Care Quality Commission

Leicestershire County Council

The Trees

Inspection report

The Trees
Deveron Way
Hinckley
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 14 October 2015 and was unannounced. At our previous inspection in October 2014 we found the service did not have suitable arrangements in place for obtaining, or acting on accordance with, the consent of service users in relation to their care and support. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since 1 April 2015 is Regulation 11 of the Health and Social care Act 2008 Regulations (Regulated Activities) Regulations 2014. We required the provider to make improvements. We received an action plan about how those improvements would be made. At this inspection we found that the necessary improvements had been made.

The Trees is a purpose built home for people with learning disabilities, situated in a residential area of Hinckley. The home is run by Leicestershire County Council. The service provides care on a short and long

Summary of findings

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 11 people were using the service.

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. The registered manger was absent at the time of our inspection and their absence was expected to last more than 28 days. An interim manager was running the service in the meantime.

People using the service were safe because staff understood and practiced their responsibilities for protecting people from abuse and avoidable harm. There had been lapses in the security of people's finances in January and May 2015. Actions were taken to improve security after the first theft, but these proved to be ineffective. A further review took place, with police involvement after the May 2015 theft.

Staff supported people to be as independent as they wanted to be. Where that involved activities that carried a risk of harm, risk assessments were in place to minimise the risks. Risk assessments were also in place in relation to people's care routines.

Decisions about staffing levels were based on people's needs. People using the service felt enough staff were on duty and staff also felt that. Our observations were that there were enough suitably skilled and experienced staff to meet people's needs.

People received their medicines on time. We found one lapse in the accuracy of a record of medicines administration. The provider told us they would take action to ensure that use of `as required' medicines was reviewed. The provider had safe arrangements for the storage and disposal of medicines.

People using the service were supported by staff with the necessary knowledge, skills and experience. Staff were supported through training and supervision.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Every person using the service had an assessment of their mental capacity to make a range of decisions about their care and support. Applications for DoLS had been made for people using the service.

People were supported with their nutritional needs. People were supported with their food preferences and dietary requirements. People who required support with eating and drinking received that support. People were supported to access health services when they needed them.

Staff understood people's needs and provided care and support that helped people feel they mattered to staff. People were involved in decisions about their care and support. They were supported to access independent advocacy services when they needed them. Staff treated people with respect and dignity

People received care and support that was centred on their individual needs. Their care plans included information for staff about how they wanted to be supported. People were supported to maintain their hobbies and interests and to participate in activities that were important to them. They were able to do that at an activities centre and at The Trees. They were also supported to take part in social activities and days out to places of interest.

People had opportunities to express their views at reviews or their care plans, at residents meetings and through everyday dialogue with staff. They and relatives e had access to a complaints procedure. The provider used complaints as an opportunity to identify where improvements could be made to the service.

People using the service, their relatives and staff had opportunities to be involved in developing the service. Their suggestions and ideas were listened to and acted upon.

The service had a registered manager. They were absent at the time of our inspection but interim management arrangements were in place which ensured a continuity of management. The provider had procedures for the monitoring and assessment 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 not consistently safe. This was because people may have been given `as required' medicines (PRN) without staff being sure they were required.

People were protected against the risk of abuse and avoidable harm. Action had been taken to improve the security of people's money.

People were supported by sufficient numbers of suitably experienced staff.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who understood their needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported with their nutritional needs and healthy well-being.

Good

Is the service caring?
The service was caring.

People were supported by staff who were caring and who respected their privacy and dignity.

People were involved in decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received care and support that met their individual needs.

People were supported to maintain their hobbies and interest and participate in activities that were important to them.

People's views were listened to and acted upon.

Good

Is the service well-led?
The service was well-led.

People using the service, relatives and staff had opportunities to be involved in developing the service.

The service had a registered manager. They were absent at the time of the inspection but interim management arrangements were in place.

The provider had procedures for the monitoring of the quality of the service.

Good

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 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 inspection took place on 14 October 2015 and was unannounced.

The inspection team consisted of an inspector, a specialist adviser who was a social worker familiar with the needs of people living with learning disabilities and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Our ExE had experience of caring for people living with a learning disability.

