found the registered manager checked the medicine records every month during their visit and no issues had been identified. This meant systems were in place to monitor and review the medicines processes and ensure they were safe. We checked the storage arrangements and the medication administration records during the inspection visit and found these were safe and satisfactory. The staff confirmed the person’s medicines were regularly reviewed by their GP.

# Is the service effective?

## Our findings

The person who used the service told us they were happy with the care they received. They also told us they liked their new house. They said, "Like this new home, it's safe here, not noisy." We spoke with the person about the meals and they told us they enjoyed shopping with the staff and liked all the meals. They told us, "We go to Asda's. I like shopping there, it's nice" and they added, "The meals are nice. I like pasta and fish and chips best. I help with the washing up."

The person's social worker explained how the person had become anxious at their previous house due to incidents in the locality. They confirmed the staff and management of the service had been very supportive and consulted with the person to find a more suitable place to live within the same town, which is what the person wanted. The social worker told us, "The new house is lovely and (Name) is very happy and settled there. It has been a really good move."

There were effective systems in place to provide an induction for new staff and to provide on going training. We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included: health, safety and hygiene, safeguarding vulnerable adults from abuse, fire; equality and diversity, medicines management, autism; crisis intervention and prevention, MCA 2005; behaviours which may challenge the service and others, healthy eating and nutrition, food hygiene and control of substances hazardous to health (COSHH).

Records showed all the care staff had achieved a nationally recognised qualification in care. The registered manager confirmed they were aware of the new care certificate, a nationally accredited induction programme available from 1 April 2015, and they would be implementing this for any new staff who were employed.

Staff who spoke with us were able to describe how elements of their training influenced their working practice. For example, staff were able to describe the ways in which they should seek the person's consent, support the person's rights, privacy and dignity, and how to communicate effectively with the person.

Staff had regular one to one supervision sessions and an annual appraisal where their progress and development were discussed. Staff told us they received good training

and support from the service to enable them to provide care which met the person's needs. One member of staff said, "The training here is very good, we are always doing refresher courses." Another care worker said, "We have just completed training in nutrition and healthy eating which has been really useful."

We found the care staff completed a monthly report for the person's social worker which covered areas such as: general overview, health, achievements, social, education, activities, communication, behaviour, independence and contact. When we spoke with the person's social worker they told us they were kept well informed about the person and any changes with their care needs. They said, "The staff are very good at communicating with us, they inform me about everything."

Staff supported the person who used the service with their healthcare needs. Care records showed when the person became unwell, staff arranged for them to see their doctor and attended any out patients appointments at hospital as necessary. We saw evidence staff routinely sought advice and support from a range of external professionals such as the dentist, optician, chiropodist and social worker with the community learning disability team (CTLD), to support the person's health and wellbeing. This meant the person's health and wellbeing needs were monitored and their changing needs responded to. Records also showed the person had been discharged from the care of the consultant for learning disability, as their condition was considered stable and this element of their health and wellbeing was currently reviewed and monitored by their GP. The registered manager confirmed they would make appropriate referrals if the person's needs changed.

The registered provider had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and consent. The MCA sets out what must be done to make sure the rights of people who may need support to make decisions are protected. The person's care records contained mental capacity assessments and we saw decisions were made with the involvement of other health and social care professionals. The care workers we spoke with said they had received training on mental capacity and consent. Records we looked at showed staff had attended this training. Our discussions with the registered manager and staff showed they had a good understanding of the MCA and issues relating to consent. One member of staff said, "Although (Name) prefers to have a very

## Is the service effective?

structured day and we know their preferences well, we always ask them about their care.” Staff confirmed the person had choices in relation to the times they got up and went to bed, personal care support, meals, activities and how they wanted to spend their time. This meant there were suitable arrangements in place to obtain, and act in accordance with the consent of the person who used the service.

Staff encouraged the person who used the service to maintain a healthy, balanced diet. They told us how the person had chosen to attend a local slimming club in recent weeks and was losing weight in line with their weight loss plan. The person told us they were pleased with their diet, they liked the meals and didn't feel hungry. The staff explained how they consulted with the person who used the service each week about their menu choices, encouraging the person to choose healthy options and then they went food shopping. The menus reflected healthy options but were not overly strict. For example, staff explained how the person really liked fish and chips so instead of buying this meal from the local fish shop they cooked their own in the oven, which was a lower calorie option. The registered manager told us how the staff liaised

with staff at the day centre to support the person to have a lighter lunch meal and the person was now choosing to take a prepared snack meal with them each day. During the inspection we had lunch with the person and observed their independence was encouraged and they were offered choices of sandwiches, dessert and drinks. The mealtime was calm and unhurried.

