Leicestershire County Council

The Trees

Inspection report

Deveron Way
Hinckley
Leicestershire
LE10 0XD

Tel: 0116 3056662
Website:

Date of inspection visit: 8 October 2014
Date of publication: 10/02/2015

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?	Good
Is the service well-led?	Requires Improvement

Overall summary

Our inspection took place on 8 October 2014. It was an unannounced inspection. This meant the provider did not know we would be visiting. At our previous inspection on 13 May 2013, we required the provider to make improvements to how staff sought and recorded consent to care and support from people who used the service. The provider sent us an action plan setting out the improvements they were going to make to meet the relevant requirements. Nearly all of the improvements had been made.

The Trees is a purpose built home for people with learning disabilities, situated in a residential area of Hinckley. The service provides care on a short and long term basis for up to 19 adults who have been diagnosed as having learning disabilities, mental health conditions, and physical disabilities. At the time of our inspection 15 people used the service.

The Trees has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service gave us positive feedback about The Trees.

People told us they felt safe. People felt that staff had the right skills to be able to support them. Staff had received relevant training. People who used the service and staff felt that enough staff were on duty. Arrangements for the safe storage and disposal of medications required minor improvements. The provider had procedures and guidance for the administration of people's medicines. However, people's plans of care did not include guidance about how they should be supported to receive certain medicines.

Staff were knowledgeable about people's individual needs and supported them in line with their plans of care. New pre-admission procedures had been introduced to ensure that staff had the latest information about people who used the service for short periods at regular intervals.

Staff had awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who lack mental capacity to make decisions and protects people from the unauthorised use of restraint. Although staff had awareness of DoLS, we found that there had an occasion when staff had used bedrails without a person's consent. The registered manager was, at the time of our inspection, in the process of arranging training about how to carry out mental capacity assessments. At the time of our inspection no person using the service had had an assessment of their mental capacity to consent to care.

People told us that they enjoyed their meals at The Trees. We saw that people using the service were supported to have balanced and nutritious diets, but staff also respected people's food preferences.

People were supported to maintain good health because staff supported people to access healthcare services. On the day of our inspection two doctors were at the home. District nurses and other health professionals regularly visited the home.

People knew how they could access advocacy services if they needed them. People told us that staff treated them with dignity and respect and we observed that to be the case. However, we had to ask staff to remove confidential information about a person that was displayed on a notice board that was used by other people. This meant that person's privacy had not been respected.

People using the service told us they had been involved in their care plans and that staff listened to them and acted upon any concerns.

People and staff were involved in developing the service because their ideas and suggestions about the service were acted upon. The registered manager had procedures for monitoring the quality of service. A senior manager carried out random inspections of the service when they visited the home.

You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

People were protected from abuse because staff knew how to recognise and respond to signs of abuse. People's plans of care included risk assessments. There were enough staff to support people's needs. However, some aspects medicines management were not safe.

Requires Improvement

Is the service effective?
The service was not consistently effective.

People were supported by staff who had received and put into practice appropriate and relevant training. However, no person using the service had a mental capacity assessment. People were supported to have enough to eat and drink, and were supported to maintain their health.

Requires Improvement

Is the service caring?
The service was caring.

Staff had positive caring relationships with people using the service. People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Good

Is the service responsive?
The service was responsive.

People's care plans included information about how they wanted to be supported. People were encouraged to follow their hobbies, interests and activities that were important to them. People were able to express their views and opinions and they were listened to.

Good

Is the service well-led?
The service was not consistently well led.

The registered manager understood their responsibilities. They monitored the quality of service and reported to senior managers who also carried out monitoring and assessment of the service. Monitoring had not identified shortfalls in aspects of medicines management. The management team provided leadership.

Requires Improvement

The Trees

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.

This inspection took place on 8 October 2014 and was unannounced.

This inspection was completed by an inspector, a specialist advisor in mental health and learning disabilities and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a relative who had lived in a care home.

We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We reviewed historical data that we had received from the provider. We also contacted the local authority and health authority, who had funding responsibility for people who were using the service. We also contacted social care professionals who visited the service. This included a social worker and dietician.

