Royal Mencap Society

Treseder House

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 this unannounced inspection of Treseder House on 6 January 2016. Treseder House is a residential care home, which provides care and support to people who have a learning disability. The service is owned and operated by the Royal Mencap Society and can accommodate a maximum of eight people.

On the day of the inspection there were eight people using the service. The service was last inspected in March 2015 when we found there were two breaches of regulations under the domains of safe and well-led. We received an action plan from the provider about what action the service would take to correct the breaches.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and their relatives told us they were happy with the care and support provided by staff at Treseder House and believed it was a safe environment. One relative said, "We couldn't be happier with how Treseder cares for (person's name). We feel fortunate that (persons' name) has been able to make a home here and this is their home". A person who lived at the service told us they felt happy living at Treseder House and it was clear people were comfortable with staff and moved freely around their home.

Staff had made positive relationships with people and understood their needs well. People were encouraged to be individuals and do what they wanted to do to provide them with a fulfilling life. For example, those people who could, went out daily to local community activities, such as voluntary work. People also left the home for trips supported by staff. There were a range of personalised and appropriate risk assessments in place to help keep people safe.

The safety of the premises was looked after by the registered manager, who employed a maintenance person to make sure regular maintenance of equipment such as electrical and gas appliances was carried out. This meant the management of the service had done appropriate checks to keep people safe while they were living at Treseder House.

Staff showed by their actions and by explanation that they understood how to keep people safe, including what they should do if a safeguarding issue was raised. Accidents and incidents were recorded and investigated. This meant management could look for patterns in accidents and incidents and take action to reduce these.

Support was provided by staff who knew people well and understood their needs. There were enough staff to meet people's changing needs and wishes. The service used a care agency to supply more staff at short

notice when needed.

Medicines were stored, handled and recorded safely. This meant that people using the service were given the correct medicines at the correct time and this was clearly recorded.

People who lived at Treseder House and relatives we spoke with, said they were confident in the staff group, and that they provided good quality care. Staff demonstrated they were skilled and knowledgeable about their roles. We were told there were opportunities for further training and to obtaining additional qualifications. Staff said they felt supported by management and received regular individual supervision, and appraisal to review their work performance over the year.

Premises were properly maintained with a clean, bright and inviting environment. All living areas were clean and well looked after. During the last inspection we found the area outside the service had some pieces of old furniture left in the garden instead of having been disposed of. At this inspection we saw the garden and grounds around the service had been cleared and were well maintained.

People were supported to maintain good health, have access to healthcare services and received continuing healthcare support. Staff supported people to eat and drink enough and maintain a balanced diet.

Care records were clear, informative to the reader and were up to date. Records were regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were recorded in their care plans and were personal to them and provided clear information to allow staff to give appropriate and effective support. Any identified risks to people's care and support were appropriately managed.

Consent to people's support arrangements was recorded in care records. This meant people had been asked and had agreed to their current support arrangements. Staff consistently asked for people's consent before assisting them with any care or support. People were involved in making choices about how they wanted to live their life and spend their time. Where people did not have the capacity to make certain decisions the service acted in line with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. Relatives told us when they had brought an issue to the attention of management in the past, it had been managed quickly. People had confidence that they were listened to and their views mattered.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a positive culture in the service, the management team provided strong leadership and led by example. Management were visible in the service and regularly checked if people were happy and safe living at Treseder House.

There were quality assurance systems in place to make sure that areas for improvement were identified and addressed.These included using quality assurance questionnaires to gather people's views about the service, and audit processes to check that procedures were carried out consistently and to a good standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Medicines were stored, handled and recorded safely.

There were enough staff available to meet people's care needs.

Staff understood both the provider's and the local authority's procedures for the reporting of suspected abuse.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training and demonstrated they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to, so their health needs were met.

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities in and outside the service.

Is the service well-led?

Good

The service was well led. There was a positive culture in the staff team with an emphasis on providing good care for people.