Before our inspection we reviewed information about the service. This included information we received by way of statutory notifications from the service about events such as incidents and deaths that had occurred since our last inspection. We reviewed the action plan implemented by the provider after our last inspection. We also reviewed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four of the 11 people using the service on the day of our inspection. People were able to answer our questions, but it was challenging for them to maintain conversations. We spoke with the acting manager, the provider's area manager, five care workers, an administrator and a member of domestic staff. We also spoke with a visiting social work professional. We looked at four people's care plans and associated care records. We looked at records associated with the service's quality assurance procedures.

Requires improvement

Is the service safe?

Our findings

People who were able to talk to us told us they felt happy and safe within the home. When we asked a person if they felt safe they told us, "I like it here," they then added that it was because they knew,"[The staff] are always there" and quick to respond to their needs. They concluded, "They [the staff] help me."

A person we spoke with told us that they felt confident to speak out if they were not happy. They told us they had in the past asked for a different care worker to support them with personal care because they preferred a different care worker. Their request was met and they were supported by care workers of their choice.

All staff we spoke with, including domestic staff, understood the provider's safeguarding procedures. These explained staff responsibilities for keeping people safe from avoidable harm and abuse. Staff knew how to recognise and report signs of abuse and told us they were confident that any concerns they raised were taken seriously by senior care workers and the management team.

Staff supported people using the service to be safe at The Trees. They used equipment such as hoists safely. People were supported to be safe when they went out to a variety of locations in Hinckley and beyond. People carried `keep safe' cards with them which contained important information that would help the person and emergency services if they were required when the person was away from The Trees. Some people using the service lived with epilepsy and staff had awareness training about the condition and how to support those people in the event of a seizure.

People's care plans included assessments of risks associated with their care and support, and the recreational and other activities they participated in. The assessments included guidance for staff about how to support people safely. The provider's risk management procedures minimised the restrictions placed on people. For example, people were not prevented from going out but if they did they were accompanied by staff in a supportive and supervisory capacity in the best interests of their safety.

The provider had procedures for staff to report incidents and accidents. Staff we spoke with were familiar with those procedures and used them. Investigations were carried out by the manager or one of the two deputy managers. Investigations established why an incident or accident occurred and actions were taken to reduce the risks of a similar incident occurring again. However, this had not always been effective in relation to investigations of thefts of people's money from an office safe. After a theft in January 2015 another theft in broadly the same circumstances occurred in May 2015. That was despite assurances following the January 2015 theft that actions had been taken to prevent a reoccurrence. In both instances, people's monies were refunded. Security arrangements were further reviewed with assistance from the police and stricter controls had since been put in place.

The service had effective arrangements for supporting people to manage their monies and expenditure. They were supported in that regard by social work professionals who worked closely with the service. A person told us how much they looked forward to buying certain things. They told us, "I am very excited." Another person told us how much they looked forward to buying magazines about their hobby.

At the time of our inspection building work was going on. This included the installation of a new system for securing the safety of the entrance to the main building. This would prevent unauthorised people gaining access into the building.

People using the service told us that staff were always available to support them. Decisions about deployment of staff were made by the registered manager in consultation with the deputy managers. Staffing levels were determined by the needs and dependencies of people using the service. Other factors influencing staffing levels were whether people needed support to attend health appointments or wanted to attend activities away from The Trees. Staff we spoke with told us they felt enough staff were on duty. Our own observations were that a member of staff was always present or near to people using the service and that people's needs were promptly attended to. We noted, for example, that in one unit three staff supported two people over a period of time.

The provider had robust procedures for ensuring as far as possible that people using the service

were supported by staff who were suited to work at The Trees. People using the service were sometimes involved in the recruitment process. This was limited to them being

Requires improvement

Is the service safe?

introduced to applicants when they visited the Trees. A care worker we spoke with recalled that their recruitment had been a testing experience. No person was allowed to start work at The Trees until all the required pre-employment checks to assess a person's suitability were satisfactorily completed.