We spoke with seven of the fifteen people who used the service at the time of our inspection. We spoke with the registered manager, two senior care workers and three care workers. We observed a staff team meeting. We looked at four people's care plans, policies and procedures, records of staff training and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "It's the way staff treat me that makes me feel safe." Another said, "Staff make me feel safe because they help me". Another person said, "Staff make me feel safe". People also told us that they felt safe because their rooms were comfortable and secure. People told us they had not seen or heard of any abuse or bullying. People felt that enough staff were on duty at all times.

We found that the provider had policy for the safe management of medicines, but that staff did not always follow the policy. Medicines were safely stored in key coded medication cupboards in locked rooms. Only authorised staff had access to those rooms. Medications that required cool storage were kept in a refrigerator. However, whilst those medications were stored at the correct temperature range (two to eight degrees Celsius), there were no records that the temperatures of the rooms and refrigerators had been regularly checked as required by the provider's policy.

The provider had a policy for the disposal of unused or out of date medication. We found a container of eye drops that were out of date. Although that posed no short term risk to the person using the eye drops it did mean that staff had not followed correct procedures for disposal of medicines that were past their `use by' date..

Some people using the service had medications that they took only when required. Those medicines are referred to as `PRN' medicines. PRNs are usually used for pain relief, but can be used to calm a person. The provider had a medications policy that included guidance about PRNs, but individual plans of care of people who had PRNs did not detail when and how PRNs should be given or when they had actually been given. This meant there was a risk that people might not receive the PRN medicines they needed or that they would be given them at the wrong times. We brought this to the attention of the registered manager.

People received the right medicines at the right time. Only staff who had been trained to administer medication did so and their competences to do so had been regularly assessed. Two staff administered medicines which reduced the risk of medication errors being made. We observed a medications round and saw that two staff administered medicines safely and with people's consent. Staff told people what the medicines were before they gave them, and then recorded whether people had taken their medicine.

The provider had ensured that staff had received training about safeguarding people from abuse and harm. The provider had policies and procedures for staff to follow about how to identify and report abuse. Staff we spoke with were familiar with those policies and procedures and knew how to identify and report abuse. Staff encouraged people who used the service to report any concerns they had about their safety. People who used the service told us they had no cause to report concerns but they felt confident they would be listened to if they did.

People's care plans included risk assessments of activities associated with their personal care routines, health and well-being, activities and life-style choices. This meant that staff were aware of risks and knew how to support people safely without restricting their freedom of choice. Risk assessments had also been made about environmental issues such as the premises, fire risks, health and safety and equipment.

The management team had effective procedures for reviewing incidents where people had experienced an injury or other harm. Improvements had been made as a result of those investigations to reduce the risk of similar incidents happening again.

The registered manager had ensured that enough staff were on duty to keep people safe during the day and night. All staff had received relevant and appropriate training and had the skills to understand and meet people's needs. Most of the people using the service went out into the community on one or more days each week. Risk assessments were made of the risks people faced in the community and appropriate measures were in place to protect people when they were out. Staffing levels had ensured that most of the time people who required support in the community were able to go out; but there had been occasions when people had gone out with other people using the service rather than individually as they would have preferred because not enough staff were on duty.

Requires Improvement

Is the service effective?

Our findings

When we inspected the service in May 2013, we found that people's plans of care did not include assessments of their mental capacity to understand and consent to their care and support. We also found that staff were not adequately trained in this area. We required the provider to take action to address these matters. The provider sent us a plan of actions they intended to take.

At this inspection we found that the provider had implemented most of their action plan. However,

we found that the provider had not carried out mental capacity assessments of any of the people who used the service. The registered manager told us that training about how to carry out mental capacity assessments was being arranged, but no firm date had been fixed at the time of our inspection. Without mental capacity assessments there were no suitable arrangements in place for obtaining and acting in accordance with people's consent in relation to their care and support.

Staff had attended training about the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Staff we spoke with knew they could not use any forms of restraint when managing such behaviour because they knew that restraint, under any circumstances, could only be used if it had been properly authorised. For example, staff had explained to a relative of a person who used the service that bed rails (devices used to prevent people falling from bed) could only be used if properly authorised as being in a person's best interests to do so. However, we identified an instance were bedrails had been used without consent or proper authorisation. In relation to that occasion staff had recorded, `we had no choice but to pull bed sides up and leave [person] to calm down.' That showed that not all staff had an adequate understanding of DoLS in practice.