Staff were supported by the service manager, registered manager and senior staff who worked together as a team.

The service used quality assurance processes to make sure the service was consistently run and areas for improvement were recognised.

Treseder House

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 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 unannounced inspection took place on 6 January 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law. We also looked at the last report and action plan to identify areas where actions had been taken to improve the service.

We spoke with a range of people connected with Treseder House including three people who lived at the service, three relatives of people who used the service and six staff members. We also spoke with the service manager, registered manager and a GP who visited the service. Following the inspection we contacted five professionals, such community nurses and care coordinators, to gather their views which are reflected in the report.

We looked at three sets of records relating to people's individual care. We also looked at two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One relative said, "We believe it's a safe place for (person's name). Staff do the best they can and seem to genuinely care for everyone who lives at Treseder".

We saw and people told us, that they enjoyed living at Treseder House. People were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation. There was a range of complex medical conditions being managed by staff and it was clear management and staff worked as a close team to ensure people were safe and well cared for at all stages of their lives in the service. For example, management asked for and received a hospital bed immediately it was required for one person whose health was deteriorating. This meant the service was able to develop their practice according to people's needs and kept people safe while living at the service.

People told us they received their medicines when they should and were supported by staff to take the medicines they needed for their health. The service had a clear plan for the safe administration and management of medicines. Staff had all received recent training in medicines administration and the service operated a competency based screening of staff skills to help make sure staff knew what they were doing and felt confident when handling medicines. Medicine Administration Records (MAR) records all had a photograph of the person on them to help staff in making sure medicines were given to the correct person. Staff had not double signed for handwritten changes in the MARs. This meant there was a risk of mistakes because handwritten entries had not been witnessed by a second member of staff.

Regular auditing of medicines took place. One staff member had taken a lead role in making sure medicines were safely managed. Any issues identified by audits were corrected as quickly as possible.

The environment was clean and well maintained. The service employed a maintenance person who carried out regular repairs and maintenance work to the premises. There were records that showed moving and handling equipment, such as hoists had been serviced as necessary. There was a system of health and safety risk assessment being used. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked effectively.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately. Staff received safeguarding training as part of their initial induction and this was regularly updated. There had been no recent safeguarding referrals made to the local authority.

The service had detailed risk assessments in place which identified risks and the control measures in place to reduce the risk. For example, how staff should support people when using equipment to reduce the risks of falls. Records about the management of risks included manual handling plans. These plans gave staff

clear guidance and direction about how to use the equipment to support people safely when helping them to mobilise, this included the use of a tracking hoist, used to safely help a person move from one place to another. Staff carried out the correct handling techniques and used equipment such as wheelchairs appropriately as laid out in care plans.

Incidents and accidents were recorded in the service. Records showed that the right action had been taken and changes made to learn from the events. Management looked to identify any patterns or trends in accidents and incidents which could then be corrected to help reduce any apparent risks.

There were enough skilled and experienced staff to help ensure the safety of people who lived at the service. The registered manager and service manager told us recruitment was continuing and recently some new staff had begun to work at the service. We spoke with a new staff member who said they were doing their service induction and said they felt there were enough staff available to meet people's needs. When needed, the service used agency staff to make sure enough staff were available.People and visitors said they thought there were enough staff on duty and that staff always responded quickly to people's needs.

The service had a robust recruitment process to help make sure new staff had the right qualities and experience for the job. Staff recruitment files contained all relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people who lived in the service and had the skills to meet people's needs. Relatives said they had confidence in the staff and felt that staff knew people well and understood how to meet their needs. One professional who visited the home told us, "I have no worries at all. I have provided training to staff and they do exactly what you ask of them".

The premises were properly maintained with a clean, bright and inviting environment. We saw people's rooms had been personalised and decorated to suit their needs. People chose their own décor and colour scheme and were clearly proud of their home. All living areas were clean and well looked after including the kitchen and bathrooms. This was a marked improvement from the last inspection when there had been a breach in the area of cleanliness in the kitchen. Outside, there were large gardens and these were also kept to a high standard.