The provider had procedures for the management of medicines. We didn't ask people about their medicines but we looked at records of the administration of medicines (MAR charts). Procedures require two staff to sign a MAR with the second signatory confirming a person had taken their medicine. These were mainly accurately completed apart from one occasion when there was no second signatory. The absence of a second signatory was obvious but no action was taken the next time the person was given their medicine to check whether they had taken their medicine the time before. Another record we looked at included a `body map' which was meant to show where a person's medicated creams should be applied, but this was not shown. Another person's record stated that a person be given an `as required' medication (PRN) 'when showing signs of distress'. However, when we asked a member of staff how they identified that person's signs of distress, they were not very clear on how to do this. This carried a risk that people may be given a PRN when it was not necessary because staff did not recognise when a person was in distress. We discussed this with the manager and their senior manager and they said they would implement a 'distress tool assessment' in the person's medicines care plan to assist staff to be able to identify that persons signs of distress.

Some people were given medicines that were prescribed to be given on a `when needed, basis. These are called PRN medicines. We found that one person was given PRNs often but there was no evidence to show whether this was been audited to identify how many PRN medications the person had over a month and whether a GP medication review may be required.

Good

Is the service effective?

Our findings

At our previous inspection we found the service did not have suitable arrangements in place for obtaining, or acting on accordance with, the consent of service users in relation to their care and support. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which since 1 April 2015 is Regulation 11 of the Health and Social care Act 2008 Regulations (Regulated Activities) Regulations 2014. We required the provider to make improvements. We received an action plan about how those improvements would be made. At this inspection we found that the necessary improvements had been made.

All persons using the service had assessments of their mental capacity to make decisions about various aspects of their care and support. This was in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS MCA and DoLS is legislation that protects people who lack mental capacity to make decisions about their care and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Any restrictions must be authorised by a local authority. Applications for DoLS had been made for people using the service. This was because they were, in their best interests, under supervision and receiving care and support.

When we asked people using the service if they felt they were supported by staff who had the right skills they responded to the effect that they did. They told us, "Staff are nice."

Care workers we spoke with told us they felt they had a helpful and informative induction to the service after being recruited to work at The Trees. This included an introduction to the needs of people using the service and observing experienced staff supporting people. After their induction care workers received training relevant to the needs of people they supported.

Staff used care plans to keep up their knowledge of people's needs up to date. A care worker told us, "I've gotten to know the people. I understand people's needs and routines and their preferences. I understand what makes people anxious." They felt their training had equipped them for their role. A plan of training showed that staff had either attended relevant training or were scheduled to in the near future.

Our observations were that care workers and other staff communicated well with people. They maintained eye contact, used signs and gestures as well as words to communicate with people. Staff communicated effectively with each other when they discussed people's needs. We observed a `handover' meeting with six staff members, some of who were leaving work for the day and others who had arrived to work the afternoon and evening shift. They exchanged useful information about people's individual needs and actions that were required during the remainder of the day. This was with the intention of ensuring that people received care they needed.

The service had an administrator whose role was to implement a new national initiative to introduce a Care Certificate for new health and social care workers from 1 April 2015. This is not a mandatory requirement, but it is aimed at improving the skills, knowledge and behaviours of staff working in adult social care and replaces the `common induction standards'. As part of the project, care workers completed workbooks about various topics included in 15 new standards. A care worker told us, "I love the workbooks. Doing them has encouraged me to look up things on the internet [to learn more]." The administrator marked and evaluated care worker's completion of the workbooks. The provider's implementation of the Care Certificate showed they kept up to date with national guidance and recommendations and took swift action to implement them.

At the time of inspection the service was undergoing structural and organisational changes. One of the ways this impacted on staff was that they did not have supervision meetings as regularly as intended. Supervision meetings are meetings that staff have with their line manager as part of the yearly appraisal of performance. However, staff were kept informed of the organisational changes that were due to take effect from 1 November 2015. The staff we spoke with familiar with the systems and procedures in place at The Trees.

People told us they enjoyed their meals at The Trees. Some people were involved in cooking activity and had made their own lunches. People had a choice of nutritious food and meals included freshly prepared salad. A person told

Good

Is the service effective?

us about foods they enjoyed and we saw that those foods were regularly available. Care plans included information about people's dietary and nutritional needs, including their food preferences and how they wanted to be supported with their meals. For example, a care plan included guidance for staff that a person's meals should be cut into small pieces and stated from which side the person wanted to be supported. A care worker we spoke with was familiar with that detail. People who required support with eating their meals received support. We observed a meal time and saw staff support a person eat their meal in line with their care plan. Staff interacted with people and encouraged them to eat their meals at a pace that suited them. Staff offered people sauces and helped them to add them to personalise their meals.