The registered manager explained how the person who used the service had been supported to move residence last year due to an increase in incidents in the neighbourhood. The person had become unsettled and anxious at their previous placement, with the increase in noise and activity in the street. They described how they had involved the person with choosing their new home in a different area of the town, how the move had gone smoothly and the positive affect this had on the person's wellbeing. The person showed us round their home and pointed out the new pictures and furnishings they had chosen. They were particularly proud of the new fencing and gate in the back garden they had helped to make at their work placement. They looked very settled and comfortable in their home.



# Is the service caring?

## Our findings

The person who used the service told us the staff were nice, looked after them and took them out to places. Their comments included, “Staff are my friends”, “They talk to me and help me”, “They take me to see my brother” and “Like to go to bed at half past seven.”

Staff we spoke with told us they were proud to work for the service and were motivated to provide a high standard of care. One member of staff told us, “The person is our priority.”

The person’s social worker told us, “(Name) is so happy and settled at the service. He has a good relationship with the staff.”

Staff spoke in detail about the needs of the person they provided care for. We found they had a good knowledge about their background, current needs, what they could do for themselves, and where they needed help and encouragement. The continuity of staff has led to the development of positive, close relationships with the person who used the service. Our observations of the interaction between staff and the person who used the service confirmed this.

We saw the person looked well cared for and was well groomed. They told us they chose their clothes and went to the same hairdresser as one of the staff. Staff understood how to promote and respect the person’s privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn and allowing private time in the bathroom. They were also aware of issues of confidentiality. When they discussed the person’s care needs with us they did so in a respectful and compassionate way.

Discussions with staff and checks on records showed the person who used the service was supported to develop and maintain relationships with their family where possible. The person had recently visited a family member and told us they liked these visits.

We saw the relationship between the person who used the service and the staff who supported them was relaxed and friendly. We heard staff speaking to the person in a kind tone of voice discussing general day to day things and encouraging their involvement with the inspection visit. The person was relaxed and confident with the staff and they were supported to make decisions and choices.

In discussions, staff were clear about how they promoted the person’s independence. They described how the person was supported to participate with meal preparations but required close supervision and direction with tasks such as preparing vegetables, due to their limited concentration span.

There were ways for the person who used the service to express their views about their care. They participated in a full review of their care each year with their social worker from the placing authority. They also had monthly face to face meetings with the registered manager where they were encouraged to discuss their care support.

The person also received a written survey every two years to check they were happy with the care they were receiving and to share any concerns. The outcome of the last survey in 2013 showed a high level of satisfaction with the care provided and the staff providing it. We found the service did not provide documentation in a format which was accessible to people, however the registered manager confirmed this was currently being reviewed and some of the key policies and procedures such as complaints and safeguarding vulnerable adults would be available in an easy read format.

If the person wished to have additional support to make a decision they were able to access an advocate. The registered manager told us that people who used the service had been supported to access advocacy services in the past, although there was no-one in the service who currently required or had requested this support.

# Is the service responsive?

## Our findings

The person who used the service described the range of activities they participated in and visits to the local community they enjoyed. Their comments included, "Like to watch Eastenders" and "We go out for walks and meals, I like that", "We go and get the paper" "We do cleaning and change my bed", "I have a shower every day and go on my exercise bike" and "I use my phone in the evening, I text my friends and staff."

The person also told us they liked going on holiday and had been to Blackpool last year and were going to Torquay this year. Staff explained the holidays were arranged by one of the support agencies the person attended each week, which meant they went with friends and staff they knew.

The person's social worker confirmed their client's needs were well met and they were well supported. They said, "It is a very positive placement."

The person's pet dog had died some weeks before the inspection. They told us, "I really miss Tilly my dog, she died." The registered manager explained how staff were providing the person with support with this. They described how the person was exhibiting a low mood and their anxiety levels had increased. Staff told us how the person was struggling at times with the impact of the change in their routine, as they were no longer feeding and walking their pet. They confirmed how they were filling in this time with other activities when possible and supporting the person to grieve.

We looked at the person's care file. These records showed us the person had an assessment, risk assessments and individual plans of care. Care plans had been developed to support areas of need, including for example, medication, finances, health, education, personal care, communication and civil rights. The care plans identified goals for the person and indicated preferences for how care should be carried out. We saw care plans had been signed by the person who used the service to indicate they agreed with the contents and they had been reviewed annually. We saw care plans had been reviewed at least annually or more often if there had been any significant changes.