Staff said there were good opportunities for further training and for gaining extra relevant qualifications. All care staff were qualified or were working towards a Diploma in Health and Social Care. The service had a training calendar to make sure staff received relevant training, that was kept up to date. The service provided training on conditions that affected people who lived in the service, such as dementia awareness and diabetes care.

Staff said they felt supported by managers and received regular individual supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs they had. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team to discuss people's needs and any new developments for the service.

New employees went through an induction about the service which included necessary training identified by the service's management, such as health and safety and fire training. New staff also read the service's policies and procedures and had a period of working alongside more experienced staff until the worker felt confident to work alone. The service had employed new staff recently and on the day of inspection, one new staff member was shadowing a senior staff member to help them become familiar with the routines of the service. The service had updated their induction in line with the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The Care Certificate should be completed in the first 12 weeks of employment.

Professionals who visited the home said staff had a good knowledge of the people they cared for and made appropriate referrals to them when people needed it. One professional said, "They are very good at picking up the phone and asking for help when they need it". People and visitors told us they were confident that a doctor or other health professional would be called when necessary. Visitors told us staff always kept them informed if their relative was unwell or when a doctor was called. One relative said, "(Person's name) had a spell in hospital after an accident and I have to say the staff were very good at visiting and making sure (persons's name) was happy and we knew what was going on".

People's weights were monitored to make sure they stayed in a healthy range. When they moved into the service people had a nutritional assessment to check their needs and if specific specialist advice was needed this was sought. Where a specialist assessment for an individual was in place this was clear in the care records and also displayed in the kitchen. For example, where a risk of choking on particular food groups had been identified, this was highlighted in the kitchen as a clear reminder to staff. People were encouraged to make themselves drinks throughout the day of the inspection and drinks were available during lunch. People could also have jugs of water or other drinks in their bedrooms which they helped themselves to as they wanted.

Meals could be taken where a person wanted. Most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff throughout their meals. People received the right level of support to help them to eat their meal at lunchtime. We saw one person, who often went to sleep when eating, was supported throughout their meal by a staff member who spoke to them and actively encouraged them to stay awake and talk to them. This helped the person to have enough food and drink to stay well. The quality of the food was of a good standard and everyone said they had enjoyed their meal. People told us they chose and often helped prepare the meals at the service.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People were involved in making choices about how they wanted to live their life and spend their time. For example, on the day of inspection, one person had missed their usual pick up time to attend a day placement because they wanted extra time in bed. Staff were supportive of this and made sure another lift was arranged to the placement when the person was ready to leave.

The registered manager and service manager were familiar with the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLs). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the service had made a DoLs application for one person who required a DoLs authorisation. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLs).

Care records showed the service recorded whether people had the capacity to make specific decisions about their care. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible. We discussed a recent example where a best interest decision had been taken on behalf of a person and saw this process had involved service management, family and appropriate professionals. The decision was written down and was part of a larger plan to make sure the person could maintain appropriate contact with other people who used the service while also keeping them safe.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was appropriate equipment, such as hoists, in use where required for safe moving practices.

Good

Is the service caring?

Our findings

On the day of our inspection there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. Staff were clearly motivated about their work and told us they thought people were well cared for. Staff told us, "I love working here. I like being able to support people to get the most they can out of their lives, to get out in the community and generally make their lives better". A relative said, "We are so pleased (person's name) is there. It is clear they are very fond of (person's name) and we couldn't be happier".

The care provided met people's needs and enhanced their well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw many positive interactions between staff and people who lived at the service. For example, staff were patient, kind and encouraging when supporting one person to have lunch because the person was very sleepy. By interacting with and encouraging the person it helped to ensure the person was able to have enough nutrition.