People's care plans included information about medical conditions they lived with and how they wanted to be supported. Staff received training about those conditions and they knew how to recognise changes in people's health and well- being. We saw that to be the case during a handover meeting we observed. A visiting social work professional told us, "Staff are alert to changes in people's health and moods. They pro-actively involve people in decisions about their healthcare." We saw from people's care plans that they were supported to attend appointments with healthcare professionals when they needed. Staff used a diary system to ensure that appointments were not missed.

Good

Is the service caring?

Our findings

When we asked people whether staff were caring they responded that they were. A person told us, “It’s a big family.” Another said it was a “happy home.” Relatives said similar things. One told us, “This [feels like] my home."

We saw staff convey kindness towards people using the service by the way they interacted with them. Staff spoke politely to people. They gave people time to respond when they asked them questions. Staff and people using the service shared jokes. Staff acted in a way that showed the people they supported mattered to them.

Staff were attentive to people’s needs and supported them to be comfortable. We saw a care worker rearrange the cushions on a chair to help someone sit more comfortably. They offered to do this without first being asked. We saw a caring moment when staff invited a person to join them and other people at a dining table rather than sit alone. Judging by the person’s response they didn’t want to be alone.

Staff were able to support people with kindness because they knew what was important to people and knew what mattered to them. For example, a person was actively supported with their spiritual needs by staff taking them to their place of worship twice a week. That person’s care plan explained that was a very important part of that person’s weekly routine.

Staff developed knowledge of people through reading their care plans and talking with them and their relatives. A visiting social care professional told us, “The staff here know the service users well. It’s evident to me because of what they tell me.” They added, “Staff communicate well with people [using the service].”

People using the service were involved in decisions about their care and support. They were involved in the assessments of their needs and provided information about how they wanted to be supported. They were assisted in that process by their relatives and social care professionals. The service provided people with information about independent advocacy services and supported them to access those services when they needed them. A social care professional told us, “The staff here understand about advocacy. It’s good that people can be listened to.” We saw evidence that people were supported to access independent advocacy services after they had experienced something that concerned them.

Relatives and friends of people using the service were able to visit them without undue restriction. We saw from the visitor’s book that relatives and friends visited at a variety of times throughout the day.

Information about people was securely stored and accessed only by people with authorisation to do so. People’s care plans were kept in an office that was locked when it was not occupied.

Many of the people using the service had their bedrooms decorated to their taste. Some expressed delight about this. Their rooms were personalised and were places where people could spend time alone if they wanted. Staff respected people’s privacy. A person using the service told us that when they wanted to be alone they asked staff to support them to their room. We saw and heard staff, including domestic cleaning staff, knock on people’s bedroom doors before entering their room. We saw a good example of staff respecting a person’s privacy at meal time. That person ate their meals later than other people and did not want to be disturbed. When a doctor arrived to see the person, staff explained the situation to the doctor and asked them to wait rather than disturb the person’s meal.

Good

Is the service responsive?

Our findings

People using the service, some with the help of independent advocates or relatives, contributed to the assessments of their needs and the planning of their care and support. This was evident from the information we saw in people's care plans. Care plans contained information about how people wanted to be supported in general and also in terms of goals they wanted to achieve.

People's goals included maintaining contact with relatives and friends, maintaining or increasing their mobility and staying healthy. People's care plans included guidance for staff about how people wanted to be supported to achieve their goals. Staff we spoke with knew what was important to people and demonstrated good knowledge about people's individual needs and preferences.

We did not see people participating in meaningful or stimulating activity. However, most of the people had spent time at an activity centre located on the same site but run by another provider. People told us about outings they had enjoyed. A person told us, "We go to lots of activities." People had been to places including the Black Country Museum and Cadburys World. They regularly had trips to garden centres, restaurants and bowling alleys. People with particular interests were supported to visit places of interest to them. For example, a person with an interest in cars had been to a car museum.