These matters were a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

People who used the service told us that they felt staff had the right skills to support them. A person told us, "They [staff] have the correct skills to care for me." That comment was representative of what other people told us. People we spoke with told us that they enjoyed their meals at the home. They told us they had a choice of food. Comments from three people included, "I enjoy my dinners, they are cooked very nicely and it's always freshly prepared"; "I enjoy my food and I get plenty to drink throughout the day" and, "The food is nice, I get enough choice with plenty to drink."

Training records we looked at showed that people were supported by staff who had relevant and appropriate training. Staff had received training that included how to support people with mobility needs, medications, personal care and behaviour that challenged other people. Staff had also received training about medical conditions experienced by people who used the service. All the staff we spoke with were knowledgeable about the needs of individual people. Staff were able to tell us about people's likes, dislikes, care routines, dietary needs and medication. What staff told us matched the information in people's care plans. This showed that people were supported by staff who had the necessary knowledge about the needs of people they supported.

Staff had the skills to communicate effectively with people who used the service. Staff used sign language, gestures, pictures and language that people understood and respond to. We saw several positive interactions between staff and people who used the service. For example, people knew they were being supported to go out in the service's minibus for a trip out or that they were going to a community day centre. Staff and people who used the service shared conversation and exchanged jokes.

Staff had been supported through regular meetings with members of the management team. At those meetings staff discussed their performance, training needs and the needs of people using the service. Staff had attended appropriate training. Staff told us they felt supported. They told us the training they had received had given them the skills and knowledge they needed to meet the needs of people using the service. Staff had access to the provider's policies and procedures relevant to the delivery of care. Staff we spoke with were familiar with the policies. Their knowledge of the polices was tested by regular quizzes that the registered manager had introduced.

Staff understood that people who used the service at times displayed behaviour that challenged others, for example

Requires Improvement

Is the service effective?

verbally and physically aggressive behaviour. Staff understood why people at times displayed behaviour that challenged others, which meant they could sometimes anticipate and prevent the behaviour.

People were supported to have enough to eat and drink. They were provided with freshly prepared healthy and nutritious food that was based on their preferences. People also enjoyed snacks of their choice. Staff involved people where food shopping was planned.

People were supported to maintain good health. Staff knew about medical conditions that people experienced and were able to identify changes in people's health. Staff made appropriate referrals to health services, helped people attend appointments and arranged for health professionals to visit the service. On the day of our inspection two doctors were at the home. District nurses and other health professionals regularly visited the home. The service referred people to healthcare specialists when required.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person's comments were representative of what other people told us. They said, "Staff treat me with respect and observe my dignity." Staff respected people's privacy because they respected people's choices about how and where they spent their time. However, confidential information about a person was displayed on a notice board in a communal area. That was removed after we brought the matter to the attention of staff. It had meant that other people had access confidential information about a person.

Staff we spoke with had a good understanding of people they supported. Staff knew about people's likes, dislikes, interests and hobbies and had supported people with those. Staff supported and respected people's individual needs and choices. Staff referred to people by their preferred name. We saw lots of positive interactions between staff and people who used the service. Staff spoke to people as though they were friends. Staff gave people explanations of what they were doing, where they were going and gave encouragement and praise. Staff also showed an interest in what people were doing or had done earlier in the day. This showed that staff had put into practice the provider's policies about supporting people with dignity and respect.

People were supported to make decisions about their care and support. This was most often about how people spent their time. People were supported to take part in meaningful activities such as helping prepare their own meals. People's views were respected. If people didn't want to participate in a scheduled activity staff helped people find something else to do. This showed that staff respected people's choices and independence.

People were able to express their views through daily conversation with staff. That had enabled staff and people to build up an understanding relationship. People also expressed their views and opinions at 'residents meetings' and through regular surveys. Those surveys offered people an opportunity to rate aspects of the service. The most recent survey showed that people were satisfied with the care and support they had received.

People told us that they liked their bedrooms because they were personalised, comfortable and provided a place where they had privacy. The premises were well laid out and kept clean and tidy by staff which contributed to a dignified environment for people.