People were able to make choices about their day to day lives. Care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. Some people chose to spend time in the lounge or in their own room if they wanted to. Three people were doing things outside the service, on the day of inspection. The service was able to accommodate each individual's needs and support them appropriately.

Some people living at the service had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff used this understanding of people's needs to help people to make their own decisions about their daily lives wherever possible. For example, one person was receiving end of life care from the service supported by community doctors and nurses. A best interest meeting had made the decision that being nursed at Treseder House was what the person would want and the family were in agreement with this.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge, conservatory or in their own room.

Good

Is the service responsive?

Our findings

People had their needs assessed before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example one person's care plan described in detail how staff should assist the person with their food choices because the person was at risk of choking. The plan was as least restrictive as possible, allowing the person as much personal choice over their food choices as possible while also keeping the person safe.

Care plans were informative and gave staff the guidance they needed to care for people. For example, one person's care plan described how they relied on daily insulin injections to stay well. A core group of staff had been trained by a specialist nurse to administer the injections and relied on body maps and care plan entries to make sure the injection site was appropriate. This meant staff were able to take a safe and consistent approach when supporting the person.

Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Most people told us they knew about their care plans and managers would regularly talk to them about their care.

People were able to take part in a range of activities both inside the service and in the community. For example, staff happily spent time painting one person's nails. Staff had also organised a massage therapist to visit the service weekly to provide a service to a person who could not easily leave the service because of the complexity of their health needs. Staff facilitated a different activity when people were at home. On weekdays the majority of people went out to different community activities. Some people volunteered at a garden service while others enjoyed creative activities such as dancing and art. During weekends people were supported to go shopping in the local town. On the day of inspection one person went into town to have a haircut. A relative told us they felt people had enough social opportunities to give them fulfilled and active lives.

People's individual choices were respected and upheld. For example, people could attend church services if they wanted to. During the inspection we were told a person had recently had a birthday and this had been celebrated by everyone at the service.

People and their families were given information about how to complain and details of the complaints

procedure were given to people and displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. A relative of a person who lived at Treseder House told us they had never had to make an official complaint to management. They said when they spoke informally about any issues these were always resolved quickly and to their satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led. Staff were positive and supportive of the way the service was led. One staff member commented, "The management has changed a bit in the last year or so but I have confidence in the manager and on the whole, I feel like the service is well led".

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. The registered manager and service manager had overall responsibility for the service and was supported by a regional manager who took an active involvement in the service. There were regular staff meetings to support the smooth and effective running of the service. We looked at the agenda and minutes of a recent staff meeting which showed that the staff team had an opportunity to revisit service policies and consider how the service could be improved. For example, particular maintenance issues had to be referred to the management service that owned the building.

People, visitors and healthcare professionals all described the management of the service as open and approachable. The registered manager was held in high regard by everyone we spoke with. One person who lived at the service told us, "The manager is quite young but has brought a fresh air to the service. She wants the best for all of the people who live at Treseder. I can speak to her anytime".

Staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The registered and service managers, knew all of the people who lived at the service very well. They led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us that management were supportive and typical comments included "I have worked here for a few years and I wouldn't move" and "Nowhere is perfect, there's always areas that can be improved but the management here know that, so it's always moving forward".

There was a stable staff team and many staff had worked in the service for a number of years. Staff told us morale in the team was good. There was a positive culture in the staff team and it was clear they worked well together. Staff said they were supported by senior staff and management and were aware of their responsibility to share any concerns about the care provided at the service. Staff told us they were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through team meetings, supervision sessions and daily shift hand-over sessions.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well run and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health needs. One healthcare professional with experience of the service said, "I'm impressed with how the staff manage people's differing needs. There is quite a wide range of different needs here and from my experience I think they do a good job".

People and their families were involved in decisions about the running of the service as well as their care. The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. This showed most people surveyed were very satisfied with the quality of the service. Where suggestions for improvements to the service had been made the registered person had taken these comments on board and made the appropriate changes.