We saw photographic evidence of social activities people participated. People's care records included information about how they were supported with hobbies and interests. Some people went swimming or to a gym. They were supported to return to their family homes. People with faith needs they were supported with attend places of worship. Evidence of people's hobbies and interests were evident in people's rooms and communal areas. We saw notice boards which displayed people's art work.

The manager told us that efforts were made to `marry up' people using the service and staff who shared the same or similar interests so that people were supported by staff who were equally enthusiastic about certain activities. This meant that people received care and support that was personalised as opposed to being task orientated or a `one style fits all' approach.

The service worked with other organisations to ensure that people with particular needs were provided with equipment they needed to maintain their independence, for example specialist wheelchairs that aided their mobility at The Trees and in the community. The home environment and design was adjusted to suit the people's mobility. At one time there were four wheel chair users in the same area, each with enough space to move freely. Other people had equipment that made it easier for them to eat.

People were supported to maintain contact with family relatives and friends. A person had a smart television with a facility to contact their family who lived a long way away. People told us they did not feel lonely. A person said, "I don't feel lonely. There are lots of people to talk to." They added that their family often visited The Trees. This showed that people were supported to avoid the risks of social isolation.

People's care plans were reviewed regularly, usually monthly. People using the service were involved in care plan reviews by their key worker. Relatives and social work professionals were involved in more in-depth reviews. People's progress towards their aims and objectives were discussed at those reviews.

People using the service told us that they felt able to raise any concerns with staff. A person said, "I talk to staff if I have concerns." Another person told us they felt comfortable about bringing any concerns to the attention of staff.

The provider had a complaints procedure. This was accessible to people using the service and their relatives. Complaints were investigated by the registered manager and an area manager. Actions were taken to improve the service as a result of complaints and the people who made complaints were involved in those improvements. For example, a relative was involved in reviewing how a person's finances were managed after they raised a concern about this.

Good

Is the service well-led?

Our findings

People were involved in developing the service insofar as their views about their care and their experience of the service generally were sought. This happened at reviews of their care plans and residents meetings respectively. We saw evidence in people's records that their views were acted upon, for example different activities were made available and changes were made to meal menus. People were involved in discussions about the design and decoration of The Trees including recent building work that was active at the time of our inspection.

Staff were supported to raise concerns and challenge what they felt was poor or unsafe practice. A care worker we spoke with told us they had done that and that their concerns were taken seriously and acted upon by the manager. They told us, "If I thought something needed to be said, I'd say it." They also said that they and colleagues had opportunities to make suggestions about the development of the service at staff meetings and one to one supervision meetings. Staff made suggestions about the design of some of the paperwork used at the service and their suggestions were acted upon.

Staff meetings took place regularly at which the performance and future plans for the service were discussed. Staff were made aware of the regulations within the Health and Social Care Act 2008 that the service had to comply with.

At the time of the inspection a major review of the service was nearing completion and new organisational and staffing structures were to be implemented from 1 November 2015. Management kept staff informed of the impact of the changes which included an expansion of the services available at the site occupied by The Trees.

The service had a registered manager. They were absent at the time of our inspection and an interim manager was running the service in their absence. They were supported by two deputy managers and an area manager who regularly visited the service. The interim manager continued and added to the work started by the registered manager to ensure continuity in the running and management of the service. Staff we spoke with told us they felt supported by the management team the majority of the time'.

The provider had procedures for monitoring and assessing the quality of the service. This included seeking people's and relative's views of the service through an annual survey. A survey was completed in August 2015. People's responses were positive. They said they were safe, that their needs were met, that staff were kind and that the service was well led. Other monitoring activity included audits of medicines administration and management, reviews of people's care plans and a range of audits focusing on the safety and welfare of people using the service. The registered manager and interim manager made reports of their findings to an area manager. These reports included reports on performance of the service against key performance indicators that were agreed between the registered and interim manager and the area manager. The area manager regularly visited the service to verify the reports they received. The area manager also carried out their own checks of the service including unannounced spot checks. All quality assurance activity was geared to achieving continuous improvement to the service.