Daily records were written clearly and concisely. They provided information on the person's mood, appetite, preferences, health issues and how they had spent their day. We spoke with the registered manager about how

aspects of the recording systems could be updated so they were available in an easy read or other format to support people's understanding and communication. The registered manager confirmed they had identified improvements were needed and they were looking to provide a more up to date, person centred care recording system.

The person who used the service attended regular day services where they participated in a range of recreational, therapeutic, educational and occupational activities. They told us they liked attending the different activity sessions and liked to meet their friends there. One of the activity sessions they really enjoyed was card making and they showed us some of the Easter cards they had made for the staff.

At weekends and in the evenings staff confirmed the person had structured routines, which they preferred and these included: shopping trips, walks to the local post office, visits to local cafes and restaurants and a weekly social event such as bowling or a disco. Records showed the person also participated in ad hoc activities such as friend's parties and social events organised by the community groups. The registered manager explained how the person had recently taken part in a television appeal for one of the social groups they were involved with and the appeal had successfully raised half a million pounds. Records showed how the person's participation in this event had been assessed and discussed to ensure they were able to consent to this and their involvement was appropriate.

Staff explained how they supported the person to have a healthy lifestyle and exercise regularly. They described the person's reluctance to go on walks since they had lost their pet dog but they hoped this would change as the weather improved. Staff told us the person enjoyed going on their exercise bike each day.

The registered manager told us they planned to increase the service and provide care to another person who would be transitioning from the registered provider's children's services. They explained how key workers would transfer with the potential new client to support an effective transition and there would be no disruption to the person who currently used the service.

We saw the service had a complaints policy and procedure which detailed who to contact and timescales to respond

## Is the service responsive?

and investigate any complaints. Records showed there had been no formal complaints received about the service. The registered manager confirmed they discussed concerns

and issues with the person who used the service each month. When we asked the person who they would speak with if they had any problems or concerns they said, "I would speak with staff."

# Is the service well-led?

## Our findings

The registered provider had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service which supported people's independence and enabled them to live in the community, fulfilling their potential.

It was clear from the feedback we received from the person who used the service, an external professional and staff that the service had a positive and open culture. We found the values of the organisation put into practice when we observed care being provided. The person's social worker described the person as being very happy and fulfilled with their life and the support they received.

We spoke with the registered manager and they were aware of the importance of effective communication with the person who used the service and staff. They told us they had monthly meetings with staff as a group and regular one to one sessions so they kept in regular contact and provided on-going support and direction. Records and discussions with staff confirmed this. One member of staff said, "We always have regular meetings with the manager; we discuss all aspects of the person's care. We also discuss training and staffing arrangements."

There was a clear management structure in place which included a registered manager and directors. Staff were fully aware of their roles and that of the registered manager. Staff we spoke with were complimentary about the management team. Comments included, "Good place to work. The manager is very approachable and supportive", "I like my job, its all about the service user" and "The management sort things out, like the house move; that was very positive."

We saw there were effective systems in place to monitor the quality of the service. The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. The registered manager completed bi monthly audit checks of all the care, management records and the facilities. These included: care plans and risk assessments, daily records, incident and accident records, fire drills, medication administration

records, menus, health appointments, servicing certificates and equipment checks, activity records, rotas, and personal finance records. Records showed there were no shortfalls recently. The registered manager confirmed that if any shortfalls were identified they would be addressed straight away. We saw the registered manager maintained an overview improvement plan and this had been updated in March 2015.

The registered manager told us they completed an unannounced visit to the location each month. Records showed the visits took place on different days and at different times. The registered manager used these visits to check records, observe care support and to speak with the person who used the service and staff. This meant they kept in regular contact with the person receiving care and could actively monitor the care and support the person received.

The registered manager considered they would benefit from some external oversight and support, given the size of the service and the stability of the staff and management systems in place. They had taken the decision to employ an independent consultant to complete visits to the service to meet with staff and the person who used the service and provide feedback to the registered manager. The registered manager confirmed they were finalising these arrangements and hoping the visits would commence in the near future.

Records showed the person who used the service was able to express their views about their life and the support they received at monthly meetings with the registered manager. We reviewed the minutes of recent meetings which showed the person expressed their views on meals, things they enjoyed doing, the staff and places they would like to visit.

The registered provider had secured the Investors in People Award for the organisation in 2004 and this had been regularly reassessed and accredited. Staff have received long service awards and other pay enhancements for continuity of service, positive work performance and having no absence due to sickness over a period of time. Staff told us they appreciated the pay bonuses they received.