People's relatives were able to visit without undue restrictions. The service had installed computers that people could use to communicate with relatives who lived abroad. People had access to information about independent advocacy services and were supported to access those services of they wanted. A person told us that they had an advocate who regularly visited them.

Good

Is the service responsive?

Our findings

People who used the service or their representatives contributed to the assessment of their needs and delivery of care. This was through an admissions procedure that had been improved to ensure that people's needs were understood before they came to the home. Senior staff made `pre-stay' telephone calls to people's relatives to gain up to date information about their care needs. This was recorded on a specific form that covered changes to a person's circumstances since their previous visit. For example, changes to a person's medication, interests and behaviour. Changes were recorded in people's care plans. A senior staff we spoke with told us, "The pre-stay calls really helped our understanding of the service user and also their relative." The pre-stay calls had been an improvement made to admission procedures for people who were new or regular users of the service.

People who used the service had lots of opportunities to take part in their preferred hobbies and interests. People who came to the service for a short break were able to enjoy activities they wanted. For example people had been bowling, ice skating or eating out. People who used the service on a more permanent basis also enjoyed activities related to their hobbies and interests. Most people went out several times a week to places of their choice, for example a day centre located on the same site, garden centres or places where they occasionally worked. People were supported with activities that were important to them, for example time to pray and visits to places of worship.

Staff showed an interest in people who used the service. Staff engaged with people by taking part in activities that people enjoyed. Staff supported people in a friendly rather than task orientated manner. This meant that staff treated people as individuals and supported them with their specific needs.

People had access to information about the provider's complaints procedure. People we spoke with knew how to raise concerns. The information was displayed in an easy to read format. Two complaints had been made since our last inspection and both had been thoroughly investigated. The service had effective procedures for ensuring that learning from investigations of complaints and incidents took place. We saw evidence that improvements had been made as a result.

Requires Improvement

Is the service well-led?

Our findings

People who used the service were involved in developing the service through 'residents meetings', daily dialogue with staff and surveys. People had influenced the types of activities that were provided. People who used the service had a strong influence of the décor of the premises. Staff had been involved in decisions about the service through staff meetings and supervision meetings with the registered manager. Staff we spoke with told us they felt able to raise concerns and that they had been involved in decisions about the service, for example the refurbishment of one of the units at the home.

Staff we spoke with knew about the provider's whistleblowing policy and therefore knew they could raise concerns if they had any. The registered manager had introduced quizzes that helped staff reinforce their knowledge of policies and procedures about, for example, safeguarding people, treating people with dignity and respect. We saw from how staff interacted with each other and people they supported that they had put those policies and procedures into practice.

The registered manager understood their responsibilities. They were supported by a senior manager who visited the service often. The registered manager worked with counterparts in other similar services run by the provider. Regular meetings of registered managers had taken place at which experiences of good practice and learning form incidents had been shared. A senior staff told us that the registered manager was "very supportive" and had made a "big difference" since they joined the service 12 months ago. We saw from records of staff meetings that staff had received constructive feedback about the service. All staff we spoke with shared a common understanding of aims and objectives of the service. This was that staff aimed to support people so that they could be as independent as possible.

The registered manager and senior care workers (who acted as assistant managers) carried out monitoring and assessment of the quality of the service. These included unannounced night -time checks to see that night staff were doing what they should. Senior care workers carried out regular reviews of care records. We identified minor discrepancies in records. For example information about people's allergies and medications was not always consistent. Some risk assessments had not been signed by the staff who had made the assessment. Those inconsistencies and omissions had not affected people who used the service, but they ought to have been identified in reviews of care records. Monitoring of the management of medicines had not identified minor shortfalls. For example, one person's medicated cream had not been disposed of after its expiry date and records of temperatures at which some medications were kept had not been recorded.

The registered manager reported to a senior manager about the performance of the service. The senior manager made regular visits to the service when they carried out random or focused checks of aspects of the service.

The registered manager had begun to plan changes to the service's procedures for monitoring and assessing the quality of care. Those changes reflected our new inspection methodology that came into force from 1 October 2014. This showed that the service was forward looking and striving for continual improvement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, or acting on accordance with, the consent of service users in relation to the care and support provided for them.**